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W81XWH-12-1-0419

TITLE:

Risk, Resiliency, and Coping in National Guard Families

PRINCIPAL INVESTIGATOR:

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CONTRACTING ORGANIZATION:

Michigan Public Health Institute
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14. ABSTRACT National Guard families face unique challenges and stressors because of distance from military supports and subsequent dependence on civilian communities. The <i>Risk, Resiliency, and Coping in National Guard Families</i> study aims to address key gaps in our understanding of the effects of deployment on family functioning. The Michigan Public Health Institute and the Michigan State University are completing the second of a three year mixed method longitudinal study following a battalion of National Guard soldiers that deployed to Afghanistan in 2011-2012. A total of 906 subjects were consented with soldiers and their spouse/significant other or parent being invited to complete a survey at pre-deployment, 90-day post-deployment and a one year follow-up. We have assessed individuals on factors of risk (what makes these families vulnerable) and resiliency (what makes these families strong). To understand more fully the family strengths and resources utilized in successful adaptation to deployment and reintegration stress, researchers have completed series of two in-depth family interviews at six and 18 months post-deployment with a subsample of 32 families. Another wave of quantitative and qualitative data collection is planned for the final year of the project. MPHI and university partners will continue to work collaboratively with military and community partners on dissemination and efforts to promote resilient military families.					
15. SUBJECT TERMS National Guard, family stress, risk, resilience, coping, reintegration					
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1. Introduction:

Risk, Resiliency, and Coping in National Guard Families is a study looking at the interdependence and mutual influence of family processes, (meaning/schema and utilization of resources) that contribute to risk and resiliency in families from a National Guard (NG) infantry battalion over a period of three years including pre-deployment, post-deployment, and yearly follow up assessments. The study team is examining risk and resilience factors for various family types (couples, families with children, single NG with and without parental support, single NG with children, blended families, etc.) via longitudinal quantitative and qualitative data collection.

2. Keywords:

National Guard, family, risk, resilience, coping, family stress, couple

3. Accomplishments:

Task 1. Contractual agreements signed

- MPHI has contracts signed and special contract requirements provided to U.S. Army Medical Research and Materiel Command (USAMRMC).
- The data use agreement was signed by MPHI, Michigan State University (MSU), University of Michigan (UM), and Virginia Tech investigators.
- MPHI has hired and trained research personnel to support the project.

Task 2. Regulatory review and approval processes for studies involving human subjects

- MPHI submitted application to Office of Research Integrity for review and received Institution Review Board (IRB) approval. We worked with partnering institutions on documentation and supplemental information requested by their IRBs.
- MPHI completed regulatory renewals and received authorization to continue with research from the USAMRMC's Office of Research Protections.
- MPHI has submitted application for 2nd renewal which was approved by MPHI Office of Research Integrity on September 4, 2014 and HRPO Continuing Review Acknowledgement A-17522.a.

Task 3. Project management

- MPHI built and now hosts and maintains the SharePoint site for project management and document sharing among project staff from partnering universities. The project SharePoint site is used for collaboration among partners and documentation of research activities.
- MPHI provided project management training for MPHI study personnel as part of a companywide professional development opportunity.

Task 4. Grant reporting requirements

- MPHI has submitted quarterly technical reports to USAMRMC. Quarterly financial reports SF425 were submitted by MPHI. MPHI worked collaboratively with partnering PI from MSU to submit annual reports. Dr. Gorman (MPHI) and Dr. Blow (MSU) prepared and presented joint presentation at the MOMRP Family IRP 25-26 March 2014. Please refer to appendix A for IRP update presented at Ft. Deitrick

Task 5. Quantitative data collection as it relates to Objective 1

- MPHI assisted MSU with time 1 paper surveys collected. Time 1 paper surveys were collected at conference sites of MI ARNG Yellow Ribbon Reintegration events with 603 Service Member, 280 Spouse, and 13 Parents completing surveys during this wave of the data collection during year 1.
- MPHI developed an online survey tool, tested online survey capabilities, and upgraded online survey as needed for Time 2.
- MPHI assisted MSU in the collection of time 1 & 2 paper and online surveys. MPHI assisted with packet preparation for face to face survey collection at the drill sites as well as preparing and sending letter reminders for online survey participants. 603 Service Member, 280 Spouse, and 13 Parents consented to participate in the study and completed surveys during post-deployment. The 1 year post-deployment survey mirrors that of Time 1 and was completed by 542 service members, 128 spouses, and 25 parents.
- MPHI worked with MSU, Virginia Tech and UM partners to update the survey for Time 3 (2 year post-deployment) and final survey data collection for current study. There are no significant changes in the project or its direction. The survey revisions eliminate burden by removing questions that are static or no longer relevant for this stage of reintegration process. Other revisions incorporate new validated measures or themes that have emerged from the qualitative data. MPHI prepared a survey revision tool for use by partners and IRB panels in reviewing proposed revision. The justification tool is attached in Appendix B. Survey changes are within the objectives of the study and propose no increased risk for study participants. The approved Time 3 Service Member and Spouse survey instruments are attached in Appendix C.

Task 6. Data management activities

- MPHI created secure database in the first year of the study where survey data is stored. MPHI continues to test online survey capabilities and to accommodate data entry and data management needs of university partners. Online survey was used for data entry for time 1 data collection. For time 2 collection, data was entered directly by participants as well as by MSU research staff.
- MPHI is in the process of updating the online survey tool to accommodate changes in the survey for Time 3
- MPHI staff ensures that data collection and storage capabilities support integration of longitudinal datasets linking individuals across multiple time points.
- MPHI interfaces between IST and project personnel as it relates to project management activities on SharePoint, data entry on secure server, online surveys, and other data management activities.

Task 7. Data collection activities that relate to Objective 2.

- MPHI worked with MSU, VTech and UM partners to revise the interview guide for time 2. MPHI research staff coordinated meetings, teleconferences and revisions to facilitate IRB amendments. Interview guide for time 2 was approved by IRBs in March 2014 and is attached in Appendix D.
- MPHI scheduled interviews and prepared packets for interview teams conducting Time 1 and 2 in-depth family interviews.
- A two person team conducted each family interview. MPHI research staff made every attempt to assure that the interview team consisted was mixed gender and 1 person with formal military experience and 1 licensed marriage and family therapist. The pool of trained interviewers included staff from MPHI (2), MSU (3) and UM (1).
- MPHI scheduled interviews and prepared packets for interview teams conducting time 2 in-depth family interviews.
- MPHI kept secure volunteer forms from families willing to participate in family interviews and attempted to reach out to all 40 families who participated in year 1 of qualitative interviews for Objective 2.

- Between April and September 2014, 35 Time 2 interviews were completed including 29 couples (4 divorced/separated), 3 single soldiers, and 1 parent couple. When couples reported that they were divorced/separated study personnel offered to conduct separate individual interviews. Two couples participated in this capacity. One couple opted not to participate in wave 2 of family interviews. The study team was unable to reach one couple and three single soldiers who had participated in the first wave of family interview. These four families are considered lost to follow-up.

Task 8. Data management activities that relate to Objective 2

- MPHI transcribed the 40 interviews from Time 1 and 35 interviews from Time 2.
- MPHI cleaned the transcripts of any identifying information and loaded the transcripts on a secure server providing access to authorized personnel from the partnering universities doing the qualitative analysis.
- MPHI coordinated conference calls for process of establishing and managing the master codebook.
- MPHI began integration of the quantitative and qualitative data for the analysis of comparative study. MPHI continues to interface with information technology and project personnel as it relates to project management activities on SharePoint, data entry on secure server and other data management activities.

Task 9. Utilize findings in theory development

- MPHI and the study team are not scheduled to begin theory development until year three of the project. In preparation for these efforts, study team members have data analysis plans underway to test and validate components of the Family Resilience Model.

Task 10. Activities that relate to dissemination

- Dr. Gorman (MPHI) worked with Dr. Angela Huebner (Virginia Tech) and Dr. Adrian Blow (MSU) and presented findings from a comparative case study at the Military Health System Research Symposium on August 19. The presentation is attached in (Appendix G). A manuscript for this presentation will be submitted to the *Journal of Military Medicine*.
- Dr. Blow (MSU) took the lead on a poster presentation at the Military Health System Research Symposium on August 19 related to couples and soldier resilience. The poster presentation is attached in (Appendix H).
- Dr. Gorman (MPHI) and Dr. Blow (MSU) provide updates to the military community on the progress of the current study in the context of previous collaborative efforts, share updates on how research from the collaborative has been utilized to benefit the military community, and continue discussion about how to collaborate with the Michigan National Guard to utilize emerging findings to promote resilient military families. We met with Maj. Gen. Gregory Vadnais, The Adjutant General of the Michigan National Guard and his staff in year 1. In year 2, MPHI met with MI ARNG Chief of Staff, COL Greg Durkac and COL Mary Jones. Dr. Gorman and Dr. Blow also met with State Family Program Director, CW3 Jessica Ulrey and her staff.
- MPHI presentations on how findings can be utilized by public health and local communities to promote resilient military families include Dr. Gorman's roundtable at the National Network of Public Health Institutes national conference, *Fostering innovation and partnerships to address emerging public health issues*¹; keynote address for Michigan Family Medicine Research Day, *Citizen Soldiers: What do they mean for my medical practice?*²; and interactive presentation, *Risk, Resiliency, and Coping in National Guard Families*³ to MPHI breakfast club engaging members of the public health community.
- Time 1 and Time 2 post-deployment data collection for the study is complete and on schedule for the final data collection.

4. Impact:

- Dissemination activities include a poster and presentation at MHSRS.
- Data from the in-depth family interviews and pre-deployment, post-deployment and one year follow-up was used for a comparative case study of three families where the service member had ongoing issues related to deployment injury. Findings from the comparative case study suggests that families experiencing a delay in diagnosis, wait time for treatment, lack of comprehensive formal and financial support following service member injury face a pile-up of stressors that are detrimental to the service members' physical and mental health, financial stability, and ultimately family well-being. These constructs will guide analysis with the larger data set. This will inform theory development and increase our understanding of the unique processes that the National Guard families face following a deployment injury.
- Dr. Gorman (MPHI) was asked by Governor Rick Snyder's Strategy Advisor, Sara Wycoff to provide supplemental information via memorandum⁴ on unique issues National Guard and Reserve encounter accessing mental health services provided by the United States Veterans Health and/or Benefit Administration. Dr. Gorman (MPHI) and Dr. Blow (MSU) also served on advisory committee for Senator Warren, a member of the Governor's Mental Health and Wellness Commission (Pursuant to Executive Order 2013-6)⁵ charged with making recommendations necessary to improve both the lives of and the outcomes for individuals and families living with mental illnesses. Drs. Blow and Gorman used data from the current study to inform their recommendations to the committee. As a commitment to veterans and their families who face a system of services that can be difficult to navigate, the Mental Health and Wellness Commission made the following recommendations to the Governor:
 - Enact legislation that amends the Mental Health Code to include veterans as a priority population for service provision from the Community Mental Health Services Providers.
 - Explicitly enumerate mental health care as an allowable expense under the Michigan Veteran Trust Fund. Assistance is available for veterans and their families to prevent "undue hardship." Examples of situations in which help may be given include hospitalization, medical services which cannot be secured from another source, food, fuel, clothing, or shelter. It is important to clearly state that mental health care services are an essential need and are an acceptable "undue hardship" for application grant assistance.
 - Ensure consistent access to quality support services for veterans by directing the Michigan Military and Veterans Affairs Agency to certify that there is sufficient county, regional and statewide assistance, as determined by the veteran population and need.
 - Direct county veteran counselors, veteran service officers and other service providers to incorporate mental health care referral services in daily operations.
 - Create and implement a "no wrong door" policy for veterans seeking mental health services. This should be done through the collaboration of the appropriate departments, service providers, non-profit organizations and other community-based resources to enable veterans to easily seek out and gain access to mental health care.⁵ (p. 23-24)

5. Changes/Problems:

- Subjects not remembering their responses to unique ID code and legibility of hand writing has presented challenges for linking survey response to previous waves of data collection. If they included their ID with contact information, we are including this in reminder letters.
- Subjects completed multiple online surveys. MPHI IST implemented new processes to decrease the likelihood that any subject is able to complete more than one online survey with flags in place to alert research staff in the event that a subject attempts to take the survey twice. Duplicates were removed from data.
- It is more difficult to schedule qualitative interviews due to several factors including work schedule, separation from the military, and out of state moves. We have added a staff member and expanded the staff availability by increasing nights and weekends in order to accommodate schedules. Some participants have moved out of state. In anticipation of location being a barrier, we revised IRB protocol to conduct phone interviews for those who have moved out of state. This revision was submitted to partnering IRB and approved in 2014 by MSU on March 5, MPHI on March 12, Virginia Tech on Feb 25, and UM on March 21.

