



# ***U. S. Naval Unit Behavioral Health Needs Assessment Survey. Overview of Survey Items and Measures***

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## **Abstract**

The health and wellness of service members are continued concerns in the wake of two intense, prolonged military efforts. The Naval Unit Behavioral Health Needs Assessment Survey (NUBHNAS) will undertake the surveillance of Navy and Marine Corps personnel in different force settings for the purpose of informing leadership decisions about stress and health maintenance. This report includes a comprehensive listing and description of all survey measures included on the NUBHNAS and history of use on BHNAS and Mental Health Advisory Team (MHAT) assessments. If part of a validated scale, scoring methods and citations are included. This report is valuable both as a tool for the successful completion of the proposed project and as documentation of procedures.

## Introduction

### Background

Behavioral health issues, including depression and posttraumatic stress disorder (PTSD), are an ongoing problem for U.S. military forces. Rates of diagnosed mental disorders have risen since September 11, 2001, and current estimates show between 11% and 42% of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans have been diagnosed with a mental health disorder (Larson, Highfill-McRoy, & Booth-Kewley, 2008; Millikin, Auchterlonie, & Hoge, 2007; Seal et al., 2009; Thomas et al., 2010). The impact of behavioral health issues on total force fitness is severe. Mental disorders have been the leading cause of hospitalizations among active-duty personnel since 2009 (Armed Forces Health Surveillance Center [AFHSC], 2010, 2011, 2012). Service members who have been diagnosed with a mental disorder are significantly less likely to reenlist after one service term than those with no diagnoses, even when eligible for reenlistment (Schmied, Highfill-McRoy, & Larson, 2012).

Due to U.S. involvement in OIF and OEF over the past decade, emphasis has been placed on examining the contribution of deployment and combat exposure to the rise in behavioral health issues. As part of these efforts, the Naval Health Research Center (NHRC) established the Behavioral Health Needs Assessment Survey (BHNAS) project in 2006 (Beckerley, Hilton, Booth-Kewley, & Taylor, 2013; Shobe, Hilton, Beckerley, & Booth-Kewley, 2012). The BHNAS was an anonymous survey administered to Navy expeditionary Sailors during combat zone deployments; it was designed to parallel the work of the Army's Mental Health Advisory Team (MHAT), which has employed a similar methodology to survey deployed Soldiers and Marines since 2003 (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013). Both the BHNAS and MHAT surveys include a variety of measures pertaining to behavioral health, with special emphasis on deployment-related experiences (Beckerley et al., 2013). Findings from both projects have been used to inform changes to military policy and procedures pertaining to the health of deployed personnel. For example, MHAT survey results were used by the Army to inform the implementation of new predeployment training programs for all Soldiers.

The BHNAS and MHAT surveys have yielded valuable information regarding the effects of combat and deployment on service members' behavioral health. However, the recent drawdown in Iraq and ongoing force reductions in Afghanistan highlight the importance of developing monitoring capabilities in noncombat settings. Moreover, there is a need for programs that provide military leadership with immediate, actionable feedback regarding the health of their units. Accordingly, the Navy Bureau of Medicine and Surgery has tasked NHRC with developing a large-scale surveillance program for all Navy and Marine Corps personnel that is equipped with immediate feedback capabilities. This new effort, titled the Naval Unit Behavioral Health Needs Assessment Survey (NUBHNAS), is largely an extension of the BHNAS project and will begin active data collection in 2014.

While the methods and aims of the NUBHNAS project overlap with those of BHNAS and MHAT, a number of unique components set it apart from previous surveillance efforts. First, the survey itself will include additional items designed to assess emergent behavioral health issues, including suicidal ideation, sources of stress, and social support. Second, the survey will be administered using computer tablets equipped with immediate scoring and participant feedback, enabling participants to receive their individual results based on the colors (i.e., risk levels) of the Navy's Stress Continuum Model (Nash, 2011). Participants will also receive resources to assist with any behavioral health issues identified from their survey responses. Individual data will be pooled to generate feedback to unit leadership. Third, physiological measurements related to behavioral health, such as C-reactive protein and blood pressure (BP) levels, will be collected to supplement the survey data. Taken together, these measures will allow NUBHNAS to examine the physiological manifestations of stress. Fourth, participants will be followed through time. The additional component of multiple data points per individual will vastly increase the interpretability and operational relevance of the information gathered.

### **Objective**

NHRC's NUBHNAS project will implement a state-of-the-art surveillance system to assess and track the behavioral health of Navy and Marine Corps units. The objective of this report is to describe the procedures and instruments that will be used to execute the project.

### **Procedures**

The NUBHNAS team will administer the survey in person to a sample of military units, with the goal of surveying 1% of Navy and Marine Corps personnel (both active duty and reservists). During the visit to the selected unit, the team will solicit written consent, and all consenting members of the unit will complete the self-assessment survey and physiological assessment. The survey will be repeated individually at 6 and 12 months follow-up, but physiological assessments will not be repeated.

Surveys will be matched across time by participant through the use of a unique 12-digit alphanumeric identifier consisting of the following: first and second letter of mother's first name, day of birth, first and second letter of birth state, last two digits of birth year, first and second letter of middle name, and total number of biological siblings as of today.

### ***Baseline Assessment***

The baseline assessment will include two measures, a written self-report survey and a physiological assessment. The baseline self-report survey will assess a variety of behavioral health and service-related content areas. The survey will be administered via computer tablet, but a paper and pencil option will be available if participants prefer that method or if the number of consenting participants exceed the number of available computer tablets. Participants will complete the survey and physiological assessment simultaneously.

On the final screen of the survey, participants will see what “color” they are on the Navy’s stress continuum, along with an image of the stress continuum (Nash, 2011). The colors are green, yellow, orange, and red, and represent the mental and emotional health of the participant. A person is categorized as green (“ready” or at optimal functioning) through red (“ill” or suffering from clinical mental disorder). If the service member is classified as at risk, they will be directed to a list of pertinent resources as well as encouraged to access the resources and seek treatment. The algorithm used to determine the participants’ stress continuum color is described in the Survey Feedback section of this report.

The physiological assessment will include a measure of vital signs and salivary sampling. The following vital signs will be assessed: heart rate and BP. Salivary sampling—collected via oral swabs—will also be conducted as part of the physiological assessment. All salivary samples will be assayed for stress hormones and inflammatory markers, specifically C-reactive protein, alpha-amylase, and secretory immunoglobulin A. These biomarkers will then be used to calculate a chronic stress index, following precedence of prior literature utilizing the allostatic load concept (McEwen, 1998). In an Office of Naval Research-sponsored study, “Allostatic Load in Marines Across the Deployment Cycle,” it has been demonstrated that a chronic stress index comprising nine biomarkers (allostatic load index) increases across a single combat deployment cycle in Marine infantry personnel (Taylor et al., 2014, in preparation). As expected, this trajectory appears to be exacerbated by age and prior deployment history.

Leadership from each unit will receive a summary report within 2 weeks of baseline data collection. The report will include key results from the survey measures, such as perceptions of unit cohesion, satisfaction with leadership, work-related stress levels, and prevalence rates of mental health issues (i.e., PTSD, depression, anxiety). In addition to individual study measures, the report will show the percentage of unit members who fall into each of the Stress Continuum zones.

Within 72 hours of baseline data collection, study staff will examine all survey responses for the presence of current suicidal ideation by *any* unit personnel. If any participant reports current or recent (e.g., within the past 6 months) suicidal ideation, unit leadership will be notified immediately by our clinical psychologist either in person or via phone.

### ***Follow-up Surveys***

Participants will complete follow-up self-report surveys at 6 months and 1 year after baseline. The follow-up surveys will contain a subsample of items from the baseline survey. ***Of note, throughout this report, items that will be present on all three (NUBHNAS) surveys are noted with an asterisk.*** Examples of items that will be omitted from the follow-up survey include: service characteristics, physical health status, head injuries, and coping behaviors. The content of the two follow-up surveys will be identical, with each survey asking about events that occurred since the last survey or in the past 6 months. Also, the same individualized feedback will be provided at the conclusion of the 6-month and 1-year follow-up surveys as was provided after the baseline survey.

## Description of Survey Items and Scales

### Overview of the NUBHNAS Instrument

The NUBHNAS instrument consists of 253 survey items. The survey assesses a broad range of topics, including mental health problems, combat exposure, deployment-related stressors, traumatic brain injury (TBI), unit cohesion, attitudes toward leadership, sleep problems, and mental health care stigma. The content domains covered by NUBHNAS are shown below:

- Demographics
- Military and Deployment Information
- Attitudes Toward Leadership
- Posttraumatic Stress Disorder
- Stress Levels and Impact on Military Job
- Depression
- Anxiety
- Physical and Sexual Assault
- Suicide
- Sources of Stress
- Perceived Stress Scale
- Self-Efficacy
- Aggressive Behavior
- Problem Alcohol Use
- Career Intentions
- Affective Organizational Commitment Scale
- Personal and Unit Morale
- Unit Cohesion
- Social Support
- Assignment-Related Stressors
- Physical Stressors
- Traumatic Brain Injury
- Physical Activity
- Pain and Pain Medication Use
- Physical Health
- Psychotropic Medication Use
- Sleep Medication Use
- Treatment for Mental Health Problems
- Mental Health Care Stigma and Barriers to Care
- Amount of Sleep and Sleep Deficit
- Sleep Difficulties
- Military Specialty
- Positive Effects of Assignment
- Contribution to Military Mission
- Command Support and Services
- Stress Continuum Self-Assessment



- Currently Deployed Service Members
  - Deployment Demographics
  - Rules of Engagement
  - Navy Support During Deployment
  - Operational Stress Control Training
  - Deployment Preparation

Details about the survey items used to assess each of these topics on the NUBHNAS instrument are presented in the sections that follow. The entire NUBHNAS is presented in Appendices A–E.

## Demographics

The following demographic factors are assessed on the NUBHNAS instrument:

- Gender (male, female)
- Age (17–24, 25–29, 30–39, 40+ years)
- Race/ethnicity (White, Black, Hispanic, Asian or Pacific Islander, American Indian, Other)
- Current marital status (married, divorced, widowed, never married)
- Completed education (less than high school, GED, high school diploma, some college, associate’s degree, bachelor’s degree or greater)
- Do you have a child under the age of 18 living in your household? (no, yes)

Demographic variables are queried categorically to promote a sense of anonymity among participants.

## Military and Deployment Information

The following military and deployment information are assessed on the survey:

- Service branch (Navy, Marine Corps, other)
- Component (regular, reserve, selected reserve [SelRes], other)
- Paygrade/rank (E1–E4, E5–E6, E7–E9, W1–W5, O1–O3, O4 or higher)
- Occupational field (17 options and other response)\*
- Years in the military (less than 1 year, 1–2 years, 3–5 years, 6–9 years, 10+ years)
- Have you ever deployed: with your home unit, as an IA, on a GSA, on an OSA, or other? (no, yes)
- Number of months deployed (combat or peacekeeping) since 9/11?
- Type of current duty station (shore within the U.S., shore outside the U.S., ship/sub with U.S. homeport, ship/sub with non-U.S. homeport)\*
- What type of ship or submarine (10 options and other category)\*
- Name of duty station\*

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\* Item is included on all three versions of the survey.

- Marine qualifications or designations (aviation, explosive ordnance disposal, marksmanship, parachutist, diving, other, N/A)
- Navy warfare qualifications (17 options, other, N/A)
- Number of months on current assignment (in months)
- Expected length of current assignment (in months)

### **Attitudes Toward Leadership**

One section of the NUBHNAS measures respondents' attitudes toward leadership. Attitudes toward officer and senior enlisted leadership are assessed separately. Participants are asked to rate a set of nine items on a 5-point scale, once for officer leadership and once for senior enlisted leadership. The items are identical for both sets; only the stem that refers to either officer leadership or senior enlisted leadership is different.

The leadership items are preceded by the following item stem, "Thinking about your unit, rate how often your officer leaders (senior enlisted leaders) do the following:"

- Tell service members when they have done a good job.
- Embarrass service members in front of other service members (reverse coded).
- Try to look good to higher-ups by assigning extra missions or details to service members (reverse coded).
- Exhibit clear thinking and reasonable action under stress.
- Show favoritism to certain members in the unit (reverse coded).
- Are concerned about the safety of service members.
- Ensure that service members do not assume unnecessary risks when conducting missions.
- Listen to recommendations from subordinates.
- Protect the unit from receiving too many taskings.

Responses:

1 = *Never*, 2 = *Seldom*, 3 = *Sometimes*, 4 = *Often*, 5 = *Always*

Using these two sets of items, two overall attitudes toward leadership scores will be created: one for attitudes toward officer leadership and one for attitudes toward senior enlisted leadership. The scale scores will be created by summing across the items in each of the two sets, with higher numbers indicating more positive attitudes toward leadership. The three negatively worded items will be reverse coded before the scale scores are created.

The items that have been used on the BHNAS to assess attitudes toward leadership have been similar, but not entirely consistent, across different versions of the survey. However, a common core of eight leadership items has been used on all versions of the survey since its inception. These items were adapted from the leadership items used in the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009). The only item included on the NUBHNAS (that was not included on all BHNAS assessments) was the following and like the other items, it appears twice, once for officer leadership and once for senior enlisted leadership:

- Listen to recommendations from subordinates.

This item does not appear on the Army MHAT surveys but was present on all BHNAS surveys from BHNAS 4 onward. Attitudes toward officer and senior enlisted leadership are assessed separately on all BHNAS surveys except for BHNAS 4 (which used the same eight items but had respondents rate their leadership at a more global level by asking about their “senior leadership”).

In NUBHNAS, two survey items assess respondents’ overall satisfaction with the quality of their leadership. One item asks about officer leadership, and the other asks about senior enlisted leadership:

- Overall, how satisfied are you with the quality of your most immediate officer leadership?
- Overall, how satisfied are you with the quality of your most immediate senior enlisted leadership?

Responses:

1 = *Very dissatisfied*, 2 = *Dissatisfied*, 3 = *Neutral*, 4 = *Satisfied*, 5 = *Very satisfied*

These overall satisfaction items were developed specifically for the BHNAS and are not used on the Army MHAT surveys. They were first introduced in BHNAS 5 and have been included on all subsequent versions of the survey.

Because Marines and Navy sailors may have leaders in their chain of command from another military service branch, the service branch of the respondents’ leaders is also assessed on NUBHNAS:

- Please indicate the branch of your most immediate officer leadership: (U.S. Navy, U.S. Marine Corps, Other specify\_\_\_).
- Please indicate the branch of your most immediate senior enlisted leadership: (U.S. Navy, U.S. Marine Corps, Other specify\_\_\_).

From BHNAS 5 onward, two similar items—providing more options and worded slightly differently than those included on NUBHNAS—were included:

- In what branch is your officer leadership? (U.S. Navy, U.S. Marine Corps, U.S. Army, U.S. Air Force, Other)
- In what branch is the senior enlisted leadership of your unit? (U.S. Navy, U.S. Marine Corps, U.S. Army, U.S. Air Force, Other)

These questions were developed specifically for the BHNAS and do not appear on the Army MHAT surveys.

### **Posttraumatic Stress Disorder\***

On NUBHNAS, the PTSD Checklist for DSM-5 (PCL-5) is used to assess PTSD symptoms (Weathers et al., 2013). PCL-5 items are consistent with the *Diagnostic and Statistical Manual of*

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\* Item is included on all three versions of the survey.

*Mental Disorders, Fifth Edition* (American Psychiatric Association, 2013). This measure contains 20 items corresponding to symptom criteria for PTSD and has been designed to be self-administered.

BHNAS and MHAT surveys both use the PTSD Checklist–Civilian Version (PCL-C) to assess PTSD. This 17-question measure is similar, but not identical, to the PCL-5. The purpose of the PCL-C was to assess individuals using the DSM-IV criteria (American Psychiatric Association, 1994) which are different from the DSM-V criteria. As such, direct comparisons will not be possible, but comparisons of those screening positive on each measure can be made.

The prompt reads: “Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully, and fill in a bubble to indicate how much you have been bothered by that problem **in the past month.**”

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Repeated, disturbing dreams of the stressful experience?
3. Suddenly feeling or acting as if the stressful experience were actually happening again (*as if you were actually back there reliving it*)?
4. Feeling very upset when something reminded you of the stressful experience?
5. Having strong physical reactions when something reminded you of the stressful experience (*for example, heart pounding, trouble breathing, sweating*)?
6. Avoiding memories, thoughts, or feelings related to the stressful experience?
7. Avoiding external reminders of the stressful experience (*for example, people, places, conversations, activities, objects, or situations*)?
8. Trouble remembering important parts of the stressful experiences?
9. Having strong negative beliefs about yourself, other people, or the world (*for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, and the world is completely dangerous*)?
10. Blaming yourself or someone else for the stressful experience or what happened after it?
11. Having strong negative feelings, such as fear, horror, anger, guilt, or shame?
12. Loss of interest in activities that you use to enjoy?
13. Feeling distant or cut off from other people?
14. Trouble experiencing positive feelings (*for example, being unable to feel happiness or have loving feelings for people close to you*)?
15. Irritable behavior, angry outbursts, or acting aggressively?
16. Taking too many risks or doing things that could cause you harm?
17. Being “superalert” or watchful or on guard?
18. Feeling jumpy or easily startled?
19. Having difficulty concentrating?
20. Trouble falling or staying asleep?

