

SECTION P: LIFETIME STRESSFUL EXPERIENCES

P1. The next questions are about highly stressful experiences that might have happened to [Soldier's name] at any time in his/her life.

How many times did each of the following happen to him/her?

[Programmer Note: Only ask "Did this happen to him/her in the (Case: 12 months before his/her death/ Control: last 12 months)" if presence of each item = at least "1"]

	Number of Times in Life						Did this happen to him/her in the (Case: 12 months before his/her death/ Control: last 12 months)?		
	DK	0	1	2-4	5-9	10 or more	Yes	No	DK
a. Serious physical assault (for example, mugging)	<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"/>
b. Sexual assault or rape	<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"/>
c. Serious assault happened to a close friend or relative	<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"/>
d. Murder of a close friend or relative	<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"/>
e. Suicide of a close friend or relative	<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"/>
f. Attempted suicide of a close friend or relative	<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"/>
g. Combat death of a close friend or relative	<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"/>
h. Accidental death of a close friend or relative	<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"/>
i. He/She witnessed someone being seriously injured or killed	<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"/>
j. He/She discovered or handled a dead body	<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"/>
k. He/She had a life-threatening illness or injury	<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"/>
l. He/She was in a disaster (for example, hurricane, fire, flood, earthquake) where he/she could have died	<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"/>
m. He/She had any other experience that put him/her at risk of death or serious injury	<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"/>
n. He/She was bullied (ongoing comments or behaviors) during his/her childhood or adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Programmer Note: Never ask past 12 month question after P1n.]									

P2. (Case: Had / Control: Has) [Soldier's name] ever been deployed?

- Yes
- No
- DK

CKPT.P3.

1. IF P2 = "YES," GO TO P3.
2. ALL OTHERS SKIP TO CKPT.P4.

P3. The next questions are about events that might have happened to him/her during deployment. Think of all his/her deployments in answering the questions. How many times did he/she ever have each of these experiences during deployment?

[Programmer Note: Only ask "Did this happen to him/her in the (Case: 12 months before his/her death/ Control: last 12 months)" if presence of each item = at least "1"]

	Number of Times While Deployed						Did this happen to him/her in the (Case: 12 months before his/her death/ Control: last 12 months)?		
	DK	0	1	2-4	5-9	10 or more	Yes	No	DK
a. Go on combat patrols or have other dangerous duty (for example, clearing buildings, disarming civilians, working in areas that had IEDs, convoy duty)	<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"/>
b. Fire rounds at the enemy or take enemy fire (either direct or indirect fire)	<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"/>
c. Get wounded by the enemy	<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"/>
d. Have a close call (that is, equipment shot off body, IED exploded near him/her)	<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"/>
e. Have member(s) of his/her unit get seriously wounded or killed	<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"/>
f. Have direct responsibility for the death of an enemy combatant	<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"/>
g. Have direct responsibility for the death of a non-combatant	<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"/>
h. Have direct responsibility for the death of U.S. or ally personnel	<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"/>
i. Save the life of a Soldier or civilian	<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"/>
j. See homes or villages that had been destroyed or people begging for food	<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"/>
k. Get exposed to the sights, sounds, or smells of severely wounded or dying people or see dead bodies	<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"/>
l. Witness violence within the local population or mistreatment toward non-combatants	<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"/>
m. He/She was seriously physically assaulted (for example, mugged)	<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"/>
n. He/She was sexually assaulted or raped	<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"/>
o. He/She was bullied, hazed or smoked by one or more members of his/her unit	<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"/>

SECTION R: RECENT STRESSFUL EVENTS

R1. I'm going to ask you about a number of stressful experiences that [Soldier's name] may have had. Please let me know if each one occurred in the week, month, year, or more than a year (Case: before his/her death / Control: before today):

	(Case: His/Her last / Control: Past) week	(Case: His/Her last / Control: Past) month	(Case: His/Her last / Control : Past) year	Happene d more than a year ago	Never happene d	D K
	[Programmer Note: IF THIS COLUMN IS FILLED IN, AUTOMATICALLY FILL IN "LAST/PAST MONTH," AND "LAST/PAST YEAR." THIS APPLIES TO EACH ITEM SEPARATELY, A-R.]	[Programmer Note: IF THIS COLUMN IS FILLED IN, AUTOMATICALLY FILL IN "LAST/PAST YEAR." THIS APPLIES TO EACH ITEM SEPARATELY, A-R.]				
a. A serious financial problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Spouse or partner left him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. He/She went through a divorce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Spouse or partner cheated on him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Serious betrayal by someone else close to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Serious ongoing arguments or break-up with some other close friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. He/She was involved in a motor vehicle accident while he/she was driving (regardless of who was responsible)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. He/She caused an accident where someone else was hurt or property was damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. He/She didn't get promoted when he/she thought he/she should have been	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. He/She got a lower score than he/she expected on his/her efficiency report or performance rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. He/She received military punishment (for example, Court Martial, Article 15, Captain's Mast, Office Hours, Letter of Reprimand, other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. He/She had trouble with the police (civilian or military)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. He/She was arrested for a driving violation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. He/She was arrested for an incident not related to driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. He/She spent time in jail, stockade, correctional custody, or brig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Any other serious legal problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. He/She experienced some type of perceived failure or humiliation, such as	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

letting down those around him/her in some way

r. Any other very stressful event



- What was the other very stressful event?