6. Products/Reportable Outcomes:

National Presentations:

- American Psychological Association 2013 Symposium. *Parallel Sustained Stress for Couples and the Challenge of Reconnection*. (24 July 2013).⁶
- NNPHI Annual Conference roundtable. *Fostering innovation and partnerships to address emerging public health issues*. (15 April 2013).¹
- Gorman, L., Huebner, A., Hirschfeld, M, Blow, A. (August 2014). *Post-deployment Issues of National Guard: A Comparative Case Study of how Access to VA Benefits Affect Reintegration with Family and Civilian Employment*. Military Health System Research Symposium. Ft. Lauderdale, FL.
- Blow, A. Huebner, A., Hirschfeld, M, Gorman, L., Guty D., and Kees, M. (August 2014). *Military Couples and Soldier Resilience*. Military Health System Research Symposium. Ft. Lauderdale, FL.⁹

State & Local presentations:

- Michigan Family Medicine Research Day (23 May 2013)
- Presentation to the Adjutant General and staff of Michigan National Guard (13 August 2013)
- MPHI Breakfast Club (22 August 2013).

Policy

- Supplement to USVA Mental Health Services and Benefits Memorandum requested by Governor Snyder's office (5 May 2013).⁴

7. Participants & Other Collaborating Organizations

Name:	Lisa Gorman
Project Role:	PI
Researcher Identifier (e.g. ORCID ID):	N/A
Nearest person month worked:	3
Contribution to Project:	Dr. Gorman is responsible for technical and scientific oversight of the project at MPH. This includes reports, study design, survey and interview guides, IRB revisions, data collection and management, supervision and training of project staff, and partnering with collaborating universities.
Funding Support:	N/A
Name:	Danielle Guty,
Project Role:	Research Assist/Project Coordinator
Researcher Identifier (e.g. ORCID ID):	N/A
Nearest person month worked:	5
Contribution to Project:	Coordination of project activities which include but are not limited to teleconferences with PI and partnering universities, survey distribution and reminders, scheduling in-depth family interview, conducting interviews, data management, IRB revisions, IST data collection tools, etc.
Funding Support:	N/A

Adrian Blow, Michigan State University is the initiating PI. University of Michigan and Virginia Tech are subcontractors of the initiating PI and will be listed in the MSU annual report.

8. Special Reporting Requirements


N/A

9. Appendices:

- A. IRP Annual Update
- B. *Justification Tool – Survey Time 3*
- C. *Survey Instrument – Time 3 (Service Member and Spouse)*
- D. *Qualitative Interview Guide – Time 2*
- E. *Military Health System Research Symposium: Comparative Case Study Presentation*
- F. *Military Health System Research Symposium: Poster Presentation*

References:

1. Hamilton, L. & Gorman, L. (April 2013). *Fostering innovation and partnerships to address emerging public health issues*. Presentation at the National Network of Public Health Institutes Annual Conference roundtable. New Orleans, LA.
2. Gorman, L. (May 2013) *Citizen Soldiers: What do they mean for my medical practice?* Presentation at the Michigan Family Medicine Research Day. Howell, MI.
3. Gorman, L. (August 2013). *Risk, Resiliency, and Coping in National Guard Families*. Presentation at Michigan Public Health Institute Breakfast Club Event. Okemos, MI.
4. Gorman, L. Memorandum on National Guard Assessing Veterans Affairs Benefits. 2013.
5. State of Michigan Mental Health and Wellness Commission 2013 Report, Pursuant to Executive Order 2013-6.
6. Blow, A., Gorman, L., & Kees, M. (July 2013). *Parallel Sustained Stress for Couples and the Challenge of Reconnection*. Presentation at the American Psychological Association 2013 Symposium. Honolulu, Hawaii.
7. Blow, A., Gorman, L. (August 2013). Report to National Guard. Presentation at Michigan National Guard Headquarters. Lansing, MI.
8. Gorman, L., Huebner, A., Hirschfeld, M, Blow, A. (August 2014). *Post-deployment Issues of National Guard: A Comparative Case Study of how Access to VA Benefits Affect Reintegration with Family and Civilian Employment*. Military Health System Research Symposium. Ft. Lauderdale, FL.
9. Blow, A. Huebner, A., Hirschfeld, M, Gorman, L., Guty D., and Kees, M. (August 2014). *Military Couples and Soldier Resilience*. Military Health System Research Symposium. Ft. Lauderdale, FL.




Risk Resiliency & Coping in National Guard Families

PI-Adrian Blow, PhD
Michigan State University
Partnering PI-Lisa Gorman, PhD
Michigan Public Health Institute

MICHIGAN STATE UNIVERSITY
MPHI

Award Numbers: W81XWH-12-1-0418 (MSU)
W81XWH-12-1-0419 (MPHI)
Award Period of Performance: September 2012-September 2015
Award Amount: \$879,381 (MSU); \$418,280 (MPHI)
Contract Officer Representative: CAPT Angela Martinelli



CO-PIS & ACKNOWLEDGEMENTS

Co-Investigators



- V7** Angela Huebner, PhD
- M** Marcia Valenstein, MD
- M** Michelle Kees, PhD
- S** Ryan Bowles, PhD
- S** Hiram Fitzgerald, PhD

Research Staff

- M** Danielle Guty
- M** Julie Moore, PhD
- S** Chris Jarman
- Margaret Nyaku
- M** Heather Walters
- V7** Mara Hirschfeld

National Guard

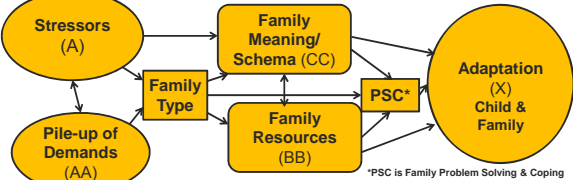
In particular we thank the service members and families of the Michigan National Guard along with the following leaders: MG Gregory Vadnais, BG Burt Francisco, & CPT Nick Anderson


STUDY BACKGROUND/RATIONALE

What led to the development of this study?

- Lack of evidenced-based family & community resilience programs for reserve component
- Longstanding collaboration with MI National Guard
- Need to refine and validate family resilience theories




*PSC is Family Problem Solving & Coping



STUDY BACKGROUND/RATIONALE

How is it unique, what does it add?

1. Military family experience of those separated from active duty installations observed in National Guard sample
2. Data on service members linked to data on spouses and some parents
3. A focus on resiliency processes as a supplement to pathological outcomes
4. An understanding of various family typologies at various stages of the life-course




RESEARCH QUESTIONS(S)/HYPOTHESES

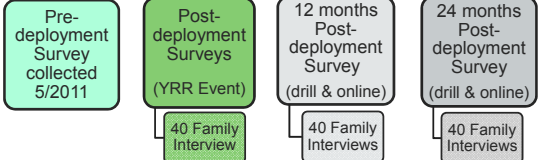
Aim 1: Test propositions found in the Family Resilience Model to validate and identify characteristics of risk and resiliency associated with NG service member and family adjustment

- Hypothesis 1: Psychological health outcomes of NG members are related to changes in family mental health, family wellbeing, child outcomes, and indicators of family resiliency over time

Aim 2: Expand and refine the Family Resilience Model for application in evidence-based prevention and intervention programs for military families



DESIGN & METHODOLOGY



Service Member, Spouses/Significant other, and Parents

- Unique self generated codes linked to Service Member and multiple waves
- \$25 for each survey completed

Family Interviews with Subsample of 40 families

- 90 minute interview conducted in home/community
- \$50 for each person interviewed

Risk Resiliency & Coping in National Guard Families

MEASURES

	Variable	Measurement
Stressors (A)	Deployment	Number, length, & combat exposure
	Parenting Stress	Parental Stress Scale
	Family Chaos	Confusion, Hubbub, and Order Scale
	Anxiety	Penn State Worry Questionnaire
	Depressive symptoms	Patient Health Questionnaire (PHQ-9)
	PTSD	PCL-M, PCL-C
	Alcohol Use (Time 1)	AUDIT
	TBI	Measured as in Hoge, et al.,
Pile-up (AA)	Suicide Ideation	National Comorbidity Survey
	Life Events	The Life Events Measure
Family Resources (BB)	Social support	Interpersonal Support Evaluation List
	Communication	39 items
	Unit Support (SM)	Unit Support Scale
	Outreach Activities	26 items

Risk Resiliency & Coping in National Guard Families

MEASURES

	Variable	Measurement
Family Meaning/Schema (CC)	Global life satisfaction	Satisfaction With Life Scale (SWLS)
	Dispositional optimism	Life Orientation Test-R (LOT-R)
	Engaged in valued activities	The Life Engagement Test (LET)
	Perceived life stress	Perceived Stress Scale
	Barriers to care	Hoge et al and Gorman et al
Problem Solving and Coping (PSC)	Coping with life stress	Brief COPE
Adaptation (X)	Emotional and social development infants	Brief Infant-Toddler Social and Emotional Assessment (BITSEA)
	Child behavior assessment	Strengths and Difficulties Questionnaire (SDQ).
	Dyadic Adjustment	Revised Dyadic Adjustment Scale

Risk Resiliency & Coping in National Guard Families

MATERIALS AND METHODS

Interview Protocol Areas of Interest	
A: Stressors	Changes the family associates with military life Normative & non-normative stressors
AA. Pile-up of Demands	Family life stressor experienced during the course of the study that were not associated with military life
BB: Family Resources	Identification of and use of resources and supports (formal and informal); includes coping strategies
CC: Family Meaning/Schema	View of family and role within family, supports/resources, & military family within context of community environment Meaning of military service
PSC: Family Problem Solving & Coping	Family Perception of their ability to solve problems Coping strategies of different family members
X: Adaptation	How are they doing? How have they changed? Surprises?

- Risk Resiliency & Coping** in National Guard Families
- ## ANALYSES
- | | |
|--|--|
| <p>Objective 1</p> <ul style="list-style-type: none"> Latent difference score analysis Latent growth curve analysis & autoregressive approaches | <p>Objective 2</p> <ul style="list-style-type: none"> Ethnographic qualitative study of a subset of 30-40 families Qualitative content analysis used to structure and categorize data |
|--|--|

- Risk Resiliency & Coping** in National Guard Families
- ## CURRENT & ANTICIPATED CHALLENGES
- Challenges & Solutions:**
- Ability to link survey responses are dependent on subjects remembering their responses to unique identifier questions
 - VA partner collecting information from the same group of service members during time 2 (burden of time/SM)
 - Distribute time 2 survey at drill weekend postponed due to government shutdown
 - Very rich data set and could use additional staff time for dissemination during years 2 and 3
- Expenditures to date:**
- MPHI: \$161,079
MSU: \$257,354

- Risk Resiliency & Coping** in National Guard Families
- ## STUDY PROGRESS
- | | |
|--|---|
| <p>Contractual agreements</p> <ul style="list-style-type: none"> Subcontracts Data use agreement <p>IRB & HRPO approval</p> <p>Year 1 data collection</p> <ul style="list-style-type: none"> 896 enrolled in study 608 service members 333 spouses 35 parents of SM Subsample of 40 families interviewed | <p>Data management</p> <ul style="list-style-type: none"> Secure database Online survey Year 1 data entry complete Year 1 interviews transcribed Master codebook established Data cleaning & integration in process <p>Data Analysis</p> <ul style="list-style-type: none"> Descriptive Coding of qualitative |
|--|---|

DELIVERABLES IN YEAR 1

Presentations

Blow, A., Gorman, L., & Kees, M. (July 2013). *Parallel Sustained Stress for Couples and the Challenge of Reconnection*. Presentation at the American Psychological Association 2013 Symposium. Honolulu, Hawaii.