Responses:

0 = *Not at all*, 1 = *A little bit*, 2 = *Moderately*, 3 = *Quite a bit*, 4 = *Extremely*

Although research is ongoing, current recommendations suggest a total score of 38 to screen positive for probable PTSD using the PCL-5 (which has a range of 0–80 points) (Weathers et al., 2013). For a provisional PTSD diagnosis, respondents must endorse at least one intrusion symptom (questions 1–5), one avoidance symptom (questions 6–7), two negative alternations in

cognition and mood symptoms (questions 8–14), and three alternations in arousal and reactivity symptoms (questions 15–20), each present at a level of moderate or higher during the past month. The BHNAS and MHAT survey used a cut-point of 50 on the PCL-C and respondent endorsement of at least one intrusion symptom, three avoidance symptoms, and two hyperarousal symptoms, each present at a level of moderate or higher during the past month (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013).

Additional questions surrounding potential PTSD are also queried:

- In the above question (PCL), if you were responding to one or more **specific** stressful life experience(s), please indicate if the event(s) occurred: (mark all that apply)

Responses:

1 = *preservice*, 2 = *during service, not combat related*, 3 = *during service, combat related*, 4 = *N/A, I was not responding to a specific stressful experience*.

- Have you ever been exposed to (actual or threatened) death, serious injury, or sexual violence? Please mark all that apply:

Responses:

1 = *Yes, I have experienced this personally*.

2 = *Yes, I have witnessed it*.

3 = *Yes, I have had this happen (in a violent or accidental manner) to someone close to me*.

4 = *Yes, I have had someone tell me repeatedly about the details of such an event (such as in a professional role)*.

5 = *No, none of the above*.

### **Stress Levels and Impact on Military Job\***

On NUBHNAS, stress levels are assessed for work, personal life, interference of personal stress on work performance, and interference of work stress on military job. The following questions are used on NUBHNAS to assess stress levels and performance impacts: “During this assignment . . .”

- How much stress do you experience at work or while carrying out your military duties?
- How much stress do you experience in your family life or in a relationship with a significant other?
- How much does stress in your family life interfere with your ability to perform your military job?
- How much does stress at work interfere with your ability to perform your military job?

Responses:

1 = *Not at all*, 2 = *Some*, 3 = *A little*, 4 = *A lot*

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\* Item is included on all three versions of the survey.

These items were adapted from the Department of Defense (DoD) Survey of Health Related Behaviors (HRB; Bray et al., 2006; Bray et al., 2009). The questions on the HRB ask about the past 12 months instead of during the current assignment and also provide specific examples of relationships. Starting with BHNAS 5, the first item has been used with four response options. This item does not appear on the MHAT surveys.

### Depression \*

The scale used on NUBHNAS to measure depression is the Patient Health Questionnaire depression scale (PHQ-9; Spitzer, Kroenke, & Williams, 1999). The PHQ-9 is a widely used scale that has demonstrated excellent psychometric properties and convergent validity with other scales that assess depression (Löwe et al., 2004), as well as convergence with clinical interviews used to diagnose depression (Gilbody, Richards, Brealey, & Hewitt, 2007).

The nine items or criteria on the PHQ-9 are as follows: “Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?”

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Trouble falling or staying asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself, or that you are a failure or have let yourself or your family down
- Trouble concentrating on things, such as reading the newspaper or watching television
- 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.
- Thoughts that you would be better off dead or hurting yourself in some way

Responses:

0 = *Not at all*, 1 = *Few or several days*, 2 = *More than half the days*, 3 = *Nearly every day*

Respondents screen positive for probable major depression on NUBHNAS if the response to the first or second question and five or more of all questions are at least “more than half the days,” with the last question counting if response is greater than “not at all.” Respondents screened positive for other depression on NUBHNAS if the first or second response and two to four of all the responses are at least “more than half the days,” with the last question counting if response is greater than “not at all.” To determine severity of depression, scores will be created by summing all responses. Scores of 5, 10, 15, and 20 are used as the cut-points for mild, moderate, moderately severe, and severe depression.

In addition to the depression items shown above, the following “functional impairment” item is also used to determine probable depression:

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\* Item is included on all three versions of the survey.

- If you checked off ANY of the problems in the previous question above, 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?

Responses:

0 = *Not at all difficult*, 1 = *Somewhat difficult*, 2 = *Very difficult*, 3 = *Extremely difficult*

This question is used to determine the respondent's global impression of symptom-related impairment.

Previously, the BHNAS assessed depressive symptoms in the past 4 weeks, rather than the past 2 weeks as is done on the NUBHNAS and the original PHQ-9. Also, the wording of one of the original PHQ-9 items was modified slightly for use on the BHNAS, and the functional impairment assessment was slightly different. The BHNAS also used a different scoring algorithm to determine probable depression than what was used by the developers of the PHQ-9. However, the BHNAS used the same exact items, response options, and scoring procedures used by the Army MHAT (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009).

To screen positive for probable depression on the BHNAS, respondents must meet all three of the following criteria. First, respondents must report that they were bothered by either “little interest or pleasure in doing things” or “feeling down, depressed, or hopeless” with a frequency of at least “more than half the days” during the past 4 weeks. Second, respondents indicated that at least five of nine specific depression items were present during the past 4 weeks. For all but one of these items, a symptom is counted as present if it occurred at least “more than half the days” in the past 4 weeks. Because of its greater severity, one of the nine depression symptoms, which assesses suicidal ideation (“Thoughts that you would be better off dead or of hurting yourself in some way”), is scored as present if it occurred on “few or several days” or more frequently in the past 4 weeks (i.e., any option other than “not at all”). Finally, respondents must have indicated (on the functional impairment item) that their symptoms made it “very difficult” or “extremely difficult” to perform their duties or get along with other people.

### **Anxiety\***

The Generalized Anxiety Disorder scale is used to assess anxiety on NUBHNAS (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006). The GAD-7 assesses seven core generalized anxiety symptoms. “Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?”

- Feeling nervous, anxious, or on edge
- Not being able to stop or control worrying
- Worrying too much about different things
- Trouble relaxing
- Being so restless that it is hard to sit still
- Becoming easily annoyed or irritable
- Feeling afraid as if something awful might happen

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\* Item is included on all three versions of the survey.

Responses:

0 = *Not at all*, 1 = *Few or several days*, 2 = *More than half the days*, 3 = *Nearly every day*

To determine severity of anxiety, scores will be created by summing all responses. Scores for each item are summed, with higher scores indicating greater anxiety symptoms. Scores of 5, 10, and 15 are used as the cut-points for mild, moderate, and severe anxiety.

In addition to the anxiety items shown above, the following functional impairment item (the same item as used for depression) is used on the NUBHNAS:

- If you checked off ANY of the problems in the question above, 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?

Responses:

0 = *Not at all difficult*, 1 = *Somewhat difficult*, 2 = *Very difficult*, 3 = *Extremely difficult*

This question is used to determine the respondent's global impression of symptom-related impairment.

BHNAS used a different scoring algorithm to assess anxiety than is used by the developers of the GAD-7. However, the BHNAS uses the same items, response options, and scoring procedures used by MHAT (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009) and in research by Hoge and colleagues (Hoge et al., 2004). Also, the items and procedures used to assess anxiety in the BHNAS are identical to those used in the DoD Survey of Health Related Behaviors (Bray et al., 2006; Bray et al., 2009).

On the BHNAS, to screen positive for probable anxiety, respondents had to meet all three of the following criteria. First, they reported that they had been "feeling nervous, anxious, on edge, or worrying a lot about different things" with a frequency of at least "more than half the days" during the past 4 weeks. Second, they reported that at least three of six anxiety symptoms were present at least "more than half the days" during the past 4 weeks. Third, respondents indicated that their symptoms made it "very difficult" or "extremely difficult" to perform their duties or get along with other people.

### **Physical and Sexual Assault\***

Physical and sexual assault are assessed with a single item each on NUBHNAS. These topics were not assessed on the BHNAS. The NUBHNAS prompt reads, "Have you ever had the following life events happen to you?" (Choose all that apply)

- Suffered forced sexual relations or sexual assault
- Suffered some other type of violent assault

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\* Item is included on all three versions of the survey.



Responses:

0 = *Never*, 1 = *Yes, preservice*, 2 = *Yes, while in service*, 3 = *Yes, in the past 6 months*

### **Suicide\***

On NUBHNAS, suicidal ideation and history are assessed with three items. The first item is included in the PHQ-9 described above and assesses frequency of suicidal ideation over the past 2 weeks: “In the past 2 weeks, how often have you had thoughts that you would be better off dead or hurting yourself in some way?” (0 [*not at all*] to 3 [*nearly every day*]). The other two items are derived from the Columbia Suicide Severity Rating Scale (Posner et al., 2009).

- Have you ever done anything or prepared to do anything to end your life?

Responses:

0 = *No*, 1 = *Yes*

- If you answered “yes” to the question above, when did you do this? (Mark all that apply.)

Responses:

0 = *NA/Never*, 1 = *More than 5 years ago*, 2 = *Between 3 and 5 years ago*, 3 = *Between 1 and 3 years ago*, 4 = *Between 6 months and 1 year ago*, 5 = *Within the past 6 months*, 6 = *Currently*

A bold disclaimer follows these questions stating, “If you are having any suicidal thoughts or other psychological distress, please seek help immediately. We encourage you to contact your unit’s chaplain or a mental health professional. If you are in the United States, you also could contact the counseling hotline at 1-800-SUICIDE. This is an anonymous civilian hotline.”

### **Sources of Stress**

Level of stress will be assessed for potential work and family stress sources. The following questions are used on NUBHNAS to assess stress levels and performance impacts. “During the **PAST 12 MONTHS**, how much stress did you experience from each of the following?”

- Being deployed at sea, or in the field, or in a remote location (include combat-related experiences)
- Having to undergo a permanent change of station (PCS)
- Problems in my relationships with the people I work with
- Problems in my relationship with my immediate supervisor(s)
- Concern about my performance rating
- Increases in my workload
- Decreases in my workload
- Conflicts between my military and home or family/personal responsibilities
- Insufficient training
- Being away from my family

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\* Item is included on all three versions of the survey.

- Being away from friends
- Having a baby
- Finding childcare/daycare
- Death in the family
- Divorce or breakup
- Infidelity or unfaithfulness by you or your spouse, fiancé, boyfriend, or girlfriend
- Problems with money
- Problems with housing
- Health problems that I had
- Health problems that my family members had
- Behavior problems with one or more of my children
- Unexpected events or other major problems (e.g., hurricane, flood, home robbery)

Responses:

99 = *N/A (Did NOT experience event)*, 0 = *None at all*, 1 = *A little*, 2 = *Some*, 3 = *A lot*

The item above was adapted from the DoD Survey of Health Related Behaviors (Bray et al., 2006; Bray et al., 2009). The questions on the HRB surveys do not include the option of “N/A,” and possible responses range from “A lot” to “None at all” (the inverse presentation order). This item is not on the BHNAS or MHAT surveys. The 2006 and 2009 HRB surveys do not create a scale from these variables, and there is currently no plan to do so as part of NUBHNAS analysis.

### **Perceived Stress Scale\***

Perceived stress is assessed using the 4-item Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983). The item stem for this set of items is, “In the **LAST MONTH**, how often have you:”

- Felt that you were unable to control the important things in your life?
- Felt confident about your ability to handle your personal problems? (reverse coded)
- Felt that things were going your way? (reverse coded)
- Felt difficulties were piling up so high that you could not overcome them?

Responses:

0 = *Never*, 1 = *Almost never*, 2 = *Sometimes*, 3 = *Fairly often*, 4 = *Very often*

A perceived stress summary score will be created by summing all of the items after reverse coding the second and third items. A higher score indicates greater perceived stress. This item was not included in the BHNAS or MHAT surveys.

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\* Item is included on all three versions of the survey.

## Self-Efficacy

On NUBHNAS, general self-efficacy is measured with a 10-item scale (Schwarzer & Jerusalem, 1995). The item stem for this set of questions is: “Please tell us how true the following statements are for you:”

- I can always manage to solve difficult problems if I try hard enough.
- If someone opposes me, I can find the means and ways to get what I want.
- It is easy for me to stick with my aims and accomplish my goals.
- I am confident that I could deal efficiently with unexpected events.
- Thanks to my resourcefulness, I know how to handle unforeseen situations.
- I can solve most problems if I invest the necessary effort.
- I can remain calm when facing difficulties because I can rely on my coping abilities.
- When I am confronted with a problem, I can usually find several solutions.
- If I am in trouble, I can usually think of a solution.
- I can usually handle whatever comes my way.

Responses:

0 = *Not at all true*, 1 = *Hardly true*, 2 = *Moderately true*, 3 = *Exactly true*

A self-efficacy score will be created by summing all items and then dividing by the number of items (10). A score will be calculated as long as no more than three items are missing. This item was not included in the BHNAS or the MHAT surveys.

## Aggressive Behavior\*

Aggressive behavior is assessed using four items. Participants will be asked to indicate how often they engaged in each behavior during the past month. The stem for this set of items is: “How often in the PAST MONTH did you:”

- Get angry at someone in your unit and yell or shout at them?
- Get angry at someone in your unit and kick or smash something, slam the door, punch the wall, etc.?
- Threaten someone in your unit with physical violence?
- Get into a fight with someone in your unit and hit the person?

Responses:

0 = *Never*, 1 = *1 time*, 2 = *2 times*, 3 = *3 or 4 times*, 4 = *5 or more times*

These four items have been used on all versions of the BHNAS and the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013). Additionally, the same set of items has been used in research by Killgore and colleagues (Killgore et al., 2008). Items will be summed to create an overall aggressive behavior score, with higher scores indicating greater aggression.

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\* Item is included on all three versions of the survey.

### **Problem Alcohol Use\***

NUBHNAS includes two questions to determine problem alcohol use. These two questions were adapted from the Two-Item Conjoint Screen for alcohol and other drug problems (TICS; Brown, Leonard, Saunders, & Papasouliotis, 2001). The two items have been found to have 80% sensitivity and specificity for detecting current substance use disorders.

- In the LAST YEAR have you ever drunk more alcohol than you meant to?
- Have you felt you wanted or needed to cut down on your drinking in the LAST YEAR?

Responses:

0 = *No*, 1 = *Yes*

One or more positive response will categorize a participant as a problem drinker.

### **Career Intentions\***

NUBHNAS captures current career intentions through two questions.

- Overall, how satisfied are you with your military job/career?

Responses:

1 = *Very dissatisfied*, 2 = *Dissatisfied*, 3 = *Neutral*, 4 = *Satisfied*, 5 = *Very satisfied*

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

Responses:

0 = *I already have 20 or more years of service, or I am a reservist on temporary active duty*,  
1 = *Very likely*, 2 = *Likely*, 3 = *Neither likely nor unlikely*, 4 = *Unlikely*, 5 = *Very unlikely*

### **Affective Organizational Commitment Scale\***

Affective commitment is measured using the shortened organizational commitment scale developed by Gade (2003). Individual items are summed to create an affective organizational commitment scale. This scale was not used on BHNAS.

“Please indicate how much you DISAGREE or AGREE with the following:”

- I feel like “part of the family” in the military.
- The military has a great deal of personal meaning for me.
- I feel a strong sense of belonging to the military.
- I feel emotionally attached to the military.

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\* Item is included on all three versions of the survey.

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

### **Personal and Unit Morale**

NUBHNAS includes a question about personal morale and a separate question about unit morale. These two questions were drawn from the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013) and have been used consistently on all versions of the BHNAS.

“Rate your **morale**:”

- Your personal morale.
- Morale in your unit (the team that you serve with most closely).

Responses:

1 = *Very low*, 2 = *Low*, 3 = *Medium*, 4 = *High*, 5 = *Very high*

### **Unit Cohesion**

The NUBHNAS instrument includes a set of seven items that assess unit cohesion. Six of these items were taken directly from the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009) and have been used consistently on all versions of the BHNAS. An overall unit cohesion summary score is created by summing across the six common items. Higher scores on the scale indicate a higher level of unit cohesion. The introductory stem reads, “Tell us how much you DISAGREE or AGREE with the statements below about your military job.” The six unit cohesion items are as follows:

- The members of my unit are cooperative with each other.
- The members of my unit know that they can depend on each other.
- The members of my unit stand up for each other.
- I think my unit would do (or did) an excellent job in combat.
- I think the level of training in this unit is high.
- I have real confidence in my unit’s ability to perform its mission.

