

C. Please answer the following questions as they relate to you while you were deployed.

While Deployed . . .

10. Did you drive under the influence of alcohol or other drugs? Yes No
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11. Were you detained or arrested by police or MPs in conjunction with your use of alcohol or other drugs? Yes No
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12. Did you commit an illegal act while drinking? Yes No
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13. Did you use illegal drugs? Yes No
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14. Did you work well with others in your unit? Yes No
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15. Did you find it hard to make friends in your unit? Yes No
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16. Did you trust your chain of command enough to talk with them about a personal problem? Yes No
-
17. Did you physically threaten anyone at your work site? Yes No
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18. Were you absent from work without permission? Yes No
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19. Did you go AWOL? Yes No
-
20. Did you often feel angry and frustrated? Yes No
-
21. Did you often feel lonely? Yes No
-
22. How often were there people available that you could turn to for support in bad moments or illness? Always Sometimes Hardly ever Never
-
23. Did an important relationship with a friend, girlfriend/boyfriend, or spouse deteriorate? Yes No
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24. Did an important relationship with a friend, girlfriend/boyfriend, or spouse end? Yes No
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25. How many life changes/difficult circumstances did you experience (for example, PCS, job change, birth/adoption, marriage/divorce/separation, promotion or passover, disciplinary action, serious illness/injury, illness/death of loved one)? None 1 2-3 4 or more
-
26. Were you or your spouse in financial trouble (for example, wrote checks that would bounce, could not pay bills or creditors, received letters of indebtedness, declared bankruptcy)? Yes No
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27. Did you or your spouse have to use Army Emergency Relief, credit cards, or other loan mechanisms to pay for basic living expenses (for example, rent/mortgage, utilities, food)? Yes No
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28. Did you or your spouse make lifestyle changes because of financial problems (such as, move in with family or friends, pawn or sell belongings, or delay retirement, college, or major expenses)? Yes No
-
29. Did you have any suicidal thoughts? Yes No
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30. If yes, did you make a plan? Yes No
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31. Did you attempt suicide? Yes No
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32. Did you commit a crime against another person, such as, assault, rape, or robbery? Yes No
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33. Did you experience excessive stress from news about your family? Yes No
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34. Did you experience or witness something that was traumatic for you? Yes No
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35. Did you experience any health problems that you believe were a result of your deployment? Yes No
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36. Were you engaged in direct combat? Yes No
-
37. Did you wound or kill anyone? Yes No
-
38. Did you see anyone wounded, killed, or dead? (If Yes, mark all that apply.) Yes - coalition Yes - enemy Yes - civilian No
-
39. Did you lose a close friend in a combat zone? Yes No
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40. Did you come home during the deployment for other than R&R leave? Yes No
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41. Did you or a family member use Army One Source? Yes No Don't know

PLEASE CONTINUE ON THE NEXT PAGE

D. Please answer the following questions as they relate to you since returning to your home station.

Since Returning . . .

42. Have you driven under the influence of alcohol or other drugs? Yes No
43. Have you been detained or arrested by police or MPs in conjunction with your use of alcohol or other drugs? Yes No
44. Have you committed an illegal act while drinking? Yes No
45. Have you used illegal drugs? Yes No
46. Do you work well with others in your unit? Yes No
47. Do you find it hard to make friends in your unit? Yes No
48. Do you trust your chain of command enough to talk with them about a personal problem? Yes No
49. Have you physically threatened anyone at your work site? Yes No
50. Have you been absent from work without permission? Yes No
51. Have you gone AWOL? Yes No
52. Do you often feel angry and frustrated? Yes No
53. Do you often feel lonely? Yes No
54. How often are there people available that you can turn to for support in bad moments or illness? Always Sometimes Hardly ever Never
55. Has an important relationship with a friend, girlfriend/boyfriend, or spouse deteriorated? Yes No
56. Has an important relationship with a friend, girlfriend/boyfriend, or spouse ended? Yes No
57. How many life changes/difficult circumstances have you experienced (for example, PCS, job change, birth/adoption, marriage/divorce/separation, promotion or passover, disciplinary action, serious illness/injury, illness/death of loved one)? None 1 2-3 4 or more

58. Have you or your spouse been in financial trouble (for example, written checks that would bounce, could not pay bills or creditors, received letters of indebtedness, declared bankruptcy)? Yes No
59. Have you or your spouse had to use Army Emergency Relief, credit cards, or other loan mechanisms to pay for basic living expenses (for example, rent/mortgage, utilities, food)? Yes No
60. Have you or your spouse made lifestyle changes because of financial problems (such as, move in with family or friends, pawn or sell belongings, or delay retirement, college, or major expenses)? Yes No
61. Have you had any suicidal thoughts? Yes No
62. If yes, did you make a plan? Yes No
63. Have you attempted suicide? Yes No
64. Have you vandalized property? Yes No
65. Have you committed a crime against another person, such as, assault, rape, or robbery? Yes No
66. Have you physically or verbally threatened your spouse or girlfriend/boyfriend? Yes No
67. Have you pushed, shoved, slapped, grabbed, or hit your spouse or girlfriend/boyfriend? Yes No
68. Have you insulted or sworn at a child? Yes No
69. Have you pushed, shoved, hit with your hand, or kicked a child? Yes No
70. Have you hit a child with a brush, belt, stick, or other object? Yes No
71. Is your job so demanding that you do not have enough time to relax? Yes No
72. How satisfied are you with life in the Army? Totally satisfied Mostly satisfied Somewhat satisfied Not satisfied
73. Do you have upsetting memories or dreams of stressful events that happened during your deployment? Yes No

PLEASE CONTINUE ON THE NEXT PAGE

D. Please answer the following questions as they relate to you since returning to your home station.

Since Returning . . .

74. Have you had difficulty falling or staying asleep? Yes
 No
-
75. Have you experienced any health problems that you believe are a result of your deployment? Yes
 No
-
76. Have you found it difficult to accept new unit members who did not share your combat experience? Yes
 No
-
77. Have you or a family member used Army One Source? Yes
 No
 Don't know

E. Follow-up

78. Since returning to your home station, have you sought help for any of the following issues? *(Mark all that apply.)*
- Post-traumatic stress disorder
 - Marriage/relationship issues
 - Alcohol/drug problems
 - Financial management
 - Anger management
 - Mental health issues
 - Depression
 - Parenting
 - Suicide
 - None of the above
-
79. Would you like to have information available to your unit on any of the following topics, or to have a unit briefing on any of these topics? *(Mark all that apply.)*
- Post-traumatic stress disorder
 - Marriage/relationship issues
 - Alcohol/drug problems
 - Financial management
 - Anger management
 - Mental health issues
 - Depression
 - Parenting
 - Suicide
 - None of the above

DO NOT MARK IN THIS AREA



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