Hamilton, L. & Gorman, L. (April 2013). *Fostering innovation and partnerships to address emerging public health issues*. Presentation at the National Network of Public Health Institutes Annual Conference roundtable. New Orleans, LA.

Blow, A., Gorman, L. (August 2013). Report to National Guard. Presentation at Michigan National Guard Headquarters. Lansing, MI.

NEXT STEPS

Integration of quantitative and qualitative data

Linking Pre-deployment data to current study data

Continue data collection for Time 2 and 3

Communication with Stakeholders

- Understanding of resiliency processes
- Understanding of how coping responses protect against pathological outcomes
- Understanding of post deployment processes for reserve families and the development of interventions to support both service members and families through this time

DISSEMINATION PLAN

Dissemination plan for year 2

- Injury and service use manuscripts (quantitative and qualitative)
- Parenting/child outcomes manuscript
- Meaning making manuscript
- Family communication and deployment manuscript

Dissemination plan for year 3

- Couples manuscripts with longitudinal data (quantitative and qualitative)
- Risk & coping factors within the family stress model that point toward resilience for this population

**Risk, Resilience and Coping in National Guard Families
Survey revisions for Time 3, two years post-deployment**

Component of Resilience Model & Variable	Measurement/ Approved Protocol for Time 1 and Time 2 Survey	# of items	Measurement/ Revised Protocol submitted to MPHI IRB August 1, 2014	# of items	Justification for Revision	Change in # of items
Demographics	Age, Gender, marital status, ethnicity, education, income, living situation, employment	7	Remove living situation question	6	Data not used from Time 1 & 2	-1
<i>Military experience</i> (Soldier only)	Military & NG experience	5	Add “Are you currently in NG? Why did you leave?” w/ options Remove 3 questions about other military experience assessed in Time 1 & 2	4	Responses same as Time 1, New questions relevant to NG retention	-1
<i>Employment</i>	Employment	5	Maintain only 2 of 5 employment questions	2		-3
Stressors (A)						
<i>Deployment</i> (Soldier only)	Number of deployments, length of deployment, Combat Exposure, Injury	13	Add “Have you deployed since 2012?” Skip 8 questions if no new deployment		Deployment experience assessed at Time 1. If there are new no deployments, 8 questions are redundant collection of data.	-7
<i>Family Chaos</i>	Confusion, Hubbub, and Order Scale	15	Remove scale		No significant findings to date	-15
<i>Lifecourse events</i>			5 Item assessment of lifecourse events missed by soldier due to military/deployment experience and level of stress for family	5	Lifecourse perspective introduced by funder as future direction in research. Research team aims to understand how lifecourse events intersect with deployment and if this intersection increases risk for families.	5

<i>Anxiety</i>	Penn State Worry Questionnaire (PSWQ)	16	Remove PSWQ		Literature & analysis of Time 1 data suggests that anxiety is highly correlated with PTSD and depression PSWQ. In multilevel models it is usually the depression or PTSD and not anxiety that accounts for variance in the outcome variable	-16
<i>Depressive symptoms</i>	Patient Health Questionnaire (PHQ-9) ⁶⁶	9				0
<i>PTSD</i>	PTSD Checklist (PCL-M)	17				0
<i>Alcohol Use</i>	Alcohol Use Disorders Identification Test-AUDIT	10				0
<i>Traumatic Brain Injury (Soldier only)</i>	Brief Traumatic Brain Injury Screen (BTBIS) (Schwab, 2006)				Assessed at Time 1 & 2. Keep item that assess current status of symptoms.	0
<i>Suicide Ideation/Attempts</i>	National Comorbidity Survey	4	Suicidal Behaviors Questionnaire-Revised (SBQ-R)	4	Frequently sited assessment of suicide with population and aligns with VOICES (VA partner).	0
Pile-up of Demands (AA)						
<i>The Life Events Measure</i>	The Life Events Measure	21	Adapted Stressful Life Event (Hobson, 1998) and Social Readjustment Rating Scale (Holmes & Rahe, 1967)	32	Items are very similar to previous questions but the added measure allows us to quantify the level of stress and identify level of health risk	+11

<i>Injury</i> (Spouse and parents only)			Add 2 questions about soldier injury and spouse or parent satisfaction with treatment their soldier received		National Guard are dependent on VA for treatment of minor injuries and may be lower priority for treatment if they do not have a line of duty injury	
Family Resources (BB)						
<i>Social support</i>	Interpersonal Support Evaluation List (ISEL) ⁷⁶	12				0
<i>Communication with extended family</i> (Service Member only)	Questions include frequency and means of communication with key members in family context including parents and siblings.	39			Applicable during the deployment only. Do not need to assess at 2 year post-deployment.	-39
<i>Unit Support</i> (Service Member)	Unit Support Scale ⁷⁷	12			Many soldiers have either changed units or left the Guard making data collected at 3 rd time point less useful and unnecessary burden on subjects	-12
<i>Health Care Use</i>	mental health service use (13), type (1), satisfaction (1)	15	<ul style="list-style-type: none"> • Revise mental health service use to reflect 3 items instead of 13. • Add 2 questions for insurance • Add 5 response options to the type of treatment question • Replace satisfaction question with 9 item Satisfaction with Care (Borowsky, 1999) 	15	13 item has been categorized to 3 item variable in data analysis Insurance is a critical access issue for Veterans (used in VA study) Satisfaction survey provides opportunity to address needs and gaps in services.	0
Family Meaning/Schema						

<i>Global life satisfaction</i>	Satisfaction With Life Scale (SWLS) ⁷	5				0
<i>Dispositional optimism</i>	Life Orientation Test-R (LOT-R) ⁷⁹	6				0
<i>Engaged in valued activities</i>	The Life Engagement Test (LET) ⁸⁰	6				0
<i>Perceived life stress</i>	Perceived Stress Scale ⁷⁶	4				0
<i>Meaning</i>			Meaning in Life Questionnaire (MLQ) Steger (2006)	10	Higher meaning in life associated with lower PTSD and depressive symptoms,	10
<i>Barriers to care</i> ^{2, 12}	Used questions from Hoge et al that assess utilization of health care and related barriers for service members ¹² and Gorman et al. ² , for spouses.	16				0
Family Problem Solving and Coping (PSC)						
<i>Coping with life stress</i>	Brief COPE ⁸¹	28	Problem Solving and Communication subscales of FAD (McMaster)	5,6		11
Adaptation (X)						
<i>Emotional and social development.</i> (parents of children age 12-35 months)	Brief Infant-Toddler Social and Emotional Assessment (BITSEA) ⁸²	42				0

<i>Child behavior assessment</i> (parents of children age 3-17)	Strengths and Difficulties Questionnaire (SDQ). ⁸³⁻⁸⁵	25				0
<i>Relationship Distress</i> (subject in committed relationship)	Revised Dyadic Adjustment Scale (RDAS) ⁶²	14				0
<i>Parenting Stress</i> (only parents)	Parental Stress Scale ⁶³	18				0
<i>Health and Well-being</i>			SF-12 Health Survey	12	Qualitative data in Time 1 & 2 indicate that physical health is an important component of reintegration and warrants addition of measure.	+12
<i>Sleep</i> (9 item for soldiers) (5 items about bed partner for spouses)			Pittsburgh Sleep Quality Index (PSQI) (Buysse, 1988)	9 (5)	Sleep problems among OIF/OEF veterans. May be a point of intervention to overcome barriers of stigma associated with other forms of mental health treatment.	+9
<i>Family Adjustment</i>			McMaster Family Assessment Devices 12 item General Function subscale	12		+12
<i>Caregiver Burden</i> (17 items for spouses)			MCS Index adapted to reflect military spouse issues		3 questions 14 additional of they answer yes to initial questions	+3 +14

Michigan Army National Guard Post-Deployment Survey Service Member

In the next pages, we ask a number of questions about your life and experiences. Your answers will be important to helping us understand what issues military service members face prior to a deployment and the areas of pre-deployment programming that would be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters or numbers in your answers to a series of questions.

For example:

Question	Answer	1 st letters/#s of the answer
Example: What is your dog's name	Spot	<u>S</u> <u>P</u> <u>O</u>
Example: What is your favorite color	Blue	<u>B</u> <u>L</u> <u>U</u>
Example: What is the day of the month of Christmas	25 th of December	<u>2</u> <u>5</u>
EXAMPLE CODE: <u>S</u> <u>P</u> <u>O</u> <u>B</u> <u>L</u> <u>U</u> <u>2</u> <u>5</u>		

INSTRUCTIONS

1. Please write your answer to each of these 3 questions.
2. Then, write the first 3 letters of each answer in the last column.
3. Rewrite the first 3 letters/#s from your answers. This is your personal code.

Question	1. Write your Answer	2. Write the 1 st 3 letters/#s of your answer
What is your mother's maiden name?		_ _ _
What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)		_ _ _
What is the day of the month you were born? (if you were born on the 4 th of May your answer would be 04)		_ _

3. Write the first 3 letters/#s from each of your above answers _ _ _ _ _
This is your personal code.

Michigan Army National Guard Post-Deployment Survey Service Member

Please write your personal code from the previous page: _ _ _ _ _

DEMOGRAPHICS (Please mark the box that best applies to you at the time of this survey completion.)

Age:	Marital Status:	Ethnicity (check all that apply):	Highest Level of Education:	Annual Family Income:	Current Rank or Rank at last discharge:	Years non-Guard Military Service:
<input type="checkbox"/> 18-21	<input type="checkbox"/> Married	<input type="checkbox"/> African American	<input type="checkbox"/> Some high school	<input type="checkbox"/> Below \$25,000	<input type="checkbox"/> E1-E4	<input type="checkbox"/> 4 years or less
<input type="checkbox"/> 22-24	<input type="checkbox"/> Unmarried, Cohabiting	<input type="checkbox"/> Asian American	<input type="checkbox"/> GED	<input type="checkbox"/> \$25,001 to \$50,000	<input type="checkbox"/> E5-E6	<input type="checkbox"/> 5-10 years
<input type="checkbox"/> 25-30	<input type="checkbox"/> Committed relationship, not cohabitating	<input type="checkbox"/> Caucasian	<input type="checkbox"/> High school diploma	<input type="checkbox"/> \$50,001 to \$75,000	<input type="checkbox"/> 01-03	<input type="checkbox"/> 11-20 years
<input type="checkbox"/> 31-40	<input type="checkbox"/> Divorced	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Some college	<input type="checkbox"/> \$75,001 to \$100,000	<input type="checkbox"/> 04-09	<input type="checkbox"/> Over 20
<input type="checkbox"/> 41-50	<input type="checkbox"/> Separated	<input type="checkbox"/> Native American	<input type="checkbox"/> Technical certificate or Associate	<input type="checkbox"/> Over \$100,000	<input type="checkbox"/> W01-5	
<input type="checkbox"/> Over 50	<input type="checkbox"/> Widowed	<input type="checkbox"/> Multi-ethnic	<input type="checkbox"/> Bachelor's degree			
Gender:	<input type="checkbox"/> Single	<input type="checkbox"/> Other	<input type="checkbox"/> Graduate degree			
<input type="checkbox"/> Female	<input type="checkbox"/> Other					
<input type="checkbox"/> Male						
Are you currently in the National Guard?		<input type="checkbox"/> Yes	If you are no longer in the Guard, why did you leave?		<input type="checkbox"/> Honorable Discharge	<input type="checkbox"/> Retirement
		<input type="checkbox"/> No			<input type="checkbox"/> Medical	<input type="checkbox"/> Other than Honorable Discharge
					<input type="checkbox"/> Other (Please Explain): _____	

EMPLOYMENT (The questions in this section are about your current work situation.)