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

In addition to the core set of six items shown above, one additional unit cohesion item appears in the NUBHNAS and the more recent versions of the BHNAS (since BHNAS 4). This additional item uses the same introductory stem and response options as the core set of unit cohesion items. Specifically developed for the BHNAS, this item was not used in the MHAT surveys.

- The members of my unit would risk their lives for each other.

Item scores will be summed across all seven items when comparing with BHNAS data; they may be summed over only the six common questions if comparisons with other groups are desired.

### **Social Support**

The NUBHNAS instrument includes a set of seven items that assess subjective social support. These items are from the subjective support subscale of the abbreviated Duke Social Support Index (Koenig et al., 1993). These items do not appear on the Army MHAT surveys or the BHNAS. An overall social support summary score will be created by summing across the seven items. Higher scores on the scale indicate a higher level of social support. The introductory stem for the first six items reads, “Please indicate how often the following are true for you.” The six social support items are as follows:

- Does it seem that your family and friends (people who are important to you) understand you?
- Do you feel useful to your family and friends (people who are important to you)?
- Do you know what is going on with your family and friends?
- When you are talking with your family and friends, do you feel you are being listened to?
- Do you feel that you have a definite role (place) in your family and among your friends?
- Can you talk about your deepest problems with at least some of your family and friends?

Responses:

1 = *Hardly ever*, 2 = *Some of the time*, 3 = *Most of the time*

The seventh item of the subscale has a different set of responses, but it is scored similarly and added to the same scale.

- How satisfied are you with the kinds of relationships you have with your family and friends?

Responses:

1 = *Very dissatisfied*, 2 = *Somewhat dissatisfied*, 3 = *Satisfied*

### **Assignment-Related Stressors**

NUBHNAS contains 11 questions to evaluate participants’ experiences and potential stressors during their current assignment. These questions mirror those included on all BHNAS surveys and the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009). The difference is the use of the word “assignment” on NUBHNAS instead of the word “deployment,” and the option to select N/A. These stressors are associated traditionally with deployment but are not directly related to combat exposure. The 11 assignment-related stressor items are as follows:

- Being separated from family
- Illness or problems back home

- Boring and repetitive work
- Difficulties communicating back home (e.g., phone calls, e-mail, mail)
- Uncertain redeployment date
- Lack of privacy or personal space
- Lack of time off for personal time
- Not having the right equipment, tools, or repair parts
- Not getting enough sleep
- Continuous operations
- Long deployment length

Responses:

0 = *N/A*, 1 = *Very low*, 2 = *Low*, 3 = *Medium*, 4 = *High*, 5 = *Very high*

Participants are asked to: “Think about your experiences on this assignment. Rate how much **TROUBLE** or **CONCERN** has been caused to you by....” An assignment-related stressors score is created by summing across all items. Higher numbers on the scale indicate a higher level of assignment-related stressors. Similar sets of items have also been used in other studies of military combat veterans (Booth-Kewley, Larson, Highfill-McRoy, Garland, & Gaskin, 2010a, 2010b).

### Physical Stressors

The NUBHNAS instrument includes two items that assesses physical stressors during this assignment. The two items are taken from the Combat Exposure Scale (Stander & Thomsen, 2011) used by BHNAS. The introductory stem reads, “Did you experience any of the following during this assignment?”

- Physically assaulted by another U.S. Service Member
- Harassed, ridiculed, or hazed by another U.S. Service Member

Responses:

0 = *Never*, 1 = *1 time*, 2 = *2–4 times*, 3 = *5–9 times*, 4 = *10 or More Times*

### Traumatic Brain Injury

The NUBHNAS includes a section that assesses various aspects of TBI. A set of four questions was designed to align with guidance set forth in Directive-Type Memorandum 09-033 (DTM 09-033; Deputy Secretary of Defense, 2010). This Memorandum details specific head trauma-related events that, if experienced by military personnel, require evaluation for TBI by a medical professional. The introductory stem reads, “During this assignment, did you experience:”

- Being in a vehicle associated with a blast event, collision, or rollover?
- Being within 50 meters of a blast (inside or outside)?
- A direct blow to the head?
- Loss of consciousness that another person witnessed?

Responses:

0 = *No*, 1 = *Yes*

According to DTM 09-033, an affirmative response to any of the above questions should result in an evaluation for potential TBI. BHNAS and MHAT (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009) have similar but not identical questions. BHNAS 6–11 used a common set of four questions from which a similar need for screening could be drawn, however, BHNAS used questions that were specific to the current deployment.

Several additional items concerning TBI or head injury appear on NUBHNAS. The prompt reads, “Did any event during this assignment involve . . .”

- Injury to your head?
- Being dazed, confused, or “seeing stars”?
- Not remembering the injury?
- Losing consciousness from being knocked out?

Responses:

0 = *No*, 1 = *Yes*

These questions were used by MHAT to classify individuals as having possible TBI (J-MHAT, 2011; MHAT V, 2008; MHAT VI, 2009), and similar questions were also asked on the HRB surveys (Bray et al., 2006; Bray et al., 2009). If an individual responds affirmatively to the first question and at least one of the other questions, they are classified as potentially having sustained a TBI.

The NUBHNAS instrument also includes another item that asks respondents how often they were injured:

- During this assignment, how many times did you experience an injury from a work or sports incident that required medical care?

Responses:

0 = *None*, 1 = *1 time*, 2 = *2 times*, 3 = *3 or more times*

A similar item appeared on recent versions of the BHNAS (since BHNAS 5). However, while the BHNAS question was specific to current deployment, the NUBHNAS question is specific to the current assignment. The BHNAS question also specified that the injury be a noncombat-related injury.

To determine if the participant has been directed to be evaluated for potential TBI, the following question is included:

- During this assignment, has your command directed you to undergo an evaluation for a TBI or concussion?



Responses:

0 = *No*, 1 = *Yes*

In addition to the items described above, several additional items concerning TBI or head injury evaluation and diagnosis appear on NUBHNAS. The prompt reads, “Did any event during this assignment involve . . .”

- Evaluation by any medical professional for a TBI or concussion?
- A positive diagnosis for a TBI or concussion?

Responses:

0 = *No*, 1 = *Yes*

These questions will be used to determine if the participant was screened for TBI as the DTM 09-033 directs. These two questions were modified from those present on BHNAS from version 5 to version 11. (The item addressing evaluation by a medical professional for TBI or concussion also appeared in BHNAS 4.) The questions on BHNAS specify that the event happened during their present deployment, while on NUBHNAS the event may have happened any time during their current assignment.

### **Physical Activity**

The NUBHNAS uses two items to assess the participant’s physical activity in the past month. The stem reads, “On average during the past month, how often did you engage in:”

- vigorous exercise (e.g., jogging or running) for at least 20 minutes in a day?
- moderate exercise (e.g., brisk walking, lawn mowing) for at least 30 minutes in a day?

Responses:

0 = *None/never*, 1 = *1x/week*, 2 = *2x/week*, 3 = *3x/week*, 4 = *4x/week*, 5 = *5 or more x/week*

These questions will be used to evaluate if the participant is meeting the American College of Sports Medicine’s recommendations for physical activity. These recommendations are for at least 30 minutes of moderate-intensity aerobic activity at least 5 days per week for a total of 150 minutes *or* at least 20 minutes of vigorous aerobic activity at least 3 days per week for a total of 75 minutes (Garber et al., 2011).

### **Pain and Pain Medication Use**

To evaluate pain, a single question from the Brief Pain Inventory is included on NUBHNAS: “Please rate your pain by indicating the one number that best describes your pain on average.”

Responses:

0 = 0 (*No pain*), 1 = 1, . . . , 10 = 10 (*Pain as bad as you can imagine*)

This question was not included on BHNAS or MHAT surveys.

The pain medication item used in NUBHNAS was drawn from the BHNAS and Army MHAT survey (J-MHAT 7, 2011). This survey item was first added to BHNAS 5 and used in all subsequent versions. Four changes were made to the item on NUBHNAS: (1) response options were changed slightly; (2) the example, butalbitol, for nonopioid prescription painkillers was added; (3) the definition of “constantly and frequent” was omitted in the question; and (4) the NUBHNAS version does not include the prompt to mark all that apply and the specification that the medication is being taken for physical pain.

- If you have chronic pain that occurs constantly or frequently flares up, what types of medication are you taking for your physical pain?

Responses:

0 = *Does not apply/no chronic pain*

1 = *Have chronic pain, but taking no medications*

2 = *Over-the-counter drugs, including Aspirin, Tylenol, Motrin, Ibuprofen, and Aleve*

3 = *Prescription painkillers that are not opioids, including Celebrex, Vioxx, Bextra, topical lidocaine, and butalbitol*

4 = *Prescription opioid/narcotic painkiller, including Oxycontin, Percocet, Vicodin, Tramadol, Tylenol with Codeine, and Methadone*

5 = *Unknown.*

6 = *Other (Specify): \_\_\_\_\_*

## Physical Health

To evaluate physical health, a series of questions are administered to evaluate potentially chronic conditions. The prompt reads, “Have you ever been told by a doctor that you have the following conditions?”

- Diabetes
- Asthma
- Overweight/obesity
- Metabolic syndrome
- Hypertension/high blood pressure
- High cholesterol
- Respiratory illness
- Serious wound or injury
- Depression or other mental health problem

Responses:

0 = *No*, 1 = *Yes, told by a doctor that I have this condition*

For potential condition(s), there was a follow-up question:

- Are you currently taking medication for any of the following conditions? Mark all that apply.

Responses:

0 = *No*, 1 = *Yes, told by a doctor that I have this condition and taking medication*

### **Psychotropic Medication Use**

Use of psychotropic medication is measured on NUBHNAS with a single item, which was drawn from the Army MHAT survey (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013). This question was modified to specify the past 30 days, instead of during this deployment.

- Have you taken any medication for a mental health or stress problem in the past 30 days?

Responses:

0 = *No*, 1 = *Yes*

Respondents who answer “yes” to this item are also asked to specify the medication(s) that they used. Under the space provided for the participant’s response, the following text is included: “Examples: anti-depressants, anti-anxiety medication.” This item has been used on all versions of the BHNAS.

### **Sleep Medication Use**

NUBHNAS includes one question about the use of sleep medications. This item was drawn from the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013). This question was introduced in BHNAS 4 and has been used consistently on all subsequent versions. The question on NUBHNAS is modified to specify the last 30 days, whereas the original question asked only about the current deployment.

- Have you taken any medication for a sleep problem in the past 30 days?

Responses:

0 = *No*, 1 = *Yes*

Respondents who answer “yes” to this item are also asked to specify the medication(s) they used. They are provided with several examples (i.e., Advil PM, Ambien, Benadryl, Melatonin, NyQuil, Tylenol PM) and are asked to write/type in the medication in a text field.

### **Treatment for Mental Health Problems**

Respondents’ experiences seeking mental health care are assessed with one item. This item was developed specifically for the BHNAS and was used in versions 6–10; however, it does not appear on the Army MHAT surveys. The item reads:

- Which best describes your experience seeking help for a stress, emotional, alcohol, or family problem?

Responses:

1 = *No such problem.*

2 = *I wasn't interested in receiving help.*

3 = *I wanted and received help from both a nonmedical person and medical person.*

4 = *I wanted and received help from a nonmedical person.*

5 = *I wanted and received help from a medical person.*

6 = *I wanted but did not seek help.*

7 = *I wanted and sought help, but have not received any.*

A single item is used on NUBHNAS to assess a respondent's level of interest in receiving help for mental health, emotional, and related problems. This item was drawn from the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009) and was used with similar wording on all versions of BHNAS:

- Are you currently interested in receiving help for a stress, emotional, alcohol, or family problem?

Responses:

1 = *No such problem*, 2 = *No*, 3 = *Yes*

### **Mental Health Care Stigma and Barriers to Care**

For NUBHNAS, mental health care stigma and barriers to care are assessed using 14 items. These items were adapted from those used on the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013). Similar items used by other researchers have been shown to be reliable measures of mental health stigma (Britt, 2000; Hoge et al., 2004). Across different versions of the BHNAS, mental health stigma and barriers to care have been measured using between 14 and 17 items that ask about possible reasons for not seeking mental health care. The introductory stem reads, "Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever had a problem on this assignment." The 14 stigma items on NUBHNAS are as follows:

- I don't trust mental health professionals.
- Mental health services aren't available.
- I don't know where to get help.
- It is difficult to get an appointment.
- There would be difficulty getting time off work for treatment.
- It's too difficult to get to the location where the mental health specialist is.
- It would be too embarrassing.
- It would harm my career.
- Members of my unit might have less confidence in me.
- My unit leadership might treat me differently.
- My leaders would blame me for the problem.
- I would be seen as weak.
- It might affect my security clearance.
- My leaders discourage the use of mental health services.

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

A mental health care stigma and barriers to care score will be created by summing across all items, with higher scores indicating a higher level of perceived stigma regarding the use of mental health care and greater barriers to care.

### **Amount of Sleep and Sleep Deficit\***

The number of hours respondents typically sleep and their sleep deficit are assessed on NUBHNAS using two items:

- On average, how many hours of sleep do you get per day?
- On average, how many hours of sleep do you need per day in order to feel well-rested?

Responses:

1 = *3 or fewer*, 2 = 4, 3 = 5, 4 = 6, 5 = 7, 6 = *8 or more*

These two sleep items, presented with six response options, were drawn from the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013). These items were first introduced in BHNAS 4 and have appeared on all subsequent versions of the survey. Based on these two items, a sleep deficit classification will be created to indicate which respondents report getting fewer hours of sleep than they need to feel well-rested.

To get a more complete picture of sleep deficits and fatigue, another item is used:

- Please rate your fatigue by indicating the one number that best describes your fatigue in the past week?

Responses:

0 = *No fatigue*, 1 = 1, 2 = 2, ..., 9 = 9, 10 = *Severe fatigue*

### **Sleep Difficulties\***

Sleep difficulties are assessed on NUBHNAS with a modified version of the Insomnia Severity Index (Bastien, Vallieres & Morin, 2001). The index was modified in the following ways: (1) the wording “your insomnia problem” was changed to “your sleep difficulties” for questions 1–3; and (2) for questions 5–7, the words “sleep problem” were changed to “sleep pattern.” The first two questions were used on BHNAS and drawn from earlier versions of the Army MHAT surveys (MHAT V, 2008; MHAT VI, 2009). The prompt reads, “Please rate the current (i.e., last 2 weeks) SEVERITY of your sleep difficulties.”

- Difficulty **falling** asleep

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\* Item is included on all three versions of the survey.

- Difficulty **staying** asleep
- Problem waking up too early

Responses:

0 = *None*, 1 = *Mild*, 2 = *Moderate*, 3 = *Severe*, 4 = *Very severe*

- How **SATISFIED** or **DISSATISFIED** are you with your current sleep pattern?

Responses:

0 = *Very satisfied*, 1 = *Satisfied*, 2 = *Moderately satisfied*, 3 = *Dissatisfied*, 4 = *Very dissatisfied*

- How **NOTICEABLE** to others do you think your sleep pattern is in terms of impairing the quality of your life?

Responses:

0 = *Not at all noticeable*, 1 = *A little*, 2 = *Somewhat*, 3 = *Much*, 4 = *Very much noticeable*

- How **WORRIED** or **DISTRESSED** are you about your current sleep pattern?

Responses:

0 = *Not at all worried*, 1 = *A little*, 2 = *Somewhat*, 3 = *Much*, 4 = *Very much worried*

- To what extent do you consider your sleep pattern to **INTERFERE** with your daily functioning (e.g., daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.) **CURRENTLY**?

Responses:

0 = *Not at all interfering*, 1 = *A little*, 2 = *Somewhat*, 3 = *Much*, 4 = *Very much interfering*

Scoring of the original index is calculated by adding the scores of all seven items. The total score categories are as follows:

- 0–7 = No clinically significant insomnia
- 8–14 = Subthreshold insomnia
- 15–21 = Clinical insomnia (moderate severity)
- 22–28 = Clinical insomnia (severe)

Scoring of the modified index will be done similarly with scores calculated by the summing of all seven items.

### **Military Specialty**

Two questions are used on NUBHNAS to determine if the participant is working in the field of their training and if they feel they are well trained.

- I am working in my occupational specialty during this assignment.\*
- I was well trained to do my job.

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

### **Positive Effects of Assignment**

Since NUBHNAS is geared toward fleet-wide assessment instead of deployed troops (as BHNAS was), some questions have been modified to capture the state of the force. A core set of four questions was used on all BHNAS surveys to assess the positive effects of deployment. These four items were drawn from the Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013). The following set of questions has been modified for the NUBHNAS with the substitution of the word “assignment” for the word “deployment.” “Please indicate how much you DISAGREE or AGREE with the following:”

- Overall, this assignment has had a positive effect on my life.
- I deal with stress better because of this assignment.
- I feel pride from my accomplishments during this assignment.
- This assignment has made me more confident in my abilities.