Are you currently? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Full-time permanent position with AGR | <input type="checkbox"/> A student |
| <input type="checkbox"/> Part-time, temporary military work (M-day or ADOS) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Full-time permanent position in community | <input type="checkbox"/> Less than 30% VA disability |
| <input type="checkbox"/> Part-time work in the community | <input type="checkbox"/> More than 30% disability |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other, please specify: _____ |

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)

Completely
Unsatisfied

Completely
Satisfied

0 1 2 3 4 5 6 7 8 9 10

Life Event Checklist: Please mark which of these life events you have experienced in the past year.

Military Deployment

- Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
- Deployment of significant other or orders to re-deploy

Work

- Change in employment status (i.e. new job, termination, lay off, etc.)
- Major changes in working hours or conditions
- Major change in responsibilities at work
- Troubles with the boss
- Major change in financial status

Relationship

- Marriage
- Marital reconciliation with mate
- Divorce
- Marital Separation from mate
- Marital difficulties
- Major change in the number of arguments with spouse (more or less than usual)
- Change in family roles and responsibilities

Parenting

- Pregnancy/Childbirth
- Major change in behaviors of child(ren)
- Changes to a new school or child enrolling in school
- Son or daughter leaving home (i.e. marriage, college, military, etc.)

Housing

- Major change in living situation (move, new home, remodeling, lost lease, etc.)
- Home ownership (taking on a mortgage)
- Foreclosure

Social/Recreation

- Major change in religious activity (i.e. participating more or less than usual)
- Major change in social activities (i.e. clubs, movies, events, etc.)
- Major change in the number of family get-togethers
- Major change in usual type and/or amount of recreation

Health

- Major personal injury, illness, or other health related issue
- Major change in sleeping or eating habits

Legal

- Detention in Jail or other institution
- Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)

Loss

- Death of a close family member
- Death of close friend or unit member
- Betrayal by trusted individual
- Other _____

MISSED FAMILY EVENTS: Did your soldier miss any of the family events below because of their deployment or military experience? If yes, please respond to level of stress the event was for you and whether soldier's absence comes up in family arguments.

MISSED FAMILY EVENT			
Pregnancy/Birth of a first child	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Moving to a new house/neighborhood/town	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child experiencing school transition (pre-school, kindergarten, high school, graduation, etc.)	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child entered puberty/adolescence	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child left for college, got married, or moved away	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Serious illness of close family member	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Death of your parent or your	<input type="checkbox"/> Yes	If YES, How stressful was	IF YES, Does soldier's absence for this

spouse's parent	(proceed on this row) <input type="checkbox"/> No (go to next event)	this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child's activities (special performances, games, plays, field trips, etc.)	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Other (Explain): <hr/>	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next question)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time

RECENT DEPLOYMENT 2012: Please complete ONLY if you have deployed since 2012. If you have not deployed since 2012, skip to the DEPLOYMENT EXPERIENCE SECTION.

1. Have you deployed since 2012? 2013 2014 No new deployments
2. Do you have a pending deployment? Yes No
3. Since 2001, how many combat or peacekeeping deployments have you completed that lasted more than 30 days? 1 2 3 4 or more
4. When did you return home from your most recent deployment? _____ Date (Month/Year)
5. How long was your most recent deployment? _____ (Months/Years)
6. During your most recent deployment:

	Never	Seldom	Often	Constantly
a. How many times were you in serious danger of being injured or killed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How many times did you engage the enemy in a firefight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	
c. Did you know someone who was seriously injured or killed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Were you directly responsible for the death of an enemy combatant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Were you wounded or injured during deployment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DEPLOYMENT EXPERIENCE

1. What is the most distressing deployment-related event you have ever experienced? (Considering all deployments) Briefly describe the event. If no distressing event occurred to you while on deployments, please indicate NONE here.

2. Approximately what year did it occur? _____

3. Was this distressing event during deployment the most distressing event you have ever experienced in your life? (Considering your entire life) YES NO

4. If no, could you briefly describe your most distressing life event?

5. Approximately what year did it occur? _____

In the last 30 days, have you experienced any of the following problems in relation to the most distressing event you just described? (Check the box that is most true for you)

	Not at all	A little bit	Moderately	Quite a bit	All the time
a. Repeated, disturbing memories, thoughts, or images of the stressful experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Repeated, disturbing dreams of the stressful experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling very upset when something reminded you of the stressful experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Avoiding activities or situations because they remind you of the stressful experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trouble remembering important parts of the stressful experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Loss of interest in activities that you used to enjoy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Feeling distant or cutoff from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Feeling emotionally numb or being unable to have loving feelings for those close to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Feeling as if your future somehow will be cut short.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Trouble falling or staying asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling irritable or having angry outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Having difficulty concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Being "super alert" or watchful or on guard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Feeling jumpy or easily startled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered moderately, quite a bit, or all the time to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Not experiencing any problems related to head injury | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Memory Problems | <input type="checkbox"/> Other specify: _____ |
| <input type="checkbox"/> Balance Problems | |

HEALTH AND WELL-BEING:

This next section asks for your views about your health. For each of the following questions, please mark the box that best describes your answer.

In General, would you say your health is:

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

The following Questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
1) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were limited in the kind of work or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
c. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were limited in the kind of work or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	A little bit	Moderately	Quite a bit	Extremely
During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 for weeks...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt downhearted and depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How much of the time has your physical or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH CARE USE:

Are you covered by health insurance or some other kind of health care plan? (including health insurance obtained through employment or purchased directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills)

- | | | |
|--------------------------|--------------------------|--------------------------|
| Yes | No | I don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What kind of health insurance or health care coverage do you have?

- | | |
|--|--|
| <input type="checkbox"/> VA Healthcare System | <input type="checkbox"/> Private Health Insurance
(i.e. Employer sponsored, TRICARE, Other) |
| <input type="checkbox"/> Government (i.e. Medicare, Medicaid, Other) | <input type="checkbox"/> No coverage of any type |

In the <u>past</u> , have you received mental health services for a stress, emotional, alcohol, or family problem from a:	No	Yes, in the last year	Yes, but more than a year ago
1) Military Provider (Military treatment facility, TRICARE, Chaplain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Civilian (mental health professional, civilian facility, Clergy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) VA System (hospital, VA facility, VetCenter, CBOC, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not used the VA system, please skip to “Rate each of the possible concerns that might affect your decision to receive mental health counseling or services”

If you used services in the last 12 months, what types of services did you receive? (Check all that apply)

- Medication Other Please describe: _____
- Individual Therapy Not applicable
- Group Therapy
- Substance Abuse Treatment
- Family/Marital Therapy
- Domestic Violence
- Sexual Trauma counseling or referral
Screening and referral for medical issues
including TBI, depression, etc.?
- VBA benefits explanation and referral
- Employment assessment and referral?

How satisfied were you with:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Satisfied
a. The length of time it takes to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting a convenient appointment time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The length of time you must wait to see the doctor once you have arrived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The accuracy of the diagnosis you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The explanations you got of your illness and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The courtesy and compassion shown by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The amount of time the VA doctors/staff spend with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The way the VA doctors communicate with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The length of time it takes to get to the VA from your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I don't trust mental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't know where to get help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c.	I don't have adequate transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	It is difficult to schedule an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	There would be difficulty getting time off work for treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Mental health care costs too much money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	It might harm my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	It would be too embarrassing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	I would be seen as weak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Mental health care doesn't work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Members of my unit might have less confidence in me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	My unit leadership might treat me differently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	My leaders would blame me for the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	I don't want it to appear on my military records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	There are no providers in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	I would have to drive great distances to receive high quality care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SLEEP:

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:

- a. During the past month, What time have you usually gone to bed at night? _____
- b. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? _____
- c. During the past month, what time have you usually gotten up in the morning? _____
- d. During the past month, how many hours of actual sleep did you get a night? (This may be different than the number of hours you spent in bed.) _____

For Each of the remaining questions, check one best response.

During the past month, how often have you had trouble sleeping because you...

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

a. Cannot get to sleep within 30 minutes

b. Wake up in the middle of the night or early morning

c. Have to get up to use the bathroom

d. Cannot breath comfortably

e. Cough or snore loudly

f. Feel too cold

g. Feel too hot

h. Had bad dreams

i. Have pain

j. Other reasons (please describe):

How often during the past month have you had trouble sleeping because of this?

Very Good

Fairly Good

Fairly Bad

Very Bad

During the past month, how would you rate your quality of sleep?

Not during the past month

Less than once a week

Once or twice a week

Three or more times a week

During the past month, how often have you taken medication to help you sleep (prescribed or "over the counter"?)

During the past month, how often have you had trouble staying awake while driving, eating, meals, or engaging in social activity?

No Problem At all

Only a very slight problem

Somewhat of a problem

A very big problem

During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things one?

MOOD: These next questions ask about your mood.

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

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thought that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you had 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?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Have you ever thought about or attempted to kill yourself? (Check one only)

Never

It was a passing thought

I have had a plan at least once to kill myself but did not try to do it

I have had a plan at least once to kill myself and really wanted to die

I have attempted to kill myself, but did not want to die

I have attempted to kill myself, and really hoped to die

How often have you thought about killing yourself in the past year? (Check one only)

Never

Rarely (1 time)

Sometimes (2 times)

Often (3-4 Times)

Very Often (5 or more times)

Have you ever told someone that you were going to commit suicide, or that you might do it? (Check one only)

No

Yes, at one time, but did not really want to die

Yes, at one time, and really wanted to die

Yes, more than once, but did not want to do it

Yes, more than once, and really wanted to do it

How likely is it that you will attempt suicide someday? (Check one only)

Never

No chance at all

Rather unlikely

Unlikely

Likely

Rather Likely

Very Likely

Are you a veteran in emotional distress?

Please call 1-800-273-TALK and press 1 to be routed to the VA Crisis Hotline.

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

Never

Almost Never

Sometimes

Fairly Often

Often

a. In the last month, how often have you felt that you were unable to control the important things in your life?

b. In the last month, how often have you felt confident about your ability to handle your personal problems?

c. In the last month, how often have you felt that things were going your way?

d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

ALCOHOL USE:

Please check the response that best reflects your patterns of alcohol consumption.

	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week
a. How often do you have a drink containing alcohol?	<input type="checkbox"/> Go to next section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
b. How many standard drinks do you have on a typical day when you are drinking? [a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
c. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes, but not in the last year	Yes, during the last year		
i. Have you or anyone else been injured because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MEANING:

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

	Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't say true or false	Somewhat True	Mostly True	Absolutely True
a. I understand my life's meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am looking for something that makes my life meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am always looking to find my life's purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My life has a clear sense of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a good sense of what makes my life meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have discovered a satisfying life purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am always searching for something that makes my life feel significant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am seeking a purpose or mission in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My life has no clear purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am searching for meaning in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COPING: These questions ask about different ways of coping you may have used during the deployment. Please mark which answer best describes you.

	Not at all	Several days	More than half the days	Nearly every day
a. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been saying to myself "this isn't real."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been taking action to try to make the situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I've been refusing to believe that it is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I've been accepting the reality of the fact that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Several days	More than half the days	Nearly every day
w. I've been trying to get advice or help from other people about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. I've been making fun of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SUPPORT: The next section asks questions about people in your life. Please mark the box that best describes your experience.

	Definitely FALSE	Probably FALSE	Probably TRUE	Definitely TRUE
a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that there is no one I can share my most private worries and fears with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I were sick, I could easily find someone to help me with my daily chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is someone I can turn to for advice about handling problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't often get invited to do things with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters?

- I was thinking primarily about my spouse/significant other
 I was thinking primarily about one person (not spouse/significant other)
 I was thinking about several potential supporters

LIFESTYLE: This section asks questions about your lifestyle and satisfaction. Please mark the box that best describes your life.

	Strongly DISAGREE	Disagree	Slightly disagree	NEITHER agree nor disagree	Slightly agree	Agree	Strongly AGREE
a. In most ways my life is close to my ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. So far I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us your thoughts about your life by marking each item as it applies to you.

	Disagree a lot	Disagree a little	Neither agree or disagree	Agree a little	Agree a lot
a. In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is not enough purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. To me, the things I do are all worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of what I do seems trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I value my activities a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELATIONSHIPS: These questions ask about your relationship with your spouse, girlfriend, or boyfriend.

Are you currently in a committed relationship with a spouse/significant other? YES NO (If no, answer the next question and then skip to the Parenting Section. If you do not have children, your survey is complete)

How long have you been in a committed relationship with your current spouse/significant other? _____ Years

Most people experience disagreements in their relationships. For the next 6 items, please estimate the extent of agreement or disagreement between you and your partner.

	Always Agree	Almost Always Agree	Occasionally Agree	Often Disagree	Almost Always Disagree	Always Disagree
a. Values or beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Demonstration of affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Making major decisions (e.g., career, where to live, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sexual relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Aims, goals, and things believed to be important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Financial decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following 5 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
a. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you ever regret that you married or got together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you and your partner quarrel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often do you and your partner "get on each other's nerves"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you and your partner engage in outside interests together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following 3 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
a. How often do you and your partner have a stimulating exchange of ideas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often do you and your partner calmly discuss something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you and your partner work together on a project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENTING. This next section asks about children and parenting. If you do not have children, your survey is complete.

- | | |
|---|--|
| <p>1. Do you have children?
 <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, your survey is complete.)</p> <p>2. Are you a stepparent?
 <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. How many children under age 18 live in your home?
 _____</p> <p>4. What are the ages of your children?
 _____</p> | <p>5. Are you a single parent?
 <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. Do you have a child with special needs?
 <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. If you have a special needs child, please explain:
 _____</p> |
|---|--|

If you co-parent with a former spouse/or partner, has physical custody of children changed in the previous 12 months?

- YES NO Not Applicable

If yes, how much stress has this caused? (Circle one)

Not at all stressful 1 2 3 4 5 6 7 8 9 High stress

Is this issue resolved or ongoing? (Circle one)

Ongoing 1 2 3 4 5 6 7 8 9 Completely Resolved

Please tell us about your parenting experience by marking each item as it applies to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a. I am happy in my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is little or nothing I wouldn't do for my child(ren) if it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Caring for my child(ren) sometimes takes more time and energy than I have to give.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I sometimes worry whether I am doing enough for my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel close to my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I enjoy spending time with my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child(ren) is/are an important source of affection for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Having a child(ren) gives me a more certain and optimistic view for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The major source of stress in my life is my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Having a child(ren) leaves little time and flexibility in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Having a child(ren) has been a financial burden.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. It is difficult to balance different responsibilities because of my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The behavior of my child(ren) is often embarrassing or stressful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. If I had it to do over again, I might decide not to have child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I am satisfied as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I find my child(ren) enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILDREN. Questions in this section are specifically about your child(ren). If you do not have children, please end.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children**. If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? _____ (No questionnaire for this child)
 How many of your children are between 12-35 months old? _____ (Complete that # of Young Child Questionnaires)
 How many of your children are between 3 -17 years old? _____ (Complete that # of Older Child Questionnaires)

YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months: _____ Child's Sex (Circle One): Male Female

Please mark the ONE response that best describes your child's behavior in the LAST month:

	Not True	Somewhat True	Very True
a. Shows pleasure when he or she succeeds (for example, claps for self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gets hurt so often that you can't take your eyes off him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seems nervous, tense, or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wakes up at night and needs help to fall asleep again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cries or has tantrums until he/she is exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is afraid of certain places, animals, or things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has less fun than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Looks for you (or other parent) when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cries or hangs onto you when you try to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Worries a lot or is very serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Looks right at you when you say his/her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Does not react when hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Is affectionate with loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Won't touch some objects because of how they feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Has trouble falling asleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Runs away in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Plays well with other children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Can pay attention for a long time (other than watching TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not True	Somewhat True	Very True
u. Has trouble adjusting to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Tries to help when someone is hurt (for example, gives a toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Often gets very upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Gags or chokes on food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Imitates playful sounds when you ask him/her to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Hits, shoves, kicks, or bites children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Is destructive. Breaks or ruins things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Points to show you something far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Hits, bites, or kicks you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Hugs or feeds dolls or stuffed animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Seems very unhappy, sad, depressed, or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Purposely tries to hurt you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. When upset, gets very still, freezes, or doesn't move.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Puts things in a special order over and over, and gets upset if he/she is interrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Repeats the same action over and over again. <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Repeats a particular movement over and over (like rocking, spinning) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Spaces out. Is totally unaware of what is happening around him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Does not make eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Avoids physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. Hurts self on purpose (for example, bangs his/her head) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Eats or drinks things that are not edible (like paper or paint) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 12-35 months?
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!***

OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years: _____

Child's Sex (Circle One): Male Female

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

	Not True	Somewhat True	Very True
a. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shares readily with other children (toys, food, games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Often fights with children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 3 years -17 years old?
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR SERVICE.

Michigan Army National Guard Post-Deployment Survey Spouse/Significant Other

In the next pages, we ask a number of questions about your life and your family's experiences. Your answers will be important to helping us understand the issues military service members and their families face prior to a deployment and what areas of pre-deployment programming might be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code.* Your identification code will be created based on the combination of the first 3 letters in your answers to a series of questions.

For example:

Question	Answer	1 st letters/#s of the answer
Example: What is your dog's name	Spot	<u>S</u> <u>P</u> <u>O</u>
Example: What is your favorite color	Blue	<u>B</u> <u>L</u> <u>U</u>
Example: What is the day of the month of Christmas	25 th of December	<u>2</u> <u>5</u>
EXAMPLE CODE: <u>S</u> <u>P</u> <u>O</u> <u>B</u> <u>L</u> <u>U</u> <u>2</u> <u>5</u>		

INSTRUCTIONS

1. Please write your answer to each of these 3 questions.
2. Then, write the first 3 letters of each answer in the last column.
3. Rewrite the first 3 letters/#s from your answers. This is your personal code.

Question	1. Write your Answer	2. Write the 1 st 3 letters/#s of your answer
What is your mother's maiden name?		_ _ _
What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)		_ _ _
What is the day of the month you were born? (if you were born on the 4 th of May your answer would be 04)		_ _

3. Write the first 3 letters/#s from each of your above answers _ _ _ _ _ _ _ _
This is your personal code.

Michigan Army National Guard Post-Deployment Survey Spouse/Significant Other

Please write the SERVICE MEMBER'S personal code
(from reminder letter)

Please write your personal code (from previous page)

1. **DEMOGRAPHICS** (Please mark the box that best applies to you at the time of this survey completion.)

- I am the spouse/significant other of a MI National Guard Member
- My spouse/significant other and I are both MI National Guard Members.

Age:	Gender:	Marital Status:	Ethnicity (check all that apply):	Highest Level of Education:	Annual Family Income:
<input type="checkbox"/> 18-21	<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> African American	<input type="checkbox"/> Some high school	<input type="checkbox"/> Below \$25,000
<input type="checkbox"/> 22-24	<input type="checkbox"/> Male	<input type="checkbox"/> Unmarried, Cohabiting	<input type="checkbox"/> Asian American	<input type="checkbox"/> GED	<input type="checkbox"/> \$25,001 to \$50,000
<input type="checkbox"/> 25-30		<input type="checkbox"/> Committed relationship, not cohabitating	<input type="checkbox"/> Caucasian	<input type="checkbox"/> High school diploma	<input type="checkbox"/> \$50,001 to \$75,000
<input type="checkbox"/> 31-40		<input type="checkbox"/> Divorced	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Some college	<input type="checkbox"/> \$75,001 to \$100,000
<input type="checkbox"/> 41-50		<input type="checkbox"/> Separated	<input type="checkbox"/> Native American	<input type="checkbox"/> Technical certificate or Associate degree	<input type="checkbox"/> Over \$100,000
<input type="checkbox"/> Over 50		<input type="checkbox"/> Widowed	<input type="checkbox"/> Multi-ethnic	<input type="checkbox"/> Bachelor's degree	
		<input type="checkbox"/> Single	<input type="checkbox"/> Other	<input type="checkbox"/> Graduate degree	
		<input type="checkbox"/> Other			

Since 2001, how many combat or peacekeeping deployments has your spouse/significant other completed that lasted more than 30 days? 0 1 2 3 4 or more

When did he/she return home from the most recent deployment? _____ Date (Month/Year)

How long was his/her most recent deployment? _____ Months/Years

2. **EMPLOYMENT** (The questions in this section are about your current work situation.)

Are you currently? (check all that apply)

- Working full-time
- Working part-time
- Unemployed, looking for work
- Unemployed, not looking for work
- Retired
- A homemaker
- A student
- On maternity or paternity leave
- On illness or sick leave
- On disability
- Other, please specify: _____

If you are not working or going to school, check here and skip to the Life Event Checklist.

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)

Completely Unsatisfied												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		

Life Event Checklist: Please mark which of these life events you have experienced in the past year.

Military Deployment

- Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
- Deployment of significant other or orders to re-deploy

Work

- Change in employment status (i.e. new job, termination, lay off, etc.)
- Major changes in working hours or conditions
- Major change in responsibilities at work
- Troubles with the boss
- Major change in financial status

Relationship

- Marriage
- Marital reconciliation with mate
- Divorce
- Marital Separation from mate
- Marital difficulties
- Major change in the number of arguments with spouse (more or less than usual)
- Change in family roles and responsibilities

Parenting

- Pregnancy/Childbirth
- Major change in behaviors of child(ren)
- Changes to a new school or child enrolling in school
- Son or daughter leaving home (i.e. marriage, college, military, etc.)

Housing

- Major change in living situation (move, new home, remodeling, lost lease, etc.)
- Homeownership (taking on a mortgage)
- Foreclosure

Social/Recreation

- Major change in religious activity (i.e. participating more or less than usual)
- Major change in social activities (i.e. clubs, movies, events, etc.)
- Major change in the number of family get-togethers
- Major change in usual type and/or amount of recreation

Health

- Major personal injury, illness, or other health related issue
- Major change in sleeping or eating habits

Legal

- Detention in Jail or other institution
- Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)

Loss

- Death of a close family member
- Death of close friend or unit member
- Betrayal by trusted individual
- Other _____

1. What is the most distressing life event you have ever experienced?

Briefly describe the event: _____

When did it occur? _____

2. During the last 30 days, did you experience any of the following problems in relation to the event you described above?
 (Circle the number that is most true for you)

		Not at all	A little bit	Moderately	Quite a bit	All the time
a.	Repeated, disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
b.	Repeated, disturbing dreams of the stressful experience.	1	2	3	4	5
c.	Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it).	1	2	3	4	5
d.	Feeling very upset when something reminded you of the stressful experience.	1	2	3	4	5
e.	Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event.	1	2	3	4	5
f.	Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	1	2	3	4	5
g.	Avoiding activities or situations because they remind you of the stressful experience.	1	2	3	4	5
h.	Trouble remembering important parts of the stressful experience.	1	2	3	4	5
i.	Loss of interest in activities that you used to enjoy.	1	2	3	4	5
j.	Feeling distant or cutoff from other people.	1	2	3	4	5
k.	Feeling emotionally numb or being unable to have loving feelings for those close to you.	1	2	3	4	5
l.	Feeling as if your future somehow will be cut short.	1	2	3	4	5
m.	Trouble falling or staying asleep.	1	2	3	4	5
n.	Feeling irritable or having angry outbursts.	1	2	3	4	5
o.	Having difficulty concentrating.	1	2	3	4	5
p.	Being "super alert" or watchful or on guard.	1	2	3	4	5
q.	Feeling jumpy or easily startled.	1	2	3	4	5

3. If you answered **moderately**, **quite a bit**, or **all the time** to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

MISSED FAMILY EVENTS: Did your soldier miss any of the family events below because of their deployment or military experience? If yes, please respond to level of stress the event was for you and whether soldier's absence comes up in family arguments.