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

Responses to these four items will be summed to form an overall positive effects of assignment scale score, with higher scores indicating a higher level of positive assignment experiences.

### **Contribution to Military Mission**

Two items on NUBHNAS are designed to measure respondents’ perceptions that they made or are making a contribution to the military mission. These items were drawn from the more recent Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009) but did not appear on the earlier MHAT surveys. These two items were first introduced in BHNAS 4 and were used through BHNAS 11.

- I feel that what I am doing during this assignment is important.
- I am making a real contribution to accomplishing this mission.

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

### **Command Support and Services**

Three items on NUBHNAS are designed to measure respondents' satisfaction with command support and services.

- I am satisfied with how my command has supported my family.
- My family and/or I have used some Navy/Marine Corps programs that support members and their families (such as Fleet and Family Support Centers, Ombudsman, etc.).
- I feel like I am adequately supported by Navy/Marine Corps programs that support members and their families (such as Fleet and Family Support Centers, Ombudsman, etc.).

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

### **Stress Continuum Self-Assessment**

In order to capture the respondents' personal assessment of their own stress level, they are asked to rate their current stress levels. The prompt reads, "The Stress Continuum is a model that identifies how Sailors and Marines react under the stress of the highly charged day-to-day that is required of today's military."

- Please select a color that you feel best describes your current state:

Responses:

1 = *Green: Not stress-free, but mastering stress with good coping skills. Ready to go.*

2 = *Yellow: Reacting to life's normal stressors. Mild and reversible.*

3 = *Orange: May have a stress injury damaging the mind, body or spirit. Temporarily non-mission ready.*

4 = *Red: Currently have a stress injury that becomes a stress illness, such as PTSD or depression.*

This self-assessment is based on the "Colorful Glossary" of the Stress Continuum model used by the Naval Center for Combat & Operational Stress Control (Nash, 2011).

### **Currently Deployed Service Members**

Since deployed personnel have additional stressors and different life situations than those not deployed, we are assessing the deployment status of survey participants. For those determined to be currently deployed, additional questions will be asked to better understand their current situation and stressors.

The following question is asked to determine current deployment status:

- Are you currently deployed (on military operations outside the U.S. and exceeding 30 days)?



Responses:

0 = *No*, 1 = *Yes*

If the respondent answers “No,” they will be instructed to skip the remaining questions that pertain to their current deployment.

### **Deployment Demographics\***

In order to determine the deployment characteristics, the following questions are asked:

- Are you currently deployed:

Responses:

1 = *With your home unit?*, 2 = *As an IA (Individual Augmentee)?*, 3 = *On a GSA (GWOT Support Assignment)?*, 4 = *On an OSA (Oversees Contingency Operations Support Assignment)?*, 5 = *Other: \_\_\_\_\_*

- Are you currently deployed to a combat zone or a qualified hazardous duty area?

Responses:

0 = *No*, 1 = *Yes*

- What is your current deployment primary location?

Responses:

1 = *Shipboard*, 2 = *Iraq*, 3 = *Afghanistan*, 4 = *Kuwait*, 5 = *Africa/Horn of Africa*, 6 = *Other: \_\_\_\_*

### **Rules of Engagement\***

In order to assess how often the respondent was impacted by rules of engagement in theater, the following question is asked:

- During this deployment, how often did you experience being in threatening situations where you were unable to respond because of rules of engagement or restrictive policies?

Responses:

0 = *Never*, 1 = *1 time*, 2 = *2–4 times*, 3 = *5–9 times*, 4 = *10 or more times*

### **Navy Support During Deployment**

Each version of the BHNAS included some questions that assess satisfaction with Navy support for service members and their families during deployment. These items are of particular

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\* Item is included on all three versions of the survey.

relevance for sailors who deploy to combat zones as IAs. On NUBHNAS, the following two items are used to assess this topic:

- My parent command back home was supportive while I prepared for this deployment.
- I have been satisfied with how the Navy has helped my family during this deployment.

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

These two items were first introduced in BHNAS 4 and have been used ever since. (Prior to BHNAS 4, two items were used to assess this topic, but they were different from those shown above. BHNAS 4–11 used two additional items that are not included on NUBHNAS.) These items were developed specifically for the BHNAS and are not used on the Army MHAT surveys. In recent administrations of the BHNAS, a set of four core items was used to compute a summary score reflecting how satisfied respondents are with the Navy support that they received. Similarly, the two Navy support items included in NUBHNAS will be used to compute a summary score. Higher scores on the scale indicate greater satisfaction with Navy support.

### **Operational Stress Control Training**

NUBHNAS asks respondents about operational stress control training prior to deployment with a single item.

- The training in managing the stress of deployment and/or combat was adequate.

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

This item was developed specifically for the BHNAS. The specific items addressing this topic have not been consistent across all versions of the BHNAS.

### **Deployment Preparation**

NUBHNAS uses a single question to assess deployment preparation.

- The predeployment training I received prepared me for this deployment assignment.

Responses:

1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neither agree nor disagree*, 4 = *Agree*, 5 = *Strongly agree*

This item is one of the three items first introduced in BHNAS 5 to assess training for deployment. The three items were developed specifically for the BHNAS and do not appear on the Army MHAT surveys.

## **Survey Feedback**

Feedback about the information collected in the survey will be provided to each participant. In addition, unit level feedback will be provided to the leadership of each unit visited. The following information describes the content of each type of feedback.

### ***Individual Participant Feedback***

At the conclusion of the survey, participants' responses will be automatically scored based on a predetermined algorithm placing them on the Stress Continuum model. The final screen of the survey will show participants what "color" they fall in and provide a list of resources to assist them in dealing with any behavioral health-related issues they may be experiencing.

The scoring algorithm is described in Table 1. It is based on seven behavioral health issues assessed in the survey: suicidal ideation, PTSD symptoms, depression symptoms, anxiety symptoms, stress, coping behaviors, alcohol use, and sleep. The scores for each issue were trichotomized by risk level, as green, yellow, or orange/red. The categorization scheme for each of the issues was derived from published literature showing which cut-points were clinically meaningful. As described in the table below, participants will be placed in the "green zone" if their scores on at least six of the seven issues were scored as "green." Participants will be placed in the "yellow zone" if their scores on two to six of the seven issues were scored as "yellow." Participants with scores in the "orange/red zone" on ANY of the seven issues will be automatically placed in the "orange/red zone." Additionally, participants who endorse suicidal ideation within the past 6 months will automatically be placed in the "red zone."

**Table 1. Participant Feedback Scoring Algorithm for Placement on the Stress Continuum**

| Health Issue (Scale/Items) and References   | Green                           | Yellow                           | Orange/Red  |
|---|---------------------------------|----------------------------------|---|
| <b>Suicide Ideation (SI)</b><br><ul style="list-style-type: none"> <li>Have you ever done anything or prepared to do anything to end your life?</li> </ul>  | No                              | RED: if yes within past 6 months |   |
| <b>Sexual Assault</b>   | Never or prior to past 6 months | RED: if yes within past 6 months |   |
| <b>PTSD (PCL-5)</b>   | <18                             | 18–37                            | ≥38   |
| <b>Depression (PHQ-9)</b>   | <10                             | 10–14                            | ≥15 or any endorsement of item: “Thoughts that you would be better off dead...” |
| <b>Anxiety (GAD-7)</b>  | <10                             | 10–14                            | ≥15   |
| <b>Stress</b><br><b>(Four items with response options from 0 [none at all] to 3 [a lot])</b><br><ul style="list-style-type: none"> <li>How much stress do you experience at work or while carrying out your military duties?</li> <li>How much stress do you experience in your family life or in a relationship with a significant other?</li> <li>How much does stress in your family life interfere with your ability to perform your military job?</li> <li>How much does stress at work interfere with your ability to perform your military job?</li> </ul> | <5                              | 5–8                              | ≥9  |
| <b>Coping (Perceived Stress Scale)</b>  | <7                              | 7–8                              | ≥9  |
| <b>Alcohol (TICS)</b>   | 0 (No on both items)            | 1–2 (Yes on one or both items)   |   |
| <b>Sleep (Insomnia Severity Index)</b>  | 0–7                             | 8–21                             | ≥22   |
| <b>Scoring Methods:</b><br><br>If Yellow on 0–1 variables (excluding suicidal ideation), participant is Green.<br>If Yellow on 2–6 variables (excluding suicidal ideation), participant is Yellow.<br>If Orange or Red on ANY variable, participant is Orange/Red.  |                                 |                                  |   |

On the final screen of the survey, participants will see what color they are on the stress continuum, along with an image of the stress continuum. Also, they will be directed to a list of

pertinent resources as well as encouraged to access the resources and seek treatment. An example of the feedback provided to participants in the “orange/red zone” is shown.

**Figure 1. Sample feedback for participants in the orange/red zone**

Based on how you answered the survey, it sounds like you are having a very difficult time right now. You may be feeling like you are losing control. You might be feeling panic, shame, guilt, or anger. You could be sleeping poorly, or using alcohol or drugs to help you cope. Some of your responses to stress might be causing damage to both your mind and your body.

Sometimes we need help to get through tough times. Please consider seeing either medical or a chaplain, or talk to someone else you trust. You can also check out some of these anonymous resources and ideas for getting help, including confidential online chat functions:

[www.militaryonesource.mil](http://www.militaryonesource.mil) (or call 1-800-342-9647)

[www.realwarriors.net](http://www.realwarriors.net)

[www.maketheconnection.net](http://www.maketheconnection.net)

| Ready  | Reacting   | Injured  | Ill   |
|--|--|--|---|
| <p><b>Adaptive coping</b><br/>Optimal functioning<br/>Wellness</p> <p><b>FEATURES</b><br/>Well trained and prepared<br/>Fit and focused<br/>In control<br/>Optimally effective<br/>Behaving ethically<br/>Having fun</p> | <p>Mild and transient distress or loss of optimal functioning<br/>Always goes away<br/>Low risk for illness</p> <p><b>FEATURES</b><br/>Irritable, angry<br/>Anxious or depressed<br/>Physically too pumped up or tired<br/>Reduced self control<br/>Poor focus<br/>Poor sleep<br/>Not having fun</p> | <p>More severe and persistent distress or loss<br/>Leaves a "scar"<br/>Higher risk for illness</p> <p><b>CAUSES</b><br/>Life threat<br/>Loss<br/>Inner conflict<br/>Wear and tear</p> <p><b>FEATURES</b><br/>Panic or rage<br/>Loss of control of body or mind<br/>Can't sleep<br/>Recurrent nightmares or bad memories<br/>Persistent shame, guilt, or blame<br/>Loss of moral values &amp; beliefs</p> | <p>Persistent and disabling distress or loss of function<br/>Clinical mental disorder<br/>Unhealed stress injuries</p> <p><b>TYPES</b><br/>PTSD<br/>Depression<br/>Anxiety<br/>Substance abuse</p> <p><b>FEATURES</b><br/>Symptoms and disability persist over many weeks<br/>Symptoms and disability get worse over time</p> |
| Unit leader Responsibility   | Individual, shipmate, family Responsibility  |  | Caregiver Responsibility  |

**Unit Level Feedback**

Unit leadership will receive a report, summarizing the unit’s results within 2 weeks of baseline survey completion. The report will include items of use to leadership, such as prevalence of mental health issues and satisfaction with leadership. The report will include the percentage of unit members who fall into each of the Stress Continuum zones. Individuals will not be identified in any way. In addition, unit leadership will be notified more quickly by our clinical psychologist

in person or via phone if any participant in the unit reports suicidal ideation within the past 6 months.

### **Discussion**

Warfighter readiness is intrinsically linked with the physical and psychological health of service members. Consequently, preserving the psychological health of U.S. service members is of paramount concern to military leaders, military medical providers, and the general public. One key step in protecting the psychological health of service members is the ability to determine the presence and correlates of mental health problems through routine monitoring and evaluation. The BHNAS has been a central source of information about the mental health status of expeditionary Sailors and their standing on specific risk and protective factors (e.g., combat exposure, attitudes toward leadership, unit cohesion, positive deployment experiences) that impact mental health and morale. The NUBHNAS will now take on this role concerning fleet-wide health and readiness.

The NUBHNAS will provide not only an assessment of the current state of Sailors and Marines, but also the ability to compare with results from deployed Sailors and Soldiers surveyed using BHNAS and Army MHAT surveys (J-MHAT 7, 2011; MHAT V, 2008; MHAT VI, 2009; MHAT 9, 2013). The inclusion of physiological measures of stress will also offer an unprecedented objective snapshot of Sailor and Marine stress.

In conclusion, the NUBHNAS instrument will be an effective tool for quantitatively assessing the status of Sailors and Marines. The NUBHNAS will provide Navy and Marine line and medical leadership with a comprehensive picture of Sailors' and Marines' psychological health and readiness. Currently, results from the BHNAS are the Navy's primary mode of surveillance on issues of psychological health among expeditionary Sailors. The BHNAS findings are reviewed by Navy Surgeon General staff members at the end of each BHNAS administration cycle, and they have also been incorporated into U.S. Congressional testimonies by the Surgeon General on issues related to Navy medical readiness and behavioral health. The information that the NUBHNAS will provide to military leaders and policymakers will help the Navy make evidence-based decisions and policy changes impacting the psychological health of Sailors and Marines. The results will constitute actionable intelligence that can be used at the highest levels to make policy decisions and at the lowest levels to help individual Sailors and Marines.

## References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Armed Forces Health Surveillance Center. (2010). Hospitalizations among members of the active component, U.S. Armed Forces, 2009. *Medical Surveillance Monthly Report (MSMR)*, 17(4), 3-9.
- Armed Forces Health Surveillance Center. (2011). Hospitalizations among members of the active component, U.S. Armed Forces, 2010. *Medical Surveillance Monthly Report (MSMR)*, 18(4), 8-15.
- Armed Forces Health Surveillance Center. (2012). Hospitalizations among members of the active component, U.S. Armed Forces, 2011. *Medical Surveillance Monthly Report (MSMR)*, 19(4), 10-16.
- Bastien, C., Vallieres, A., & Morin, C. (2001). Validation of the Insomnia Severity Index as an outcome measure for insomnia research. *Sleep Medicine*, 2(4), 297-307.
- Beckerley, S., Hilton, S., Booth-Kewley, S., & Taylor, M. K. (2013). Behavioral Health Needs Assessment Survey: In-theater survey of U.S. Navy expeditionary Sailors update 2013 (NHRC Technical Report No. 13-42). San Diego, CA: Naval Health Research Center.
- Booth-Kewley, S., Larson, G. E., Highfill-McRoy, R. M., Garland, C. F., & Gaskin, T. A. (2010a). Correlates of posttraumatic stress disorder symptoms in Marines back from war. *Journal of Traumatic Stress*, 23(1), 69-77.
- Booth-Kewley, S., Larson, G. E., Highfill-McRoy, R. M., Garland, C. F., & Gaskin, T. A. (2010b). Factors associated with antisocial behavior among combat veterans. *Aggressive Behavior*, 36(5), 330-337.
- Bray, R. M., Hourani, L. L., Olmsted, K. L., Witt, M., Brown, J. M., Pemberton, M. R., . . . Hayden, D. (2006). *2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel* (Report RTI/7841/106-FR). Research Triangle Park, NC: RTI International.
- Bray, R. M., Pemberton, M. R., Hourani, L. L., Witt, M., Rae Olmsted, K. L., Brown, J. M., . . . Bradshaw, M. (2009). *2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel* (Report RTI/10940-FR). Research Triangle Park, NC: RTI International.
- Britt, T. W. (2000). The stigma of psychological problems in a work environment: evidence from the screening of service members returning from Bosnia. *Journal of Applied Social Psychology*, 30(8), 1599-1618.

- Brown, R. L., Leonard, T., Saunders, L. A., & Papasouliotis, O. (2001). A two-item conjoint screen for alcohol and other drug problems. *The Journal of the American Board of Family Practice, 14*(2), 95-106.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24*(4), 385-396.
- Deputy Secretary of Defense. (2010). *Policy guidance for management of concussion/mild traumatic brain injury in the deployed setting* (Directive-Type Memorandum [DTM] 09-033). Retrieved from [www.dtic.mil/whs/directives/corres/pdf/DTM-09-033.pdf](http://www.dtic.mil/whs/directives/corres/pdf/DTM-09-033.pdf)
- Gade, P. (2003). Organizational commitment in the military: An overview. *Military Psychology, 15*(3), 163-166.
- Garber, C. E., Blissmer, B., Deschenes, M. R., Franklin, B. A., Lamonte, M. J., Lee, I. M., . . . Swain, D. P. (2011). American College of Sports Medicine Position Stand. Quantity and quality of exercise for developing and maintaining cardiorespiratory, musculoskeletal, and neuromotor fitness in apparently healthy adults: Guidance for prescribing exercise. *Medicine and Science in Sports and Exercise, 43*(7), 1334-1359.
- Gilbody, S., Richards, D. R., Brealey, S., & Hewitt, C. (2007). Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): A diagnostic meta-analysis. *Journal of General Internal Medicine, 22*(11), 1596-1602.
- Hoge, C. W., Castro, C. A., Messer, S. L., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine, 351*(1), 13-22.
- Joint Mental Health Advisory Team 7 (J-MHAT 7), chartered by the Office of the Surgeon General, United States Army Medical Command; Office of the Command Surgeon, HQ, USCENTCOM; Office of the Command Surgeon, US Forces Afghanistan (USFOR-A). (2011). *Joint Mental Health Advisory Team 7 (J-MHAT 7): Operation Enduring Freedom 2010, Afghanistan*. Retrieved from [http://www.armymedicine.army.mil/reports/mhat/mhat\\_vii/J\\_MHAT\\_7.pdf](http://www.armymedicine.army.mil/reports/mhat/mhat_vii/J_MHAT_7.pdf)
- Killgore, W. D., Cotting, D. I., Thomas, J. L., Cox, A. L., McGurk, D., Vo, A. H., . . . Hoge, C. W. (2008). Post-combat invincibility: Violent combat experiences are associated with increased risk-taking propensity following deployment. *Journal of Psychiatric Research, 42*(13), 1112-1121.
- Koenig, H. G., Westlund, R. E., George, L. K., Hughes, D. C., Blazer, D. G., & Hybels, C. (1993). Abbreviating the Duke Social Support Index for use in chronically ill elderly individuals. *Psychosomatics, 34*(1), 61-69.
- Larson, G. E., Highfill-McRoy, R. M., & Booth-Kewley, S. (2008). Psychiatric diagnoses in historic and contemporary military cohorts: combat deployment and the healthy warrior effect. *American Journal of Epidemiology, 167*(11), 1269-1276.



Löwe, B., Spitzer, R. L., Gräfe, K., Kroenke, K., Quenter, A., Zipfel, S., & Herzog, W. (2004). Comparative validity of three screening questionnaires for DSM-IV depressive disorders and physicians' diagnoses. *Journal of Affective Disorders*, 78(2), 131-140.

McEwen, B. S. (1998). Stress, adaptation, and disease. Allostasis and allostatic load. *Annals of the New York Academy of Science*, 840, 33-44.

Mental Health Advisory Team V (MHAT V), chartered by the Office of the Surgeon, Multi-National Force-Iraq; Office of the Command Surgeon; Office of the Surgeon General, United States Army Medical Command. (2008). *Mental Health Advisory Team (MHAT) V: Operation Iraqi Freedom 06-08: Iraq, Operation Enduring Freedom 8: Afghanistan*. Retrieved from <http://armymedicine.mil/Documents/MHAT-V-OIFandOEF-Redacted.pdf>

Mental Health Advisory Team VI (MHAT VI), chartered by the Office of the Surgeon, Multi-National Force-Iraq; Office of the Surgeon General, United States Army Medical Command. (2009). *Mental Health Advisory Team (MHAT) VI: Operation Iraqi Freedom 07-09*. Retrieved from <http://armymedicine.mil/Documents/MHAT-VI-OIF-Redacted.pdf>

Mental Health Advisory Team 9 (MHAT 9), chartered by the Office of the Surgeon General, United States Army Medical Command. (2013). *Mental Health Advisory Team 9 (MHAT 9): Operation Enduring Freedom (OEF) 2013, Afghanistan*. Retrieved from [http://armymedicine.mil/Documents/MHAT\\_9\\_OEF\\_Report.pdf](http://armymedicine.mil/Documents/MHAT_9_OEF_Report.pdf)

Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298(18), 2141-2148.

Nash, W. P. (2011). US Marine Corps and Navy combat and operational stress continuum model: A tool for leaders. In E. C. Ritchie (Ed.), *Operational behavioral health*. Washington, DC: Borden Institute Textbook of Military Psychiatry.

Posner, K., Brent, D., Lucas, C., Gould, M., Stanley, B., Brown, G, . . . Mann, J. (2009). Columbia-Suicide Severity Rating Scale. Retrieved from [http://cssrs.columbia.edu/docs/C-SSRS\\_1\\_14\\_09\\_Baseline.pdf](http://cssrs.columbia.edu/docs/C-SSRS_1_14_09_Baseline.pdf)

Schmied, E. A., Highfill-McRoy, R. M., & Larson, G. E. (2012). Mental health and turnover following an initial term of military service. *Military Medicine*, 177(7), 766-772.

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

Seal, K. H., Metzler, T. J., Gima, K. S., Bertenthal, D., Maguen, S., & Marmar, C. R. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs health care, 2002-2008. *American Journal of Public Health*, 99(9), 1651-1658.

Shobe, K., Hilton, S., Beckerley, S., & Booth-Kewley, S. (2012). Behavioral Health Needs Assessment Survey (BHNAS): In-theater survey of U.S. Navy expeditionary Sailors update 2012 (NHRC Technical Report No. 12-28). San Diego, CA: Naval Health Research Center.

Spitzer, R. L., Kroenke, K., & Williams, J. B. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ Primary Care Study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *Journal of the American Medical Association*, 282(18), 1737-1744.

Spitzer, R. L., Kroenke, K., Williams, J. B., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.

Stander, V. A., & Thomsen, C. J. (2011). Patterns of posttraumatic stress symptoms, substance abuse, and depression among deploying U.S. Marines (NHRC Technical Report No. 11-09). San Diego, CA: Naval Health Research Center.

Taylor, M. K., Larson, G. E., Nievergelt, C. M., O'Connor, D. T., Buckwalter, J. G., & Baker, D. G. (2014). *Allostatic load in U.S. Marines across the deployment cycle*. Manuscript in preparation.

Thomas, J. L., Wilk, J. E., Riviere, L. A., McGurk, D., Castro, C. A., & Hoge, C. W. (2010). Prevalence of mental health problems and functional impairment among active component and National Guard Soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry*, 67(6), 614-623.

Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *PTSD Checklist for DSM-5 (PCL-5)*. Scale available from the National Center for PTSD at [www.ptsd.va.gov](http://www.ptsd.va.gov).

**Appendix A. NUBHNAS Unique Identifier Worksheet**



**Creating Your Unique Identification Code**

On this form, you will create an identification code that is unique to you, but cannot be traced back to you. The code you generate will be used instead of your name, or other personally identifying information. This code will be used to link your survey to your physiological measurements today, and, if you choose to participate in the follow-up surveys, you will be asked to recreate this code on the 2 follow-up surveys. Please take care to answer each question accurately.

|           |  |   |  |  |
|-----------|--|---|--|--|
| <b>1.</b> | <p><b>1<sup>st</sup> and 2<sup>nd</sup> letter of your mother’s first name</b><br/>                 (Ex: Martha → MA)<br/>                 NOTE: if you do not have a woman who you identify as your mother, use the 1<sup>st</sup> and 2<sup>nd</sup> letter of your father’s name</p>  | <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
|           |  |   |  |  |
| <b>2.</b> | <p><b>Day of your birthday</b><br/>                 (Ex: “26,” “04”)</p>   | <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
|           |  |   |  |  |
| <b>3.</b> | <p><b>1<sup>st</sup> and 2<sup>nd</sup> letter of the U.S. state you were born. <u>DO NOT</u> write the state abbreviation.</b><br/>                 (Ex: Montana → MO; Hawaii → HA)<br/>                 NOTE: If you were born outside the US, write the first 2 letters of the country you were born in (Ex: Mexico → ME)</p> | <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
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| <b>4.</b> | <p><b>Last 2 digits of the year you were born</b><br/>                 (Ex: 1983 → “83”)</p>   | <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
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| <b>5.</b> | <p><b>1<sup>st</sup> and 2<sup>nd</sup> letter of your <u>middle</u> name</b><br/>                 (Ex: Alan → “AL”)<br/>                 NOTE: If you do not have a middle name, write “XX”</p>   | <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
|           |  |   |  |  |
| <b>6.</b> | <p><b>Total number of biological siblings you have <u>today</u></b><br/>                 (Ex: 2 brothers → “02”; no siblings → “00”)</p>   | <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> |  |  |
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**NOW, TRANSFER THE NUMBERS AND LETTERS YOU WROTE ABOVE INTO THE SPACES BELOW:**

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|  |                 |                   |  |                   |                             |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |                   |  |                   |                             |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Mother’s name   | 2. Day of birth | 3. State of birth | 4. Year of birth   | 5. Middle initial | 6. # of biological siblings |  |  |  |  |  |  |  |  |  |  |  |  |

**THIS IS YOUR UNIQUE IDENTIFIER CODE. YOU WILL NOW WRITE/ENTER THIS CODE ON THE SURVEY AND THE BLANK LABELS THAT ARE IN YOUR PACKET.**



**Appendix C. NUBHNAS Contact Information Sheet**

|   |
|---|
| <br><b>CONTACT INFORMATION</b>   |
| <p>If you <i>agree to participate in the 2 follow-up surveys</i>, please provide an email address and cell phone number that will be valid for the next 12 months. The follow-up surveys will be administered electronically 6 and 12 months from today. You will receive email and text message invitations containing a link to the anonymous online survey. If you do not wish to participate in the follow-up survey, please do not complete this form. Participants will receive a \$10 gift card for each follow-up survey they complete.</p> |
| <b>Primary email address:</b>   |
| <b>Secondary email address (optional):</b>  |
| <b>Cell phone number:</b>   |

## Appendix D. NUBHNAS Baseline Questionnaire



**Privacy Statement:** [A] This survey does not collect or maintain personally identifiable information and is therefore not subject to the provisions of the Privacy Act, 5 U.S.C. 552a. [B] Purpose: The purpose of this survey is to collect data to evaluate existing and proposed Department of Navy personnel policies, procedures, and programs. [C] Routine Uses: The information provided in this questionnaire will be analyzed by the Naval Health Research Center (NHRC). The data files will be maintained by NHRC where they may be used for determining changing trends in the Department of the Navy. [D] Anonymity: All responses will be held in confidence by NHRC. Information you provide will be considered only when statistically summarized with the responses of others, and will not be attributable to any single individual. [E] Participation: Completion of this questionnaire is entirely voluntary. Failure to respond to any of the questions will NOT result in any penalties except possible lack of representation of your views in the final results and outcomes.

The purpose of this survey is to provide Navy leadership with information on the well-being of Sailors and Marines.

- This survey is **anonymous and confidential**. Do *not* write your name or any other personally identifying information on it.
- This survey is **voluntary**. You may skip questions that you do not want to answer. Please keep in mind that the most meaningful results will come from those who complete the entire survey.

**Thank you** for taking the time to answer these questions. Your participation will help improve training, policy, health care, and quality of life for all Sailors and Marines.

Point of Contact:  
**Marc Taylor, Ph.D.**  
 DSN (619) 524-9859  
 Marc.Taylor@med.navy.mil

**Naval Health Research Center**  
**Dept 163**  
**140 Sylvester Road**  
**San Diego, CA 92106-3521**



[NU-BHNAS-1, Version-m]

OPNAV RCS ###-1 (Exp ## Dec 201#)

Version Date: 21 MAY 2014

**DEMOGRAPHICS AND MILITARY EXPERIENCE**

**1. Today's date:**  
 Month      Day      Year  
         

**2. Your branch:**  
 Navy  
 Marine Corps  
 Other: \_\_\_\_\_

**3. Component:**  
 Active Regular  
 Active Reserve  
 Selected Reserve (SelRes)  
 Other: \_\_\_\_\_

**4. Occupational field:**

- a. Administration
- b. Aviation/Aviator
- c. Aviation Support/Maintenance
- d. Communications/Information Systems
- e. Construction
- f. Health Services
- g. Law Enforcement/Security
- h. Supply/Logistics
- i. Electronics
- j. Engineering
- k. Ordnance/Ordnance Systems/Warfare Systems
- l. Ship Operations
- m. Special Warfare/Operations
- n. Infantry
- o. Field Artillery
- p. Mechanized Maintenance/Support
- q. Combat Service Support
- r. Other: \_\_\_\_\_

**5. Gender:**  
 Male  
 Female

**6. Race / Ethnicity:**  
 White  
 Black  
 Hispanic  
 Asian / Pacific Islander  
 American Indian  
 Other: \_\_\_\_\_

**7. Current marital status:**  
 Married  
 Divorced  
 Widowed  
 Never Married

**8. Do you have a child under the age of 18 living in your household?**  
 No  
 Yes

**9. Completed education:**  
 Less than high school  
 GED  
 High school diploma  
 Some college  
 Associate's degree  
 Bachelor's degree or greater

**10. Paygrade/Rank**  
 E1 - E4  
 E5 - E6  
 E7 - E9  
 W1 - W5  
 O1 - O3  
 O4 or higher

**11. Age:**  
 17 - 24  
 25 - 29  
 30 - 39  
 40 +

**12. Years in the military:**  
 Less than 1 year  
 1 to 2 years  
 3 to 5 years  
 6 to 9 years  
 10 or more years

**13. Have you ever deployed:**

| No                    | Yes                   |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | With your home unit?                                     |
| <input type="radio"/> | <input type="radio"/> | As an IA (Individual Augmentee)?                         |
| <input type="radio"/> | <input type="radio"/> | On a GSA (GWOT Support Assignment)?                      |
| <input type="radio"/> | <input type="radio"/> | On an OSA (Overseas Contingency Ops Support Assignment)? |
| <input type="radio"/> | <input type="radio"/> | Other: _____   |

**14. Approximately how many total years and/or months have you been deployed (combat or peacekeeping) since 9/11 (Sept 11, 2001)?**

| years                |                      | months               |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 0                    | 0                    | 0                    | 0                    |
| 1                    | 1                    | 1                    | 1                    |
| 2                    | 2                    | 2                    | 2                    |
| 3                    | 3                    | 3                    | 3                    |
| 4                    | 4                    | 4                    | 4                    |
| 5                    | 5                    | 5                    | 5                    |
| 6                    | 6                    | 6                    | 6                    |
| 7                    | 7                    | 7                    | 7                    |
| 8                    | 8                    | 8                    | 8                    |
| 9                    | 9                    | 9                    | 9                    |

**15.** At what type of duty station are you currently serving?

- a. Shore within U.S. (CONUS)
- b. Shore outside U.S. (OCONUS)
- c. Ship/Sub with U.S. homeport
- d. Ship/Sub with non-U.S. homeport

**16.** If serving aboard a ship or submarine, what type?

- a. Aircraft Carrier
- b. Cruiser
- c. Destroyer, Frigate, or Battleship
- d. Other Warship
- e. Submarine
- f. Auxiliary Ship
- g. Amphibious Ship
- h. Amphibious/Riverine Craft
- i. Service/Support Craft/Dock
- j. Mine Ship/Craft
- k. NA
- l. Other: \_\_\_\_\_

**17.** What is the name of your duty station?

Example ship: USS Theodore Roosevelt (CVN-71).  
 Example shore: Marine Corps Air Station Yuma.