MISSED FAMILY EVENT			
Pregnancy/Birth of a first child	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Moving to a new house/neighborhood/town	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child experiencing school transition (pre-school, kindergarten, high school, graduation, etc.)	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child entered puberty/adolescence	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child left for college, got married, or moved away	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Serious illness of close family member	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time

Death of your parent or your spouse's parent	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	If YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Child's activities (special performances, games, plays, field trips, etc.)	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next event)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	If YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time
Other (Explain): _____	<input type="checkbox"/> Yes (proceed on this row) <input type="checkbox"/> No (go to next question)	If YES, How stressful was this event for you? <input type="checkbox"/> Not stressful <input type="checkbox"/> A little stressful <input type="checkbox"/> Very stressful <input type="checkbox"/> Extremely stressful	If YES, Does soldier's absence for this event come up in couple or family arguments? <input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> All the time

CAREGIVING: Some spouses and parents of soldiers find themselves in a caregiving role because of a service related injury or significant change in mood following the soldiers deployment. This caregiving role involves either direct care of their soldier, many more household responsibilities of care because the soldier is not as effective, or both.

In your opinion, has your soldier had a service related injury or significant change in mood or something similar that has affected his/her ability to function at home? (Circle one) YES or NO

Does your soldier refuse to seek treatment for physical or emotional health problem you have brought to his/her attention following deployment? (Circle One) YES or NO

Have you had to engage in direct care of your soldier? (Circle one) YES or NO

Have your household responsibilities (e.g. parenting) increased because of the change in your soldier? (Circle one) YES or NO

If you answered YES to any of the above questions, please complete the questions below.

Directions: Here is a list of things that other significant others have found to be difficult. Please put a checkmark in the columns that apply to you. We have included some examples that are common caregiver experiences to help you think about each item. Your situation may be slightly different, but the item could still apply.

Yes No

1) My sleep is disturbed (For example: my soldier has nightmares that wake me; soldier is in and out of bed or wanders around at night)	<input type="checkbox"/>	<input type="checkbox"/>
2) Caregiving is inconvenient (For example: helping takes so much time or I have to drive a great distance to take soldier to appointments)	<input type="checkbox"/>	<input type="checkbox"/>
3) Caregiving is a physical strain (For example: lifting in or out of a chair; effort or concentration is required)	<input type="checkbox"/>	<input type="checkbox"/>
4) Caregiving is confining (For example: helping restricts my free time or I do not feel I can leave the house or leave the children with soldier)	<input type="checkbox"/>	<input type="checkbox"/>
5) There have been family adjustments (For example: helping has disrupted my routine; the kids and I walk on eggshells; we are no longer equal partners)	<input type="checkbox"/>	<input type="checkbox"/>
6) There have been changes in personal plans (For example: I had to turn down a job; I could not go on vacation)	<input type="checkbox"/>	<input type="checkbox"/>
7) There have been other demands on my time (For example: other family members need me; I do more than my share of parenting)	<input type="checkbox"/>	<input type="checkbox"/>
8) There have been emotional adjustments (For example: arguments about soldiers' changed behavior or response to injury)	<input type="checkbox"/>	<input type="checkbox"/>
9) Some behavior is upsetting (For example: soldier has angry outbursts; I sometimes feel unsafe; soldier is obsessed with ____)	<input type="checkbox"/>	<input type="checkbox"/>
10) It is upsetting to find the person I care for has changed so much from his/her former self (For example: he/she is a different person than he/she used to be)	<input type="checkbox"/>	<input type="checkbox"/>

- 11) There have been work adjustments
(For example: I have to take time off for medical appointments or other caregiving activities)
- 12) Caregiving is a financial strain
(For example: Soldier unable to get/keep a job; home renovations were expensive)
- 13) I feel completely overwhelmed
(For example: I worry about the person I care for; I have concerns about how I will manage)

14. Please provide a brief description or example:

HEALTH CARE USE:

Are you covered by health insurance or some other kind of health care plan? (including health insurance obtained through employment or purchased directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills)

- Yes No I don't know
-

What kind of health insurance or health care coverage do you have?

- VA Healthcare System Private Health Insurance
(i.e. Employer sponsored, TRICARE, Other)
- Government (i.e. Medicare, Medicaid, Other) No coverage of any type

In the <u>past</u> , have you received mental health services for a stress, emotional, alcohol, or family problem from a:	No	Yes, in the last year	Yes, but more than a year ago
14) Military Provider (Military treatment facility, TRICARE, Chaplain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Civilian (mental health professional, civilian facility, primary care doctor etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) VA System (hospital, VA facility, VetCenter, CBOC, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not used mental health services, please skip to "Rate each of the possible concerns that might affect your decision to receive mental health counseling or services"

If you used services in the last 12 months, what types of services did you receive? (Check all that apply)

- Medication Other Please describe: _____
 Individual Therapy Not applicable
 Group Therapy
 Substance Abuse Treatment
 Family/Marital Therapy
 Domestic Violence
 Sexual Trauma counseling or referral
 Screening and referral for medical issues including TBI, depression, etc.?
 VBA benefits explanation and referral
 Employment assessment and referral?

How satisfied were you with:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Satisfied
a. The length of time it takes to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting a convenient appointment time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The length of time you must wait to see the doctor once you have arrived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The accuracy of the diagnosis you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The explanations you got of your illness and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The courtesy and compassion shown by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The amount of time the doctors/staff spend with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The way the doctors communicate with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The length of time it takes to get to the VA from your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I don't trust mental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't know where to get help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I don't have adequate transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is difficult to schedule an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There would be difficulty getting time off work for treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental health care costs too much money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It might harm my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It would be too embarrassing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I would be seen as weak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Mental health care doesn't work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. There are no providers in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I would have to drive great distances to receive high quality care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My soldier is concerned that if I sought treatment it might harm his/her military career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SLEEP:
The following questions are about the Service Member's Sleep. In the past month, how often have you observed your spouse experiencing:

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Loud Snoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Long pauses between breaths while asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Legs twitching or jerking while asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Episodes of disorientation or confusing during sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other restlessness while s/he sleeps; please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD: These next questions ask about your mood.

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

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thought that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you had 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?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Have you ever thought about or attempted to kill yourself? (Check one only)

Never

It was a passing thought

I have had a plan at least once to kill myself but did not try to do it

I have had a plan at least once to kill myself and really wanted to die

I have attempted to kill myself, but did not want to die

I have attempted to kill myself, and really hoped to die

How often have you thought about killing yourself in the past year? (Check one only)

Never

Rarely (1 time)

Sometimes (2 times)

Often (3-4 Times)

Very Often (5 or more times)

Have you ever told someone that you were going to commit suicide, or that you might do it? (Check one only)

No

Yes, at one time, but did not really want to die

Yes, at one time, and really wanted to die

Yes, more than once, but did not want to do it

Yes, more than once, and really wanted to do it

How likely is it that you will attempt suicide someday? (Check one only)

Never

No chance at all

Rather unlikely

Unlikely

Likely

Rather Likely

Very Likely

Are you in emotional distress?

Please call [1-800-273-TALK](tel:1-800-273-TALK) for a Crisis Hotline

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

Never

Almost Never

Sometimes

Fairly Often

Often

a. In the last month, how often have you felt that you were unable to control the important things in your life?

b. In the last month, how often have you felt confident about your ability to handle your personal problems?

c. In the last month, how often have you felt that things were going your way?

d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

ALCOHOL USE:

Please check the response that best reflects your patterns of alcohol consumption.

	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week
a. How often do you have a drink containing alcohol?	<input type="checkbox"/> Go to next section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
b. How many standard drinks do you have on a typical day when you are drinking? [a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
c. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes, but not in the last year	Yes, during the last year		
i. Have you or anyone else been injured because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MEANING:

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

	Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't say true or false	Somewhat True	Mostly True	Absolutely True
a. I understand my life's meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am looking for something that makes my life meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My life has a clear sense of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have a good sense of what makes my life meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have discovered a satisfying life purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am always searching for something that makes my life feel significant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am seeking a purpose or mission in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My life has no clear purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am searching for meaning in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COPING: These questions ask about different ways of coping you may have used during the deployment. Please mark which answer best describes you.

	Not at all	Several days	More than half the days	Nearly every day
a. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been saying to myself "this isn't real."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been taking action to try to make the situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I've been refusing to believe that it is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I've been accepting the reality of the fact that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Several days	More than half the days	Nearly every day
w. I've been trying to get advice or help from other people about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. I've been making fun of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SUPPORT: The next section asks questions about people in your life.

	Definitely FALSE	Probably FALSE	Probably TRUE	Definitely TRUE
a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that there is no one I can share my most private worries and fears with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I were sick, I could easily find someone to help me with my daily chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is someone I can turn to for advice about handling problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't often get invited to do things with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters?

- I was thinking primarily about my spouse/significant other
 I was thinking primarily about one person (not spouse/significant other)
 I was thinking about several potential supporters

LIFESTYLE: This section asks questions about your lifestyle and satisfaction. Please mark the box that best describes your life.

	Strongly DISAGREE	Disagree	Slightly disagree	NEITHER agree nor disagree	Slightly agree	Agree	Strongly AGREE
a. In most ways my life is close to my ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. So far I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us your thoughts about your life by marking each item as it applies to you.

	Disagree a lot	Disagree a little	Neither agree or disagree	Agree a little	Agree a lot
a. In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is not enough purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. To me, the things I do are all worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of what I do seems trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I value my activities a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I have lots of reasons for living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about your thoughts and opinions related to the military.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. I believe in the mission of the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behind every strong soldier is a strong family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I do not agree with my spouse/significant other being in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My spouse/significant other has a critical role in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. As a family member, I am important to the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What I do at home does not make a difference to my partner's success in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The military is doing an important job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Families are not important to military readiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I support my spouse/significant other's choice to be in the military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am proud to be a military spouse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELATIONSHIPS: These questions ask about your relationship with your spouse, girlfriend, or boyfriend.

Are you currently in a committed relationship with a spouse/significant other? YES NO (If no, then skip to the Parenting Section. If you do not have children, your survey is complete)

How long have you been in a committed relationship with your current spouse/significant other? _____ Years

Most people experience disagreements in their relationships. For the next 6 items, please estimate the extent of agreement or disagreement between you and your partner.

	Always Agree	Almost Always Agree	Occasionally Agree	Often Disagree	Almost Always Disagree	Always Disagree
a. Values or beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Demonstration of affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Making major decisions (e.g., career, where to live, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sexual relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Aims, goals, and things believed to be important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Financial decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following 5 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
a. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you ever regret that you married or got together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you and your partner quarrel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often do you and your partner "get on each other's nerves"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you and your partner engage in outside interests together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following 3 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
a. How often do you and your partner have a stimulating exchange of ideas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often do you and your partner calmly discuss something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you and your partner work together on a project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problem Solving	Strongly Agree	Agree	Disagree	Strongly Disagree
1. We usually act on our decisions regarding problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. After our family tries to solve a problem, we usually discuss whether it worked or not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. We resolve most emotional upsets that come up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We confront problems involving feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. We try to think of different ways to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	Strongly Agree	Agree	Disagree	Strongly Disagree
1. When someone is upset the others know why	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You cant tell how a person is feeling from what they are saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People come right out and say things instead of hinting at them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We are frank with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. We don't talk to each other when we are angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When we don't like what someone has done, we tell them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Functioning	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Planning family activities is difficult because we misunderstand each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In time of crisis we can turn to each other for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. We cannot talk to each other about sadness we feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Individuals are accepted for what they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. We avoid discussing our fears and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. We can express feelings to each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There are lots of bad feelings in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. We feel accepted for what we are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Making decisions is a problem for our family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. We are able to make decisions about how to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. We don't get along well together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. We confide in each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENTING. This next section asks about children and parenting. If you do not have children, your survey is complete.

- | | |
|---|--|
| <p>1. Do you have children?
 <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, your survey is complete.)</p> <p>2. Are you a stepparent?
 <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. How many children under age 18 live in your home?
 _____</p> <p>4. What are the ages of your children?
 _____</p> | <p>5. Are you a single parent?
 <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. Do you have a child with special needs?
 <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. If you have a special needs child, please explain:
 _____</p> |
|---|--|

If you co-parent with a former spouse/or partner, has physical custody of children changed in the previous 12 months?