\_\_\_\_\_

**18.** If Marine, do you have any of the following qualifications or designations?  
 (Mark all that apply)

- a. Aviation
- b. Explosive Ordnance Disposal
- c. Marksmanship
- d. Parachutist
- e. Diving
- f. Other: \_\_\_\_\_
- g. N/A

**19.** If Navy, do you have a warfare qualification?

- a. No
- b. Yes
- c. N/A

**20.** What warfare qualification(s) do you have?  
 (Mark all that apply)

- a. Aircrew
- b. Aviation
- c. Explosive Ordnance Disposal
- d. Fleet Marine Force
- e. Information Dominance Warfare
- f. Integrated Undersea Surveillance System
- g. Naval Reserve Merchant Marine
- h. Nuclear Weapons Security
- i. OIC/POC
- j. Parachutist
- k. Seabee Combat Warfare Specialist
- l. Special Operations Warfare
- m. Special Warfare (SEAL, Special Warfare Combatant)
- n. Submarine Patrol
- o. Submarine Warfare
- p. Surface Warfare
- q. Underwater
- r. Other: \_\_\_\_\_
- s. N/A

**21.** How many months have you been on your current assignment?  
 (ex., "07" months)

(months)

**22.** In total, how many months is your current assignment supposed to last?  
 (ex., "12" months)

(months)



**OFFICER AND SENIOR ENLISTED LEADERSHIP**

**23.** Please indicate the branch of your most immediate **officer** leadership:

- a. U.S. Navy
- b. U.S. Marine Corps
- c. Other: \_\_\_\_\_

**24.** Overall, how satisfied are you with the quality of your most immediate **officer** leadership?

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

**25.** Thinking about your unit, rate how often your **officer leaders** (from the branch you indicated in question 23) do the following:

Never   Seldom   Sometimes   Often   Always

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Tell Service Members when they have done a good job.....                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Embarrass Service Members in front of other Service Members.....                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Try to look good to higher-ups by assigning extra missions or details to Service Members..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Exhibit clear thinking and reasonable action under stress.....                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Show favoritism to certain members in the unit.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Are concerned about the safety of Service Members.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Ensure that Service Members do not assume unnecessary risks when conducting missions.....     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Listen to recommendations from subordinates.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Protect the unit from receiving too many taskings.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**26.** Please indicate the branch of your most immediate **senior enlisted** leadership:

- a. U.S. Navy
- b. U.S. Marine Corps
- c. Other: \_\_\_\_\_

**27.** Overall, how satisfied are you with the quality of your most immediate **senior enlisted** leadership?

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

**28.** Thinking about your unit, rate how often your **senior enlisted leaders** (from the branch indicated in question 26) do the following:

Never   Seldom   Sometimes   Often   Always

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Tell Service Members when they have done a good job.....                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Embarrass Service Members in front of other Service Members.....                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Try to look good to higher-ups by assigning extra missions or details to Service Members..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Exhibit clear thinking and reasonable action under stress.....                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Show favoritism to certain members in the unit.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Are concerned about the safety of Service Members.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Ensure that Service Members do not assume unnecessary risks when conducting missions.....     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Listen to recommendations from subordinates.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Protect the unit from receiving too many taskings.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**STRESSFUL LIFE EXPERIENCES**

**29.** Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and fill in a bubble to indicate how much you have been bothered by that problem in the last month.

|  | Not<br>At All         | A<br>Little<br>Bit    | Moderately            | Quite<br>A Bit        | Extremely             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Repeated and unwanted memories of the stressful experience .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Repeated, disturbing dreams of the stressful experience .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Suddenly feeling or acting as if the stressful experience were happening again (as if you were actually back there reliving it) .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Feeling very upset when something reminded you of the stressful experience .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating) .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Avoiding memories, thoughts, or feelings related to the stressful experience .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations) .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Trouble remembering important parts of the stressful experience .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Having strong negative beliefs about yourself (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous?) ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Blaming yourself or someone else for the stressful experience and what happened after it .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Having strong negative feelings such as fear, horror, anger, guilt, or shame .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Loss of interest in activities you used to enjoy .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Feeling distant or cut off from other people .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Trouble experiencing positive feelings (For example, being unable to feel happiness or have loving feelings for people close to you?) .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Irritable behavior, angry outbursts, or acting aggressively .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. Taking too many risks or doing things that could cause you harm .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. Being "super alert" or watchful or on guard .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. Trouble falling asleep or staying asleep .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s. Feeling jumpy or easily startled .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t. Having difficulty concentrating .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 30.** In question 29, if you were responding to one or more specific stressful life experiences, please indicate if the event(s) occurred: (mark all that apply)
- a. pre-service
  - b. during-service, not combat related
  - c. during-service, combat related
  - d. N/A, I was not responding to a specific stressful experience in question 29

- 31.** Have you ever been exposed to (actual or threatened) death, serious injury, or sexual violence? Please mark ALL that apply:
- Yes, I have experienced this personally
  - Yes, I have witnessed it
  - Yes, I have had this happen (in a violent or accidental manner) to someone close to me
  - Yes, I have had someone tell me repeatedly about the details of such an event (such as in a professional role)
  - No, none of the above

**32.** During this assignment....

|   | <u>None<br/>At All</u> | <u>Some</u>           | <u>A<br/>Little</u>   | <u>A Lot</u>          |
|---|------------------------|-----------------------|-----------------------|-----------------------|
| a. How much stress do you experience at work or while carrying out your military duties? .....                | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How much stress do you experience in your family life or in a relationship with a significant other? ..... | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. How much does stress in your family life interfere with your ability to perform your military job? .....   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. How much does stress at work interfere with your ability to perform your military job? .....               | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**33.** Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?

|  | <u>Not<br/>At All</u> | <u>Few or<br/>Several<br/>Days</u> | <u>More Than<br/>Half the<br/>Days</u> | <u>Nearly<br/>Every<br/>Day</u> |
|--|-----------------------|------------------------------------|--|---------------------------------|
| a. Little interest or pleasure in doing things .....   | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| b. Feeling down, depressed, or hopeless .....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| c. Trouble falling or staying asleep, or sleeping too much .....   | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| d. Feeling tired or having little energy.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| e. Poor appetite or overeating.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down. ....   | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| g. Trouble concentrating on things, such as reading the newspaper or watching television.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| 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="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| i. Thoughts that you would be better off dead or of hurting yourself in some way.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |

**34.** If you checked off ANY of the above problems (question 33a-i), 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?

| <u>Not at all difficult</u> | <u>Somewhat difficult</u> | <u>Very difficult</u> | <u>Extremely difficult</u> |
|-----------------------------|---------------------------|-----------------------|----------------------------|
| <input type="radio"/>       | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>      |

**35.** Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?

|  | <u>Not<br/>At All</u> | <u>Few or<br/>Several<br/>Days</u> | <u>More Than<br/>Half the<br/>Days</u> | <u>Nearly<br/>Every<br/>Day</u> |
|--|-----------------------|------------------------------------|--|---------------------------------|
| a. Feeling nervous, anxious, or on edge .....              | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| b. Not being able to stop or control worrying.....         | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| c. Worrying too much about different things.....           | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| d. Trouble relaxing.....                                   | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| e. Being so restless that it is hard to sit still.....     | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| f. Becoming easily annoyed or irritable.....               | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| g. Feeling afraid as if something awful might happen ..... | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |

**36.** If you checked off ANY of the above problems (question 35a-g), 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?

| <u>Not at all difficult</u> | <u>Somewhat difficult</u> | <u>Very difficult</u> | <u>Extremely difficult</u> |
|-----------------------------|---------------------------|-----------------------|----------------------------|
| <input type="radio"/>       | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>      |

**37.** Have you ever had the following life events happened to you? (Choose all that apply)

|  | <u>Never</u> | <u>Yes, pre-Service</u> | <u>Yes, while in Service</u> | <u>Yes, in the past 6 mos</u> |
|--|--------------|-------------------------|------------------------------|-------------------------------|
|--|--------------|-------------------------|------------------------------|-------------------------------|

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Suffered forced sexual relations or sexual assault ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Suffered some other type of violent assault .....        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**For sexual assault support, please contact this confidential and anonymous hotline.  
DoD Safe Helpline, CALL: 877-995-5247 TEXT: 55-247**

**38a.** Have you ever done anything or prepared to do anything to end your life?

- No — Skip to Question 39
- Yes

**38b.** If you answered “yes” to question 38a, when did you do this?  
(Choose all that apply)

- NA/Never
- More than 5 years ago
- Between 3 and 5 years ago
- Between 1 and 3 years ago
- Between 6 months and 1 year ago
- Within the past 6 months
- Currently

**If you are having any suicidal thoughts or other psychological distress,  
please seek help immediately.**

**We encourage you to contact your unit’s chaplain or a mental health professional.**

**If you are in the United States, you also could contact the counseling hotline at  
1-800-784-2433 or 1-800-SUICIDE.**

**This is an anonymous, civilian hotline.**

| 39. During the PAST 12 MONTHS, how much stress did you experience from each of the following?             | (Did NOT experience event) | (Did experience event) |                       |                       |                       |
|---|----------------------------|------------------------|-----------------------|-----------------------|-----------------------|
|   | N/A                        | Stress Level           |                       |                       |                       |
|   |                            | None At All            | A Little              | Some                  | A Lot                 |
| a. Being deployed at sea, in the field, or in a remote location (include combat-related experiences)..... | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Having to undergo a permanent change of station (PCS).....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Problems in my relationships with the people I work with.....  | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Problems in my relationship with my immediate supervisor(s).....                                       | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Concern about my performance rating.....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Increases in my workload.....  | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Decreases in my workload.....  | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Conflicts between my military and home or family/personal responsibilities.....                        | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Insufficient training.....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Being away from my family.....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Being away from my friends.....  | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Having a baby.....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Finding childcare/daycare.....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Death in the family.....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Divorce or breakup.....  | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. Infidelity or unfaithfulness by you or your spouse, fiancé, boyfriend, or girlfriend.....              | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. Problems with money.....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. Problems with housing.....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s. Health problems that I had.....  | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t. Health problems that my family members had.....  | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| u. Behavior problems with one or more of my children.....   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| v. Unexpected events or other major problems (e.g., hurricane, flood, home robbery).....                  | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**COPING**

| 40. In the LAST MONTH, how often have you:   | Almost Never  | Never                 | Sometimes             | Fairly Often          | Very Often            |
|--|---|-----------------------|-----------------------|-----------------------|-----------------------|
|  | a. Felt that you were unable to control the important things in your life?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Felt confident about your ability to handle your personal problems?.....        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Felt that things were going your way?.....                                      | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Felt difficulties were piling up so high that you could not overcome them?..... | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 41. Please tell us how true the following statements are for you.                            | <u>Not At All True</u> | <u>Hardly True</u>    | <u>Moderately True</u> | <u>Exactly True</u>   |
|--|------------------------|-----------------------|------------------------|-----------------------|
| a. I can always manage to solve difficult problems if I try hard enough. ....                | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| b. If someone opposes me, I can find the means and ways to get what I want. .                | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| c. It is easy for me to stick with my aims and accomplish my goals.....                      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| d. I am confident that I could deal efficiently with unexpected event. ....                  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| e. Thanks to my resourcefulness, I know how to handle unforeseen situations.                 | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| f. I can solve most problems if I invest the necessary effort. ....                          | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| g. I can remain calm when facing difficulties because I can rely on my coping abilities..... | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| h. When I am confronted with a problem, I can usually find several solutions.                | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| i. If I am in trouble, I can usually think of a solution. ....                               | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| j. I can usually handle whatever comes my way. ....  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |

| 42. How often in the PAST MONTH did you:   | <u>Never</u>          | <u>1 Time</u>         | <u>2 Times</u>        | <u>3 or 4 Times</u>   | <u>5 or More Times</u> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| a. Get angry at someone in your unit and yell or shout at them? .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| b. Get angry with someone in your unit and kick or smash something, slam the door, punch the wall, etc.? ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| c. Threaten someone in your unit with physical violence?.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| d. Get into a fight with someone in your unit and hit the person?.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |

|  | <u>No</u>             | <u>Yes</u>            |
|--|-----------------------|-----------------------|
| 43a. In the last year have you ever drunk more alcohol than you meant to?              | <input type="radio"/> | <input type="radio"/> |
| 43b. Have you felt you wanted or needed to cut down on your drinking in the last year? | <input type="radio"/> | <input type="radio"/> |

**CAREER INTENTIONS**

|  | <u>Very Dissatisfied</u>   | <u>Dissatisfied</u>   | <u>Neutral</u>        | <u>Satisfied</u>      | <u>Very Satisfied</u> |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 44. Overall, how satisfied are you with your military job/career?  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. If you could stay on active duty as long as you want, how likely is it that you would choose to serve in the military for at least 20 years? | <input type="radio"/> I already have 20 or more years of service, or I am a reservist on temporary active duty.<br><input type="radio"/> Very likely<br><input type="radio"/> Likely<br><input type="radio"/> Neither likely nor unlikely<br><input type="radio"/> Unlikely<br><input type="radio"/> Very unlikely |                       |                       |                       |                       |

| 46. Please indicate how much you DISAGREE or AGREE with the following: | Strongly              |                       | Neither               |                       | Strongly              |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <u>Disagree</u>       | <u>Disagree</u>       | <u>Disagree</u>       | <u>Agree</u>          | <u>Agree</u>          |
| a. I feel like "part of the family" in the military. ....              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The military has a great deal of personal meaning for me. ....      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I feel a strong sense of belonging to the military. ....            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I feel emotionally attached to the military. ....                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**MORALE AND SUPPORT**

| 47. Rate your morale:   | Very                  |                       |                       |                       | Very                  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <u>Low</u>            | <u>Low</u>            | <u>Medium</u>         | <u>High</u>           | <u>High</u>           |
| a. Your personal morale .....                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Morale in your unit (the team you serve with most closely) ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 48. Tell us how much you DISAGREE or AGREE with the statements below about your military job. | Strongly              |                       | Neither               |                       | Strongly              |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <u>Disagree</u>       | <u>Disagree</u>       | <u>Disagree</u>       | <u>Agree</u>          | <u>Agree</u>          |
| a. The members of my unit are cooperative with each other .....                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The members of my unit know that they can depend on each other .....                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The members of my unit stand up for each other .....                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I think my unit would do or did an excellent job in combat .....                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I think the level of training in this unit is high .....                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I have real confidence in my unit's ability to perform its mission .....                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. The members of my unit would risk their lives for each other .....                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 49. Please indicate how often the following are true for you:  | Hardly                | Some of               | Most of               |
|--|-----------------------|-----------------------|-----------------------|
|  | <u>Ever</u>           | <u>the Time</u>       | <u>the Time</u>       |
| a. Does it seem that your family and friends (people who are important to you) understand you? ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Do you feel useful to your family and friends (people who are important to you)? .....            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Do you know what is going on with your family and friends? .....                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. When you are talking with you family and friends, do you feel you are being listened to? .....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Do you feel that you have a definite role (place) in your family and among your friends? .....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Can you talk about your deepest problems with at least some of your family and friends? .....     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 50. How satisfied are you with the kinds of relationship you have with your family and friends? | Very                  | Somewhat              |                       |
|---|-----------------------|-----------------------|-----------------------|
|   | <u>Dissatisfied</u>   | <u>Dissatisfied</u>   | <u>Satisfied</u>      |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 51. Think about your experiences on this assignment. Rate how much TROUBLE or CONCERN has been caused to you by: | N/A                   | Very                  |                       |                       |                       | Very                  |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |                       | Low                   | Low                   | Medium                | High                  | High                  | High                  |
| a. Being separated from family.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Illness or problems back home.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Boring and repetitive work.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Difficulties communicating back home (phone calls, email, mail).....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Uncertain redeployment date.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Lack of privacy or personal space.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Lack of time off, for personal time.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Not having the right equipment, tools, or repair parts.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Not getting enough sleep.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Continuous operations.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Long deployment length.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 52. Did you experience any of the following during this assignment?  | Never                 | 1                     | 2 - 4                 | 5 - 9                 | 10 or                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |                       | Time                  | Times                 | Times                 | More Times            |
| a. Physically assaulted by another U.S. Service Member.....          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Harassed, ridiculed, or hazed by another U.S. Service Member..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**TBI EXPOSURE**

| 53. During this assignment, did you experience...                                | No                    | Yes                   |
|--|-----------------------|-----------------------|
| a. Being in a vehicle associated with a blast event, collision or rollover?..... | <input type="radio"/> | <input type="radio"/> |
| b. Being within 50 meters of a blast (inside or outside)?.....                   | <input type="radio"/> | <input type="radio"/> |
| c. A direct blow to the head?.....   | <input type="radio"/> | <input type="radio"/> |
| d. Loss of consciousness that another person witnessed?.....                     | <input type="radio"/> | <input type="radio"/> |

54. During this assignment, has your command directed you to undergo an evaluation for a TBI or concussion?

No  
 Yes

55. During this assignment, how many times did you experience an injury from a work or sports incident that required medical care?

None  
 1  
 2  
 3 or more times

| 56. Did any event during this assignment involve...                     | No                    | Yes                   |
|---|-----------------------|-----------------------|
| a. Injury to your head?.....  | <input type="radio"/> | <input type="radio"/> |
| b. Being dazed, confused, or "seeing stars"?.....                       | <input type="radio"/> | <input type="radio"/> |
| c. Not remembering the injury?.....                                     | <input type="radio"/> | <input type="radio"/> |
| d. Losing consciousness from being knocked out?.....                    | <input type="radio"/> | <input type="radio"/> |
| g. Evaluation by any medical professional for a TBI or concussion?..... | <input type="radio"/> | <input type="radio"/> |
| h. A positive diagnosis for a TBI or concussion?.....                   | <input type="radio"/> | <input type="radio"/> |



**PHYSICAL HEALTH**

- 57.** On average during the past month, how often did you engage in vigorous physical activity (e.g., jogging or running) for at least 20 minutes in a day?
- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <u>None/</u>          | <u>1x/</u>            | <u>2x/</u>            | <u>3x/</u>            | <u>4x/</u>            | <u>5 or more</u>      |
| <u>never</u>          | <u>week</u>           | <u>week</u>           | <u>week</u>           | <u>week</u>           | <u>x/week</u>         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 58.** On average during the past month, how often did you engage in moderate physical activity (e.g., brisk walking, lawn moving) for at least 30 minutes in a day?
- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <u>None/</u>          | <u>1x/</u>            | <u>2x/</u>            | <u>3x/</u>            | <u>4x/</u>            | <u>5 or more</u>      |
| <u>never</u>          | <u>week</u>           | <u>week</u>           | <u>week</u>           | <u>week</u>           | <u>x/week</u>         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

These two items refer to your physical pain.

- 59.** Please rate your pain by indicating the one number that best describes your pain on average.
- |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | No                    |                       |                       |                       |                       |                       |                       |                       |                       |                       | Pain as bad           |
|  | pain                  |                       |                       |                       |                       |                       |                       |                       |                       |                       | as you can            |
|  | <u>0</u>              | <u>1</u>              | <u>2</u>              | <u>3</u>              | <u>4</u>              | <u>5</u>              | <u>6</u>              | <u>7</u>              | <u>8</u>              | <u>9</u>              | <u>10</u>             |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 60.** If you have chronic pain that occurs constantly or frequently flares up, what types of medication are you taking for your physical pain?
- a. Does Not Apply/No Chronic Pain.
  - b. Have chronic pain, but taking no medications.
  - c. Over-the-counter drugs, including Aspirin, Tylenol, Motrin, Ibuprofen, Aleve.
  - d. Prescription painkillers that are not opioids, including Celebrex, Vioxx, Bextra, topical lidocaine, butalbital.
  - e. Prescription opioid/narcotic painkiller, including Oxycontin, Percocet, Vicodin, Tramadol, Tylenol with Codeine, Methadone.
  - f. Other (Specify): \_\_\_\_\_
  - g. Unknown.

**61.** Have you ever been told by a doctor that you have the following conditions? Mark all that apply and indicate which conditions you are currently taking medication for.

|  |                       |                       | If you have the condition, are you currently taking medication for it? |                       |
|--|-----------------------|-----------------------|--|-----------------------|
|  | No                    | Yes                   | No   | Yes                   |
| a. Diabetes.....                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| b. Asthma.....                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| c. Overweight/obesity.....                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| d. Metabolic syndrome.....                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| e. Hypertension/High blood pressure.....         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| f. High cholesterol.....                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| g. Respiratory illness.....                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| h. Serious wound or injury.....                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| i. Depression or other mental health problem.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |

**62.** Have you taken any medication for a mental health or stress problem in the past 30 days?  No  Yes; specify type of med: \_\_\_\_\_  
Examples: anti-depressant, anti-anxiety med.

**63.** Have you taken any medication for a sleep problem in the past 30 days?  No  Yes; specify type of med: \_\_\_\_\_  
Examples: Advil-PM, Ambien, Benadryl, Melatonin, Nyquil, Tylenol-PM.

**RECEIVING TREATMENT**

**64.** Which best describes your experience seeking help for a stress, emotional, alcohol, or family problem(s)?

- a. No such problem
- b. I wasn't interested in receiving help.
- c. I wanted and received help from *both* a non-medical and a medical person.
- d. I wanted and received help from a non-medical person.
- e. I wanted and received help from a medical person.
- f. I wanted but did not seek help.
- g. I wanted and sought help, but have not received any.

**65.** Are you currently thinking about getting help for a stress, emotional, alcohol, or family problem?

- No such problem
- No
- Yes

**66.** Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever had a problem on this assignment.

|  | Strongly Disagree     | Disagree              | Neither Agree nor Disagree | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. I don't trust mental health professionals .....                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| b. Mental health services aren't available .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| c. I don't know where to get help.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| d. It is difficult to get an appointment.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| e. There would be difficulty getting time off work for treatment.....                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| f. It's too difficult to get to the location where the mental health specialist is ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| g. It would be too embarrassing .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| h. It would harm my career.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| i. Members of my unit might have less confidence in me .....                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| j. My unit leadership might treat me differently .....                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| k. My leaders would blame me for the problem .....                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| l. I would be seen as weak.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| m. It might affect my security clearance.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| n. My leaders discourage the use of mental health services.....                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

**SLEEP**

**67.** On average, how many hours of sleep do you...

|  | 3 or Fewer            | 4                     | 5                     | 6                     | 7                     | 8 or More             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Get per day? .....                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Need per day in order to feel well-rested?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**68.** Please rate your fatigue by indicating the one number that best describes your fatigue in the past week.

| No fatigue            | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    | Severe fatigue |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
| <u>0</u>              | <u>1</u>              | <u>2</u>              | <u>3</u>              | <u>4</u>              | <u>5</u>              | <u>6</u>              | <u>7</u>              | <u>8</u>              | <u>9</u>              | <u>10</u>             |                |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                |

**69.** Please rate the current (i.e., last 2 weeks) SEVERITY of your sleep difficulties.

|                                      | None                  | Mild                  | Moderate              | Severe                | Very Severe           |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Difficulty falling asleep .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Difficulty staying asleep.....    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Problem waking up too early ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**70.** How SATISFIED/DISSATISFIED are you with your current sleep pattern?

- Very Satisfied
- Satisfied
- Moderately Satisfied
- Dissatisfied
- Very Dissatisfied

**71.** How NOTICEABLE to others do you think your sleep pattern is in terms of impairing the quality of your life?

- Not At All Noticeable
- A Little
- Somewhat
- Much
- Very Much Noticeable

72. How WORRIED/DISTRESSED are you about your current sleep pattern?

- Not At All Worried
- A Little
- Somewhat
- Much
- Very Much Worried

73. To what extent do you consider your sleep pattern to INTERFERE with your daily functioning (e.g., daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) currently?

- Not At All Interfering
- A Little
- Somewhat
- Much
- Very Much Interfering

**NAVY TRAINING AND SUPPORT**

74. Please indicate how much you DISAGREE or AGREE with the following:

|  | Strongly<br>Disagree | Disagree | Neither<br>Agree nor<br>Disagree | Agree | Strongly<br>Agree |
|--|----------------------|----------|----------------------------------|-------|-------------------|
|--|----------------------|----------|----------------------------------|-------|-------------------|

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I am working in my occupational specialty during this assignment..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I was well trained to do my job.....                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

75. Please indicate how much you DISAGREE or AGREE with the following:

|  | Strongly<br>Disagree | Disagree | Neither<br>Agree nor<br>Disagree | Agree | Strongly<br>Agree |
|--|----------------------|----------|----------------------------------|-------|-------------------|
|--|----------------------|----------|----------------------------------|-------|-------------------|

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Overall, this assignment has had a positive effect on my life.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I deal with stress better because of this assignment.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I feel pride from my accomplishments during this assignment.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. This assignment has made me more confident in my abilities.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I feel that what I am doing during this assignment is important.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I am making a real contribution to accomplishing this mission.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I am satisfied with how my command has supported my family.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. My family and/or I have used some Navy/Marine Corps programs that support members and their families (such as Fleet and Family Support Centers, Ombudsman, etc.).....        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I feel like I am adequately supported by Navy/Marine Corps programs that support members and their families (such as Fleet and Family Support Centers, Ombudsman, etc.)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**76.** The Stress Continuum is a model that identifies how Sailors and Marines react under the stress of the highly charged day-to-day work that is required of today's military. Please select a color that you feel best describes your current state:

- Green: Not stress-free, but mastering stress with good coping skills. Ready to go.
- Yellow: Reacting to life's normal stressors. Mild and reversible.
- Orange: May have a stress injury damaging the mind, body or spirit. Temporarily non-mission ready.
- Red: Currently have a stress injury that becomes a stress illness such as PTSD or Depression.

**USMC Ground Combat Integrative Task Force Items**

**77.** What are the first two digits of your primary MOS?

---

**78.** In which MOS-specific research study are you participating?

- 0311 Rifle Squad
- 0313 LAV Crew
- 0331 Machinegun Squad
- 0341 Mortar Squad
- 0351 Assault Squad
- 0352 TOW Squad
- 0811 Artillery Howitzer Section
- 1371 Combat Engineer Squad
- 1812 Tank Crew
- 1833 AAV Crew
- Non-Combat Arms MOS Provisional Infantry Rifle Squad
- Non-Combat Arms MOS Provisional Infantry Machinegun Squad
- N/A, I am not participating in an MOS-specific research study

**79.** What class was your most recent PFT score?

- 1<sup>st</sup> class
- 2<sup>nd</sup> class
- 3<sup>rd</sup> class


**80.** What class was your most recent CFT score?

- 1<sup>st</sup> class
- 2<sup>nd</sup> class
- 3<sup>rd</sup> class

**81.** In the past 12 months, what is the greatest number of consecutive pull-ups that you have completed? \_\_\_\_\_

**82.** In the past 12 months, what is your fastest 3-mile run time? \_\_\_\_\_

**83.** Are you currently deployed (on military operations outside the U.S. and exceeding 30 days)?

- No  **If you are NOT CURRENTLY DEPLOYED, skip to the last page for optional comments.**  
 Yes

**84.** Are you currently deployed:

- With your home unit?  
 As an IA (Individual Augmentee)?  
 On a GSA (GWOT Support Assignment)?  
 On an OSA (Overseas Contingency Ops Support Assignment)?  
 Other: \_\_\_\_\_

**85.** Are you currently deployed to a combat zone or a qualified hazardous duty area?

- No  
 Yes

**86.** Current deployment primary location:

- Shipboard  
 Iraq  
 Afghanistan  
 Kuwait  
 Africa/HOA  
 Other: \_\_\_\_\_

**87.** During this deployment, how often did you experience being in threatening situations where you were unable to respond because of rules of engagement or restrictive policies?

- Never  
 1 time  
 2-4 times  
 5-9 times  
 10 or more times

**88.** Please indicate how much you DISAGREE or AGREE with the following:

|  | Strongly Disagree     | Disagree              | Neither Agree nor Disagree | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. My parent command back home was supportive while I prepared for this deployment     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| b. I have been satisfied with how the Navy has helped my family during this deployment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| c. The training in managing the stress of deployment and/or combat was adequate        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| d. The pre-deployment training I received prepared me for this deployment assignment   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |



## Appendix E. NUBHNAS 6-Month and 12-Month Follow-up Questionnaire



**Privacy Statement:** [A] This survey does not collect or maintain personally identifiable information and is therefore not subject to the provisions of the Privacy Act, 5 U.S.C. 552a. [B] Purpose: The purpose of this survey is to collect data to evaluate existing and proposed Department of Navy personnel policies, procedures, and programs. [C] Routine Uses: The information provided in this questionnaire will be analyzed by the Naval Health Research Center (NHRC). The data files will be maintained by NHRC where they may be used for determining changing trends in the Department of the Navy. [D] Anonymity: All responses will be held in confidence by NHRC. Information you provide will be considered only when statistically summarized with the responses of others, and will not be attributable to any single individual. [E] Participation: Completion of this questionnaire is entirely voluntary. Failure to respond to any of the questions will NOT result in any penalties except possible lack of representation of your views in the final results and outcomes.

The purpose of this survey is to provide Navy leadership with information on the well-being of Sailors and Marines.

- This survey is **anonymous and confidential**. Do *not* write your name or any other personally identifying information on it.
- This survey is **voluntary**. You may skip questions that you do not want to answer. Please keep in mind that the most meaningful results will come from those who complete the entire survey.

**Thank you** for taking the time to answer these questions. Your participation will help improve training, policy, health care, and quality of life for all Sailors and Marines.

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**Naval Health Research Center**  
**Dept 163**  
 140 Sylvester Road  
 San Diego, CA 92106-3521

[NU-BHNASFollowUp-1, Version-a]  
 OPNAVRCSS ###-1 (Exp ## Dec 201#)



Version Date: 21 MAY 2014



**CURRENT ASSIGNMENT DESCRIPTION**

- 1. Please indicate your current occupational field:**
- a. Administration
  - b. Aviation/Aviator
  - c. Aviation Support/Maintenance
  - d. Communications/Information Systems
  - e. Construction
  - f. Health Services
  - g. Law Enforcement/Security
  - h. Supply/Logistics
  - i. Electronics
  - j. Engineering
  - k. Ordnance/Ordnance Systems/ Warfare Systems
  - l. Ship Operations
  - m. Special Warfare/Operations
  - n. Infantry
  - o. Field Artillery
  - p. Mechanized Maintenance/ Support
  - q. Combat Service Support
  - r. Other: \_\_\_\_\_

- 3. If serving aboard a ship or submarine, what type?**
- a. Aircraft Carrier
  - b. Cruiser
  - c. Destroyer, Frigate, or Battleship
  - d. Other Warship
  - e. Submarine
  - f. Auxiliary Ship
  - g. Amphibious Ship
  - h. Amphibious/Riverine Craft
  - i. Service/Support Craft/Dock
  - j. Mine Ship/Craft
  - k. Other: \_\_\_\_\_

- 2. At what type of duty station are you currently serving?**
- a. Shore within U.S. (CONUS)
  - b. Shore outside U.S. (OCONUS)
  - c. Ship/Sub with U.S. homeport
  - d. Ship/Sub with non-U.S. homeport

- 4. What is the name of your duty station?**  
 Example ship: USS Theodore Roosevelt (CVN-71)  
 Example shore: Marine Corps Air Station Yuma  
 \_\_\_\_\_

**5. Please indicate how much you DISAGREE or AGREE with the following:**

|   | <u>Strongly Disagree</u> | <u>Disagree</u>       | <u>Neither Agree nor Disagree</u> | <u>Agree</u>          | <u>Strongly Agree</u> |
|---|--------------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|
| a. I am working in my occupational specialty during this assignment ..... | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> |

**6. During this assignment...**

|   | <u>None At All</u>    | <u>Some</u>           | <u>A Little</u>       | <u>A Lot</u>          |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. How much stress do you experience at work or while carrying out your military duties? .....                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How much stress do you experience in your family life or in a relationship with a significant other? ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. How much does stress in your family life interfere with your ability to perform your military job? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. How much does stress at work interfere with your ability to perform your military job? .....               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**STRESSFUL LIFE EXPERIENCES**

7. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and fill in a bubble to indicate how much you have been bothered by that problem in the last month.

|   | Not<br>At All         | A<br>Little<br>Bit    | Moderately            | Quite<br>A Bit        | Extremely             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Repeated and unwanted memories of the stressful experience.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Repeated, disturbing dreams of the stressful experience.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Suddenly feeling or acting as if the stressful experience were happening again (as if you were actually back there reliving it).....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Feeling very upset when something reminded you of the stressful experience.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating).....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Avoiding memories, thoughts, or feelings related to the stressful experience.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations).....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Trouble remembering important parts of the stressful experience...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Having strong negative beliefs about yourself (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous?)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Blaming yourself or someone else for the stressful experience and what happened after it.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Having strong negative feelings such as fear, horror, anger, guilt, or shame.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Loss of interest in activities you used to enjoy.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Feeling distant or cut off from other people.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Trouble experiencing positive feelings (For example, being unable to feel happiness or have loving feelings for people close to you?).....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Irritable behavior, angry outbursts, or acting aggressively.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. Taking too many risks or doing things that could cause you harm.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. Being "super alert" or watchful or on guard.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. Trouble falling asleep or staying asleep.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s. Feeling jumpy or easily startled.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t. Having difficulty concentrating.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. In question 8, if you were responding to one or more specific stressful life experiences, please indicate if the event(s) occurred: (mark all that apply)
- a. pre-service
  - b. during-service, not combat related
  - c. during-service, combat related
  - d. N/A, I was not responding to a specific stressful experience in question 8

9. Have you ever been exposed to (actual or threatened) death, serious injury, or sexual violence? Please mark ALL that apply:

- Yes, I have experienced this personally
- Yes, I have witnessed it
- Yes, I have had this happen (in a violent or accidental manner) to someone close to me
- Yes, I have had someone tell me repeatedly about the details of such an event (such as in a professional role)
- No, none of the above

10. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

|  | <u>Not<br/>At All</u> | <u>Few or<br/>Several<br/>Days</u> | <u>More Than<br/>Half the<br/>Days</u> | <u>Nearly<br/>Every<br/>Day</u> |
|--|-----------------------|------------------------------------|--|---------------------------------|
| a. Little interest or pleasure in doing things.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| b. Feeling down, depressed, or hopeless.....   | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| c. Trouble falling or staying asleep, or sleeping too much.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| d. Feeling tired or having little energy.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| e. Poor appetite or overeating.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| g. Trouble concentrating on things, such as reading the newspaper or watching television.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| 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="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| i. Thoughts that you would be better off dead or of hurting yourself in some way.....  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |

11. If you checked off ANY of the above problems (question 10a-i), 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 at all difficult    
  Somewhat difficult    
  Very difficult    
  Extremely difficult

12. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

|   | <u>Not<br/>At All</u> | <u>Few or<br/>Several<br/>Days</u> | <u>More Than<br/>Half the<br/>Days</u> | <u>Nearly<br/>Every<br/>Day</u> |
|---|-----------------------|------------------------------------|--|---------------------------------|
| a. Feeling nervous, anxious, or on edge.....              | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| b. Not being able to stop or control worrying.....        | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| c. Worrying too much about different things.....          | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| d. Trouble relaxing.....                                  | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| e. Being so restless that it is hard to sit still.....    | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| f. Becoming easily annoyed or irritable.....              | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |
| g. Feeling afraid as if something awful might happen..... | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/>                  | <input type="radio"/>           |