- YES NO Not Applicable

If yes, how much stress has this caused? (Circle one)

Not at all stressful 1 2 3 4 5 6 7 8 9 High stress

Is this issue resolved or ongoing? (Circle one)

Ongoing 1 2 3 4 5 6 7 8 9 Completely Resolved

Please tell us about your parenting experience by marking each item as it applies to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
13. I am happy in my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. There is little or nothing I wouldn't do for my child(ren) if it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Caring for my child(ren) sometimes takes more time and energy than I have to give.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I sometimes worry whether I am doing enough for my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel close to my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I enjoy spending time with my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My child(ren) is/are an important source of affection for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Having a child(ren) gives me a more certain and optimistic view for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The major source of stress in my life is my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Having a child(ren) leaves little time and flexibility in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Having a child(ren) has been a financial burden.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. It is difficult to balance different responsibilities because of my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The behavior of my child(ren) is often embarrassing or stressful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. If I had it to do over again, I might decide not to have child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I am satisfied as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I find my child(ren) enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILDREN. Questions in this section are specifically about your child(ren). If you do not have children, your survey is complete.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire*. The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children**. If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? _____ (No questionnaire for this child)
 How many of your children are between 12-35 months old? _____ (Complete that # of Young Child Questionnaires)
 How many of your children are between 3 -17 years old? _____ (Complete that # of Older Child Questionnaires)

YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months _____ Child's Sex(Circle One): Male Female

Please mark the ONE response that best describes your child's behavior in the LAST month:

	Not True	Somewhat True	Very True
a. Shows pleasure when he or she succeeds (for example, claps for self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gets hurt so often that you can't take your eyes off him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seems nervous, tense, or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Follows rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wakes up at night and needs help to fall asleep again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cries or has tantrums until he/she is exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is afraid of certain places, animals, or things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Has less fun than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Looks for you (or other parent) when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cries or hangs onto you when you try to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Worries a lot or is very serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Looks right at you when you say his/her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Does not react when hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Is affectionate with loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Won't touch some objects because of how they feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Has trouble falling asleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Runs away in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Plays well with other children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Can pay attention for a long time (other than watching TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not True	Somewhat True	Very True
u. Has trouble adjusting to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Tries to help when someone is hurt (for example, gives a toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Often gets very upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Gags or chokes on food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Imitates playful sounds when you ask him/her to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Refuses to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Hits, shoves, kicks, or bites children (not including brothers/sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Is destructive. Breaks or ruins things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Points to show you something far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Hits, bites, or kicks you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Hugs or feeds dolls or stuffed animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Seems very unhappy, sad, depressed, or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Purposely tries to hurt you (or other parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. When upset, gets very still, freezes, or doesn't move.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Puts things in a special order over and over, and gets upset if he/she is interrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Repeats the same action over and over again. <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Repeats a particular movement over and over (like rocking, spinning) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Spaces out. Is totally unaware of what is happening around him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Does not make eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Avoids physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. Hurts self on purpose (for example, bangs his/her head) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Eats or drinks things that are not edible (like paper or paint) <i>Please give an example:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 12-35 months?
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!***

OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years _____

Child's Sex(Circle One): Male Female

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

	Not True	Somewhat True	Very True
a. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shares readily with other children (toys, food, games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Often fights with children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do you have another child between the ages of 3 years -17 years old?
If yes, please ask survey staff for another copy of the Older Child Questionnaire!***

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR FAMILY'S SERVICE

GUIDING QUESTIONS FOR QUALITATIVE INTERVIEW: Time 2

The following will occur with participants previously consented. Researcher will review the consent form, answer any questions, and ask if participants wish to continue in the study by participating in interview. (Each interview team must include one of two staff who conducted Time 1 interview with family).

We are conducting the second round interviews with returning National Guard members and their families to understand their deployment and reintegration experiences and what made these a challenge and or a success.

I'll be asking you open-ended questions. There are no right answers. You are the expert about your thoughts and experiences, and I'm here to learn from what you have to say. [This is a chance for you to talk in depth, and I encourage you to tell me as much as you can and use examples, because that is the kind of data that is the most useful for us.]

You are free to share any personal experiences related to what we discuss and your information will remain confidential, however you should not feel pressured to discuss anything you would prefer to keep private, as we are primarily interested in your opinions on how to get additional services to soldiers. The interview will last about 90 minutes.

1. You don't have to answer any question you don't want to. Just let me know and we'll skip it.
2. You can quit at any time. Please just tell me that you would like to stop.
3. We can take a break whenever you want.
4. You can ask me questions at any time.

Do you have any questions before we begin?

Last time we met we talked about a number of different things related to your family, your deployment, and your reintegration.

A: Stressor Event:

- What has been the biggest adjustment for you as a couple and as a family?
 - Probe: What has gone well? What hasn't gone well?
- How have your kids adjusted, now that you have been back for X months?
 - Probe: Any changes in their relationship to you? Your patience with them? Etc.
- What other events/milestones etc. have occurred since reintegration? We have a checklist of life events (**life events checklist attached**). We would like each of you to take a moment to review the list and check life events that you have experienced as an individual since your service member returned home from deployment.
- Were any of these stressors related to something that happened as a result of the service members deployment or military service? (e.g. injury; PTSD; time away? Etc.)
- Do you feel that your family's military experience contributed in a positive or negative way to how your family managed these life events? If so, explain

B: Resources:

Last time we met it sounded like you were doing xxxxxx in your readjustment.

- What has helped you get back in the routine of civilian work and family life? How did this help? Please Explain.
- Was anything you tried not helpful?
 - Military
 - Civilian
 - Formal
 - Informal
- What VA benefits have you taken advantage of, if any? (education, healthcare, disability)
 - What was most helpful or challenging about the services received?
 - Did you have trouble accessing any service that you needed?
- How did you use your support system (e.g. friends, family, school, community, programs, medical/therapy) as your family was getting back to the "new normal"?
- How did they help you cope with the situation? (e.g. help you to feel loved, less lonely, etc.)
 - Probe: Did you find that people were supportive of your situation? (Other parents, neighbors, friends, etc.)
 - OR what blocked you from accessing your support system during the reintegration?
- What have you noticed about the resources or supports your children have used? (Friends, groups, etc.)

C: Meaning Making:

People often say that they have a *purpose*, or *something that gives them self-worth*, or *something they do well* that gives their life meaning.

- Can you take a moment to think of five sources of meaning that give your life significance and purpose? Which is most important to you and why?
How is that list different today than before you deployed? What led to those changes?
- Did you and your spouse/children/parents share important sources of meaning?
Or did you disagree about some of them? (Eg, Service to the nation, to one's unit, to family, to God, etc.) Did you discuss these?
- How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over?
- Have you ever talked to your children about how they make sense of the deployment? Or heard them describe the experience to others? If so, what is your sense of how they made meaning?

X: Adjustment:

- How would you describe your quality of life? Is it similar or different from prior to deployment?
If different, in what way?
- Do you have health concerns as a result of military service? (joint or back pain, post-concussive symptoms or other injury)
- How would you describe your overall mental health? (mood, feelings of sadness – depression/PTSD etc.?) Has that changed since in the past year since being home?
- Has doctor appointments, pain, etc. taken either partner away from spending time with your family/children?
- How has it impacted the couple relationship?
- How has it impacted your relationship with your children?
- How do you communicate health concerns with children and other family members?
- How would you describe your parenting? (able to show affection, guidance, listen, patience, etc.). Has this changed in the past year since deployment?
- What activities do you do with your child?

If we were to start with the oldest child and go one at a time:

- What changes did you notice about each child after your service member got home?
 - If there were challenges, how did you help your child get through this?
 - Do you worry about your child's school, social, physical, or emotional development? Probe if yes.
 - Do your kids get on your nerves? How do you handle this as a family?
 - What do you look forward to most in the next year?
-

Individual Interviews:

Next, we would like to meet with you individually to ask a few more questions if you are comfortable. Is there a space we can meet?

- What words would you use to describe your experiences in the past year?
- You said: _____(word/phrase). Can you tell me why you chose ___ to describe your experience?
Ask for examples if none given.
- Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?
- What do you think has been the biggest change (positive or negative) in the past year since deployment?
 - Yourself
 - Your spouse/significant other
 - Children
- Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?
- Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?

Closing: Thank you for participating in this interview.

Life Event Checklist:

Please take some time and mark which of these life events you have experienced in the past year post deployment.

- Major personal injury, illness, or other health related issue
- Detention in Jail or other institution
- Major change in religious activity (i.e. participating more or less than usual)
- Major change in social activities (i.e. clubs, movies, events, etc.)
- Major change in sleeping or eating habits
- Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)
- Major change in usual type and/or amount of recreation
- Marriage
- Marital reconciliation with mate
- Divorce
- Marital Separation from mate
- Marital difficulties
- Major change in the number of arguments with spouse (more or less than usual)
- Pregnancy/Childbirth
- Major change in behaviors of child(ren)
- Change in family roles and responsibilities
- Changes to a new school or child enrolling in school
- Son or daughter leaving home (i.e. marriage, college, military, etc.)
- Death of a close family member
- Death of close friend or unit member
- Betrayal by trusted individual
- Major change in the number of family get-togethers
- Deployment of significant other or orders to re-deploy
- Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
- Change in employment status (i.e. new job, termination, lay off, etc.)
- Major change in responsibilities at work
- Major change in financial status
- Troubles with the boss
- Major changes in working hours or conditions
- Major change in living situation (move, new home, remodeling, lost lease, etc.)
- Homeownership (taking on a mortgage)
- Foreclosure
- Other _____

Post-deployment Issues of National Guard: A Comparative Case Study of How Access to VA Benefits Affect Reintegration with Family and Civilian Employment

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National Guard
 In particular we thank the service members and families of the Michigan National Guard

PURPOSE

Increase our understanding of risk, resilience and coping among National Guard families when a service member has a deployment related injury.

- Background on injury
- Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Patterson, 1983)
- Methodology of comparative case study
- Findings in relation to interaction with the VA healthcare system
- Future direction of research
- Translation of research & opportunities for intervention

STUDY BACKGROUND/RATIONALE

How is it unique, what does it add?

- Injuries vary in disability level
- National Guard under reporting a line of duty injury
- VA health care system is complicated
- National Guard and Reserve components may be at higher risk for mental health concerns following combat deployment

THEORETICAL FRAMEWORK

Resiliency Model of Family Stress, Adjustment & Adaptation (McCubbin & Patterson, 1983)

```

    graph LR
      A((Stressors A)) --> FT[Family Type]
      AA((Pile-up of Demands AA)) --> FT
      FT --> CC[Family Meaning/Schema CC]
      FT --> BB[Family Resources BB]
      CC --> PSC[PSC]
      BB --> PSC
      PSC --> X((Adaptation X Work & Family))
    
```

RESEARCH QUESTION

How does the navigation of injury treatment contribute to the adaptation of the service member and their family following a deployment?

Risk Resiliency & Coping in National Guard Families

DESIGN & METHODOLOGY

Pre-deployment Survey collected 5/2011

Post-deployment Surveys 90 days (YRR Event)

12 months Post-deployment Survey (drill & online)

Family Interview (6 months)

Service Member & Spouses/Significant other

- Unique self generated codes linked to Service Member
- \$25 for each survey completed

Family Interviews with Subsample of 40 families

- 90 minute interview conducted in home/community
- \$50 for each person interviewed

Risk Resiliency & Coping in National Guard Families

MEASURES

Variables	Name of the measure	# of items	Citation	Range	Cutoff criteria
Stressors					
PTSD	Posttraumatic Stress Disorder Checklist-Military Version (PCL-M)	17	Weathers, Litz, Herman, Huska, & Keane, 1993	17-85	≥ 50 likely PTSD
Depression	Patient Health Questionnaire (PHQ-9)	9	Kroenke, Spitzer, & Williams, 2001	0-27	≥ 10 likely depression
Anxiety	Penn State Worry Questionnaire (PSWQ)	16	Meyer TJ, Miller ML, Metzger RL, Borkovec, 1990	16-80	≥ 40 moderate worry

Risk Resiliency & Coping in National Guard Families

MEASURES

Variables	Name of the measure	# of items	Citation	Range	Cutoff criteria
Family Resources					
Social Support	Interpersonal Support Evaluation List - 12 (ISEL-12)	12	Cohen, Mermelstein, Kamarck, & Hoberman, 1985	12-48	
Family Meaning					
Satisfaction with life	Satisfaction with Life Scale (SWLS)	5	Diener, Emmons, Larsen, & Griffin 1985	3-35	Higher levels = > satisfaction
Adaptation					
Relationship adjustment	Revised Dyadic Adjustment Scale (RDAS)	14	Busby, Christensen, Crane, & Larson, 1995	0-69	≤ 47 distressed
Parenting stress	Parental Stress Scale (PSS)	18	Berry & Jones, 1995	18-90	Higher scores = ≥ stress

Risk Resiliency & Coping in National Guard Families

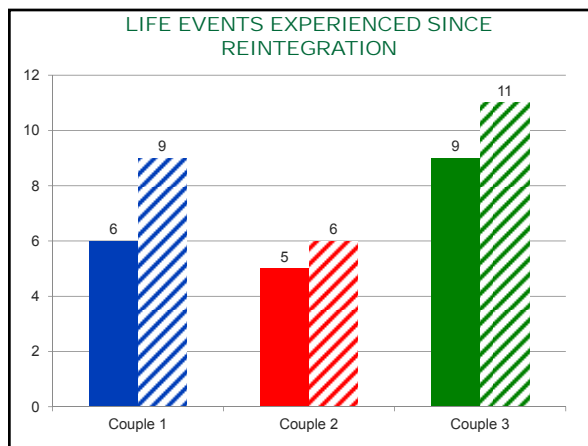
MATERIALS AND METHODS

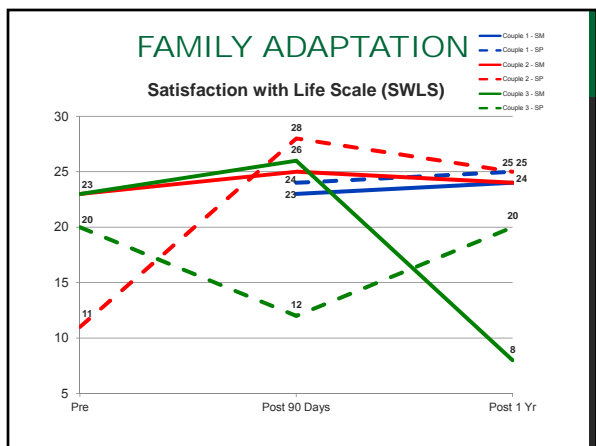
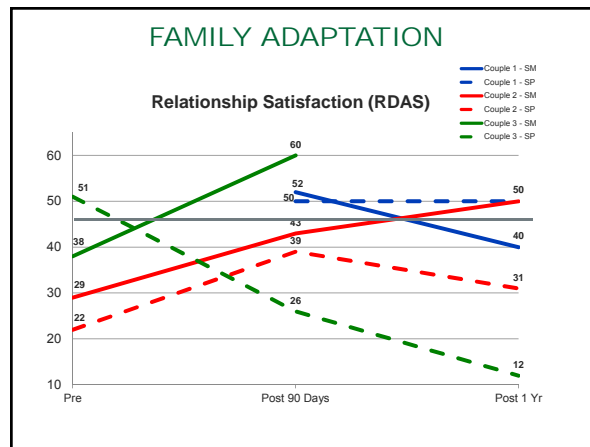
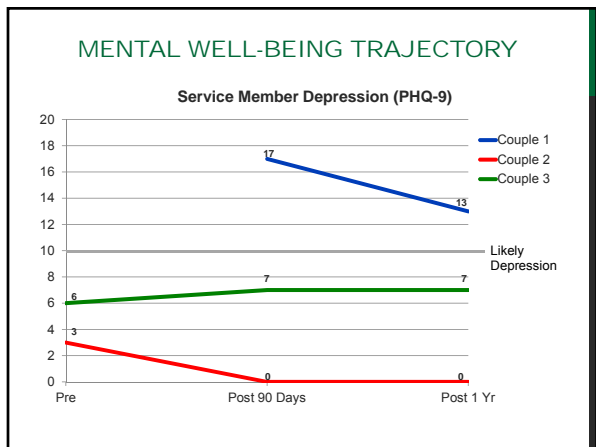
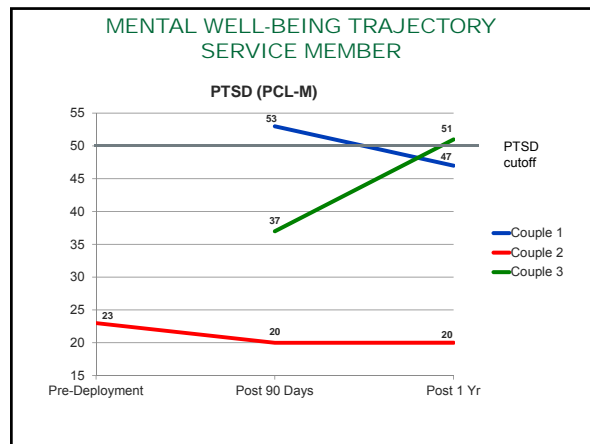
Interview Protocol Areas of Interest	
A: Stressors	Changes the family associates with military life Normative & non-normative stressors
AA. Pile-up of Demands	Family life stressor experienced during the course of the study that were not associated with military life
BB: Family Resources	Identification of and use of resources and supports (formal and informal); includes coping strategies
CC: Family Meaning/Schema	View of family and role within family, supports/resources, & military family within context of community environment Meaning of military service
PSC: Family Problem Solving & Coping	Family Perception of their ability to solve problems Coping strategies of different family members
X: Adaptation	How are they doing? How have they changed? Surprises?

Risk Resiliency & Coping in National Guard Families

608 NATIONAL GUARD SURVEYED POST-DEPLOYMENT

- 96% male
- 72% married, cohabitating or in a committed relationship
- 83% white
- 71% made less than \$50,000/ year
- 37% had been in the NG less than 4 years
- 49% were E1-E4
- 7% reported a deployment injury





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Introduction

- Deployment is a stressful time not only for service members but also for their spouses.
- Deployments have been shown to lead to increases in relationship problems.
- This is not surprising given that a lengthy separation, along with stressful events that occur during this time, work against some of the fundamental assumptions about strong relationships.
- The literature suggests that couples who do well are accessible to each others needs on a regular basis, are able to share their struggles with each other, and are understanding of the experiences of each other (Gottman, 1999; Johnson, 2008).
- Deployment makes some of these relational tasks difficult given some of the barriers inherent to a military deployment.
- After return home, challenges remain.
- Immediately following return from deployment, couples may experience difficulty reconnecting given how much change has occurred over the separation, and the need to renew the intimate relationship process.
- **This present qualitative study explored the experiences of National Guard couples through deployment and strategies to maintain or recreate connection.**

Methods

- Conducted this study as part of a larger mixed methods investigation titled Risk, Resiliency, and Coping in National Guard Families
- Total Families enrolled in the larger study: 608 Service Members
332 Spouses
- Total couples interviewed for this study: 31
- Interviewed together first, and then individually
- Each participant paid \$50
- Interview conducted by male/female dyad
- Interview lasted 90 minutes
- Questions asked were related to the following domains related to deployment and reintegration:
 - Stressors
 - Resources
 - Coping
 - Meaning making
 - Family Functioning
 - Pile up of demands
 - Adaptation and resiliency
- Data analyzed by a team utilizing Atlas software.

Service Member Quote: “The IED explosion picked us right up off the ground and flipped us upside down. I just remember everybody moaning and groaning and yelling are you okay. I was checking my arms and legs to make sure I had all of my arms and legs and once I figured I had my arms and legs I was yelling for everybody else to see if they were okay. We were all hanging upside down. I got unstrapped and I am trying to move and having a hard time moving because my back is throbbing. I was having a hard time breathing and my heart was pounding.”

Service Member Quote: “I didn’t want to tell her a whole lot. I didn’t want her worrying about me. She is watching the news every day so. We just had a lot of crazy things happen around us.”

“What was really hard this past deployment was I couldn’t call as often as my first deployment because the contact was really bad and because, you know, the phone center is always packed and I worked insane hours. I started working like 22-hour days and that was really tough on us because I couldn’t really talk to (spouse) at all. The emails, essentially, just stopped. I just didn’t. You can’t find the time in the day to eat. It’s hard to write an email and like even find you way to a computer to do that.”

Service Member Quote: “We were intentional with trying to spend that time together, even when we’re gone to talk and share as much as we can about what’s going on. She would send me, either an email or a letter and just the little things that she would put in there, I never appreciated it before about how she was thinking or how she planted some flowers. Before, it didn’t really matter to me, too much but, now, she’s sharing her life and being able to share together and not being, just all by yourself, all self-focused. That’s actually the biggest thing is not being self-focused.”

“We spend time together. We don’t go out and do separate things. We try and spend as much time together as possible. I feel it’s important to me because I’ve been gone so long and I don’t want to miss any more moments without her right now so it’s important for us to do things together.”

Service member and spouse experience individual stress during deployment.

- Results in individual change
- It is not relational

Service member and spouse experience barriers to remaining connected during deployment and during reintegration

- Possibly results in isolation
- Possibly results in negative emotions, e.g., resentment

Service member and spouse require purposeful strategies to remain connected during deployment and to reconnect during reintegration

- Must be planned
- Takes time
- Takes work
- May involve professional help

Spouse Quotes: “I would say it’s pretty hard and you have to find strength to keep you during the deployment and pretty much stay active doing anything you can to keep busy and I would say learn how to manage money while your gone and be more understanding and see things differently, things before being so upset about the situation and problems that occur.”

“And it’s hard even I think on my end too because you don’t have anybody to relate to...and after he went on his deployment and there’s really no active duty bases around here so you don’t really have a whole lot of military families so you know people ask you how you’re doing oh yeah, I’m fine. I had so few people that I could actually go to because no one really knows what you’re going through and after while I think I just didn’t want to burn anyone out on things I was going through...”

Spouse Quotes: “I tend to be a very emotional person because I always go to the worst case scenario. I guess a lot of times I kind of would be like why didn’t you call when you said you were going to call like what were you doing and I have heard these things are going on at the post. I don’t know I had kind of a fear that I guess maybe I misread him trying to protect me by not telling me things as him being emotionally distant because he was content to be there and maybe he would realize that he didn’t want me around or something like that. I did bring a lot of those things up quite a bit or if anything was going on at home which I have heard other army wives say that their car broke down and all of the things with the kids and I didn’t have anything like that, but just trying to figure out trying to move into an apartment. I guess here that seemed big to me.... He is trying to finish his mission so he can get home to me and if he is focusing on anything like that, even if it is good, it is going to distract him and make things more dangerous.”

Spouse Quotes: “When he first came home if it were just me and him and we were talking I tried to listen because they tell us in all of our briefings just listen and I tried that and it was hard because sometimes I wouldn’t ask enough or if I didn’t comment enough he didn’t think I cared so to find that right balance of communication because you never know... I deal with kids all the time and talking about things and feelings but it is so hard because sometimes people want to talk more and sometimes they don’t and you don’t know when to pry and when not to.”

Discussion

- Military deployment poses a stressful challenge for couples.
- The challenge is magnified because each party changes (sometime positive growth and sometimes negative such as when there is an injury)
- Couples ideally should create opportunities for attunement, understanding, and responsiveness both during and after the deployment to build and rebuild connection.
- Strong couple relationships have an implication for military readiness, child wellbeing, and management of mental health symptoms.

Implications

- It is very difficult for couples to stay connected during a deployment.
- Each individual changes during the deployment, and the relationship has changed.
- Couples need help in the following:
 - Getting to know each other again
 - Each understanding the unique stress of the other that occurred during and after the deployment.
 - Attunement
- Professional help may be important in cases, especially with a provider who understands the dynamics of deployment.
- Relationship workshops that build the understanding system of the couple.
- Many strategies work for each couple, e.g., Skype calls, journals, therapy, couple vacations, conversations about reintegration, taking time to reconnect, couple time alone without children or family.

Limitations

- Qualitative study
- Small sample
- Couples interviewed as a dyad

References

Gottman, J. M. (1999) *The Marriage Clinic: A scientifically-based marital therapy*. New York, NY: W. W. Norton & Company, Inc.
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