**13.** If you checked off ANY of the above problems (question 12a-g), 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?

|                             |                           |                       |                            |
|-----------------------------|---------------------------|-----------------------|----------------------------|
| <u>Not at all difficult</u> | <u>Somewhat difficult</u> | <u>Very difficult</u> | <u>Extremely difficult</u> |
| ○                           | ○                         | ○                     | ○                          |

**14.** In the past 6 months, have the following life events happen to you?

|  | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. Suffered forced sexual relations or sexual assault..... | ○         | ○          |
| b. Suffered some other type of violent assault.....        | ○         | ○          |

**For sexual assault support, please contact this confidential and anonymous hotline,  
DoD Safe Helpline, CALL: 877-995-5247 TEXT: 55-247**

**15.** In the past 6 months, have you ever done anything or prepared to do anything to end your life?

- No
- Yes, within the past 6 months but not currently
- Yes, currently

**If you are having any suicidal thoughts or other psychological distress,  
Please seek help immediately.**

**We encourage you to contact your unit's chaplain or a mental health professional.**

**If you are in the United States, you also could contact the counseling hotline at  
1-800-784-2433 or 1-800-SUICIDE.**

**This is an anonymous, civilian hotline.**

**16.** In the LAST MONTH, how often have you:

|  | <u>Never</u> | <u>Almost<br/>Never</u> | <u>Sometimes</u> | <u>Fairly<br/>Often</u> | <u>Very<br/>Often</u> |
|--|--------------|-------------------------|------------------|-------------------------|-----------------------|
| a. Felt that you were unable to control the important things in your life?         | ○            | ○                       | ○                | ○                       | ○                     |
| b. Felt confident about your ability to handle your personal problems? ...         | ○            | ○                       | ○                | ○                       | ○                     |
| c. Felt that things were going your way?.....                                      | ○            | ○                       | ○                | ○                       | ○                     |
| d. Felt difficulties were piling up so high that you could not overcome them?..... | ○            | ○                       | ○                | ○                       | ○                     |

**17a.** In the last 6 months have you ever drunk more alcohol than you meant to?

| <u>No</u> | <u>Yes</u> |
|-----------|------------|
| ○         | ○          |

**17b.** Have you felt you wanted or needed to cut down on your drinking in the last 6 months?

|   |   |
|---|---|
| ○ | ○ |
|---|---|

**18.** How often in the PAST MONTH did you:

|              | <u>1<br/>Time</u> | <u>2<br/>Times</u> | <u>3 or 4<br/>Times</u> | <u>5 or More<br/>Times</u> |
|--------------|-------------------|--------------------|-------------------------|----------------------------|
| <u>Never</u> |                   |                    |                         |                            |

- a. Get angry at someone in your unit and yell or shout at them? .....
- b. Get angry with someone in your unit and kick or smash something, slam the door, punch the wall, etc.?.....
- c. Threaten someone in your unit with physical violence?.....
- d. Get into a fight with someone in your unit and hit the person?.....

**SLEEP**

**19.** On average, how many hours of sleep do you... 3 or Fewer 4 5 6 7 8 or More

- a. Get per day?
- b. Need per day in order to feel well-rested?

**20.** Please rate your fatigue by indicating the one number that best describes your fatigue in the past week.

- | No fatigue |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | Severe fatigue        |  |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|            | <u>0</u>              | <u>1</u>              | <u>2</u>              | <u>3</u>              | <u>4</u>              | <u>5</u>              | <u>6</u>              | <u>7</u>              | <u>8</u>              | <u>9</u>              | <u>10</u>             |  |
|            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |

**21.** Please rate the current (i.e., last 2 weeks) SEVERITY of your sleep difficulties.

- |                                     | <u>None</u>           | <u>Mild</u>           | <u>Moderate</u>       | <u>Severe</u>         | <u>Very Severe</u>    |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Difficulty falling asleep.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Difficulty staying asleep.....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Problem waking up too early..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  |  |
|--|--|
| <p><b>22.</b> How SATISFIED/DISSATISFIED are you with your current sleep pattern?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Very Satisfied</li> <li><input type="radio"/> Satisfied</li> <li><input type="radio"/> Moderately Satisfied</li> <li><input type="radio"/> Dissatisfied</li> <li><input type="radio"/> Very Dissatisfied</li> </ul> | <p><b>23.</b> How NOTICEABLE to others do you think your sleep pattern is in terms of impairing the quality of your life?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not At All Noticeable</li> <li><input type="radio"/> A Little</li> <li><input type="radio"/> Somewhat</li> <li><input type="radio"/> Much</li> <li><input type="radio"/> Very Much Noticeable</li> </ul>  |
| <p><b>24.</b> How WORRIED/DISTRESSED are you about your current sleep pattern?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not At All Worried</li> <li><input type="radio"/> A Little</li> <li><input type="radio"/> Somewhat</li> <li><input type="radio"/> Much</li> <li><input type="radio"/> Very Much Worried</li> </ul>                     | <p><b>25.</b> To what extent do you consider your sleep pattern to INTERFERE with your daily functioning (e.g., daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) currently?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not At All Interfering</li> <li><input type="radio"/> A Little</li> <li><input type="radio"/> Somewhat</li> <li><input type="radio"/> Much</li> <li><input type="radio"/> Very Much Interfering</li> </ul> |

**CAREER INTENTIONS**

26. Overall, how satisfied are you with your military job/career?

|  |                                    |                       |                       |                       |                                 |
|--|------------------------------------|-----------------------|-----------------------|-----------------------|---------------------------------|
|  | <u>Very</u><br><u>Dissatisfied</u> | <u>Dissatisfied</u>   | <u>Neutral</u>        | <u>Satisfied</u>      | <u>Very</u><br><u>Satisfied</u> |
|  | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           |

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

I already have 20 or more years of service, or I am a reservist on temporary active duty

Very likely

Likely

Neither likely nor unlikely

Unlikely

Very unlikely

28. Please indicate how much you DISAGREE or AGREE with the following:

|  |                                    |                       |   |                       |                                 |
|--|------------------------------------|-----------------------|---|-----------------------|---------------------------------|
|  | <u>Strongly</u><br><u>Disagree</u> | <u>Disagree</u>       | <u>Neither</u><br><u>Agree nor</u><br><u>Disagree</u> | <u>Agree</u>          | <u>Strongly</u><br><u>Agree</u> |
| a. I feel like "part of the family" in the military.....         | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/> | <input type="radio"/>           |
| b. The military has a great deal of personal meaning for me..... | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/> | <input type="radio"/>           |
| c. I feel a strong sense of belonging to the military.....       | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/> | <input type="radio"/>           |
| d. I feel emotionally attached to the military.....              | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/>                                 | <input type="radio"/> | <input type="radio"/>           |

29. If you are part of a training command, what is your current status:


Still in training

Dropped out of training for a medical reason

Dropped out of training for any other, non-medical, reason

N/A, I am not part of a training command

30. Are you currently deployed (on military operations outside the U.S. and exceeding 30 days)?

No            **If you are NOT CURRENTLY DEPLOYED, skip to the last page for optional comments.**

Yes

**Please complete the rest of this page if you are CURRENTLY DEPLOYED:**

**31.** Are you currently deployed:

- With your home unit?
- As an IA (Individual Augmentee)?
- On a GSA (GWOT Support Assignment)?
- On an OSA (Overseas Contingency Ops Support Assignment)?
  
- Other: \_\_\_\_\_

**32.** Are you currently deployed to a combat zone or a qualified hazardous duty area?

- No
- Yes

---

**33.** Current deployment primary location:

- Shipboard
- Iraq
- Afghanistan
- Kuwait
- Africa/HOA
- Other: \_\_\_\_\_

---

**34.** During this deployment, how often did you experience being in threatening situations where you were unable to respond because of rules of engagement or restrictive policies?

- Never
  - 1 time
  - 2-4 times
  - 5-9 times
  - 10 or more times
-





## Appendix F. NUBHNAS Participant Feedback Samples

For participants in the green zone:

Based on your survey results, you are in the **green zone**.

You are emotionally fit! Current emotional fitness reflects a positive mood, freedom from depression and anxiety, effective ways of dealing with problems, and personal resilience. You approach life's challenges in a positive way. While you may not be entirely stress-free, you are mastering stress with good coping skills. Consider how you can use your strengths to help others around you.

Visit the following link to learn more about continuing to find the healthiest way to handle whatever comes your way, including family or financial stressors, medical problems, and military-specific challenges:

[www.afterdeployment.org](http://www.afterdeployment.org)

| Ready   | Reacting   | Injured  | Ill   |
|---|--|--|---|
| <p>Adaptive coping<br/>Optimal functioning<br/>Wellness</p> <p><b>FEATURES</b><br/>Well trained and prepared<br/>Fit and focused<br/>In control<br/>Optimally effective<br/>Behaving ethically<br/>Having fun</p> | <p>Mild and transient distress or loss of optimal functioning<br/>Always goes away<br/>Low risk for illness</p> <p><b>FEATURES</b><br/>Irritable, angry<br/>Anxious or depressed<br/>Physically too pumped up or tired<br/>Reduced self control<br/>Poor focus<br/>Poor sleep<br/>Not having fun</p> | <p>More severe and persistent distress or loss<br/>Leaves a "scar"<br/>Higher risk for illness</p> <p><b>CAUSES</b><br/>Life threat<br/>Loss<br/>Inner conflict<br/>Wear and tear</p> <p><b>FEATURES</b><br/>Fanic or rage<br/>Loss of control of body or mind<br/>Can't sleep<br/>Recurrent nightmares or bad memories<br/>Persistent shame, guilt, or blame<br/>Loss of moral values &amp; beliefs</p> | <p>Persistent and disabling distress or loss of function<br/>Clinical mental disorder<br/>Unhealed stress injuries</p> <p><b>TYPES</b><br/>PTSD<br/>Depression<br/>Anxiety<br/>Substance abuse</p> <p><b>FEATURES</b><br/>Symptoms and disability persist over many weeks<br/>Symptoms and disability get worse over time</p> |
| Unit leader<br>Responsibility   | Individual, shipmate, family<br>Responsibility   |  | Caregiver<br>Responsibility   |

For participants in the yellow zone:

Based on your survey results, you may be in the **yellow** zone.

You are having some challenges in the area of emotional fitness. You may be feeling irritable or negative, and/or may be experiencing low-energy and difficulty concentrating. These are all common responses to stress. They are mild, normal, and reversible.

Positive lifestyle changes can relieve stress, such as eating a healthy diet, getting better sleep, and getting out in the sun or into nature for at least 30 minutes each day. The following links contain resources and ideas for stress reduction in military personnel:

[www.afterdeployment.org](http://www.afterdeployment.org)

[www.militaryonesource.mil](http://www.militaryonesource.mil)

[www.maketheconnection.net](http://www.maketheconnection.net)

| Ready   | Reacting   | Injured  | Ill   |
|---|--|--|---|
| <p>Adaptive coping<br/>Optimal functioning<br/>Wellness</p> <p><b>FEATURES</b><br/>Well trained and prepared<br/>Fit and focused<br/>In control<br/>Optimally effective<br/>Behaving ethically<br/>Having fun</p> | <p>Mild and transient distress or loss of optimal functioning<br/>Always goes away<br/>Low risk for illness</p> <p><b>FEATURES</b><br/>Irritable, angry<br/>Anxious or depressed<br/>Physically too pumped up or tired<br/>Reduced self control<br/>Poor focus<br/>Poor sleep<br/>Not having fun</p> | <p>More severe and persistent distress or loss<br/>Leaves a "scar"<br/>Higher risk for illness</p> <p><b>CAUSES</b><br/>Life threat<br/>Loss<br/>Inner conflict<br/>Wear and tear</p> <p><b>FEATURES</b><br/>Panic or rage<br/>Loss of control of body or mind<br/>Can't sleep<br/>Recurrent nightmares or bad memories<br/>Persistent shame, guilt, or blame<br/>Loss of moral values &amp; beliefs</p> | <p>Persistent and disabling distress or loss of function<br/>Clinical mental disorder<br/>Unhealed stress injuries</p> <p><b>TYPES</b><br/>PTSD<br/>Depression<br/>Anxiety<br/>Substance abuse</p> <p><b>FEATURES</b><br/>Symptoms and disability persist over many weeks<br/>Symptoms and disability get worse over time</p> |
| Unit leader<br>Responsibility   | Individual, shipmate, family<br>Responsibility   | Individual, shipmate, family<br>Responsibility   | Caregiver<br>Responsibility   |

For participants in the orange/red zone:

Based on how you answered the survey, it sounds like you are having a very difficult time right now. You may be feeling like you are losing control. You might be feeling panic, shame, guilt, or anger. You could be sleeping poorly, or using alcohol or drugs to help you cope. Some of your responses to stress might be causing damage to both your mind and your body.

Sometimes we need help to get through tough times. Please consider seeing either medical or a chaplain, or talk to someone else you trust. You can also check out some of these anonymous resources and ideas for getting help, including confidential online chat functions:

[www.militaryonesource.mil](http://www.militaryonesource.mil) (or call 1-800-342-9647)

[www.realwarriors.net](http://www.realwarriors.net)

[www.maketheconnection.net](http://www.maketheconnection.net)

| Ready   | Reacting   | Injured  | Ill  |
|---|--|--|--|
| <p>Adaptive coping<br/>Optimal functioning<br/>Wellness</p> <p><b>FEATURES</b><br/>Well trained and prepared<br/>Fit and focused<br/>In control<br/>Operationally effective<br/>Behaving ethically<br/>Having fun</p> | <p>Mild and transient distress or loss of optimal functioning<br/>Always goes away<br/>Low risk for illness</p> <p><b>FEATURES</b><br/>Irritable, angry<br/>Anxious or depressed<br/>Physically too pumped up or tired<br/>Reduced self control<br/>Poor focus<br/>Poor sleep<br/>Not having fun</p> | <p>More severe and persistent distress or loss<br/>Leaves a "scar"<br/>Higher risk for illness</p> <p><b>CAUSES</b><br/>Life threat<br/>Loss<br/>Inner conflict<br/>Wear and tear</p> <p><b>FEATURES</b><br/>Panic or rage<br/>Loss of control of body or mind<br/>Can't sleep<br/>Recurrent nightmares or bad memories<br/>Persistent shame, guilt, or blame<br/>Loss of moral values &amp; beliefs</p> | <p>Persistent and disabling distress or loss of function<br/>Clinical mental disorders<br/>Unhealed stress injuries</p> <p><b>TYPES</b><br/>PTSD<br/>Depression<br/>Anxiety<br/>Substance abuse</p> <p><b>FEATURES</b><br/>Symptoms and disability persist over many weeks<br/>Symptoms and disability get worse over time</p> |
| Unit leader Responsibility  | Individual, shipmate, family Responsibility  |  | Caregiver Responsibility   |

For participants in the red zone (*suicidal ideation or current sexual or physical assault*):

You have told us you are currently considering suicide, or you are currently being physically or sexually assaulted. It sounds like this is an extremely difficult time for you. You may be feeling hopeless and trapped- like there is no way out. As this survey is completely anonymous, we ask that you please reach out for help. Know that you are not alone. There are people standing by to help you. Please give them a chance to do just that:

- Call 911 (inside the U.S.) or go to the hospital emergency room
- Contact the National Veterans Suicide Prevention Lifeline:
  - Phone: (800)273-8255 (Veterans press 1)
  - Online: [www.veteranscrisis.net](http://www.veteranscrisis.net)
- Visit [www.suicideoutreach.org](http://www.suicideoutreach.org) for a confidential online chat function
- Find a doctor, counselor, or therapist who can help you figure out how to resolve your situation. Contact Military One Source for anonymous, free care:
  - Phone: Call Military One Source at (800) 342-9647
  - Online: [www.militaryonesource.mil](http://www.militaryonesource.mil)
- Reach out to a friend, comrade, family member, or anyone you trust. Let that person help.
- For current sexual assault, call (877) 995-5247, or visit [www.safehelpline.org](http://www.safehelpline.org)

# REPORT DOCUMENTATION PAGE

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| <b>14. ABSTRACT</b><br><br>The health and wellness of service members are continued concerns in the wake of two intense, prolonged military efforts. The Naval Unit Behavioral Health Needs Assessment Survey (NUBHNAS) will undertake the surveillance of Navy and Marine Corps personnel in different force settings for the purpose of informing leadership decisions about stress and health maintenance. This report includes a comprehensive listing and description of all survey measures included on the NUBHNAS and history of use on BHNAS and Mental Health Advisory Team assessments. If part of a validated scale, scoring methods and citations are included. This report is valuable both as a tool for the successful completion of the proposed project and as documentation of procedures. |
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