



# Soldier/Marine Well-Being Survey Multi-National Force - Iraq

OIF-4

**I. Demographics** - This section asks for your basic demographic information.

Today's Date: \_\_\_\_\_

1. AGE
- 18 - 19
  - 20 - 24
  - 25 - 29
  - 30 - 39
  - 40 or older

2. GENDER
- Male
  - Female

3. RACE/ETHNICITY
- Caucasian/White
  - African American
  - Hispanic
  - Asian/Pacific Islander
  - Other

4. Branch of Service

- U.S. Army
- U.S. Marines
- Other: \_\_\_\_\_

5. PRIMARY COMPONENT

- Active Component
- Reserve
- National Guard
- AGR
- Individual Ready Reserve (IRR)
- Other:

6. GRADE/RANK:

- E  1
- O  2
- W  3
- 4
- 5
- 6
- 7
- 8
- 9

7. What is your current unit:

Division: \_\_\_\_\_

Brigade/Regiment: \_\_\_\_\_

Battalion: \_\_\_\_\_

Company/Battery: \_\_\_\_\_

8. What is your MOS/AOC?

\_\_\_\_\_

9. Location:

\_\_\_\_\_ Base/FOB

10. How many **YEARS** have you been in the military? If less than 1 year, please mark "00".

- 0  0
- 1  1
- 2  2
- 3  3
- 4
- 5
- 6
- 7
- 8
- 9

11. Highest Level of **Civilian Education?**

- Some High School
- GED
- High School Diploma
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

12. Have you taken any R&R during this deployment?

- No
- Yes, in theater
- Yes, out of theater (e.g.,

Stateside, Germany, etc) R&R Location: \_\_\_\_\_

# of R&R days: \_\_\_\_\_



[Serial #]

**II. Deployment Experiences** - This section is about your deployment experiences.

1. How many times did you deploy for **more than 30 days** to any of the following **including this deployment**?

**MARK ALL THAT APPLY:**

	Never	One Time	Two Times	Three or More Times
Iraq (OIF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kuwait or Qatar (OIF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afghanistan (OEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bosnia/Kosovo (Peacekeeping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korea (PCS assignment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training (JRTC, NTC, CMTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. For **THIS** deployment, please indicate **MONTH/YEAR** you arrived in theatre:

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	<input type="checkbox"/>											
YEAR	2003	2004	2005	2006								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

3. How many times during **THIS DEPLOYMENT** did you believe you were in serious danger of being injured or killed?

0  0  0

1  1  1

2  2  2

3  3  3

4  4

5  5

6  6

7  7

8  8

9  9

4. Did any experience on this deployment cause you intense fear, helplessness, or horror?

Yes

No

5. If Yes, please briefly describe the event(s):

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6. During **THIS DEPLOYMENT**, how many **TIMES** did you engage the enemy in a firefight?

0  0

1  1

2  2

3  3

4  4

5  5

6  6

7  7

8  8

9  9

On average, how many **HOURS** per week have you spent outside the FOB/Base Camp?

0  0

1  1

2  2

3  3

4  4

5  5

6  6

7  7

8  8

9  9

7. Did you experience any of the following during **THIS DEPLOYMENT?**

	Never	One Time	Two to Four Times	Five to Nine Times	Ten or More Times
Being attacked or ambushed	1	2	3	4	5
Seeing destroyed homes and villages	1	2	3	4	5
Receiving small arms fire	1	2	3	4	5
Seeing dead bodies or human remains	1	2	3	4	5
Handling or uncovering human remains	1	2	3	4	5
Witnessing an accident which resulted in serious injury or death	1	2	3	4	5
Witnessing violence within the local population or between ethnic groups	1	2	3	4	5
Seeing dead or seriously injured Americans	1	2	3	4	5
Knowing someone seriously injured or killed	1	2	3	4	5
Participating in demining operations	1	2	3	4	5
Improvised explosive device (IED)/booby trap exploded near you	1	2	3	4	5
Working in areas that were mined or had IED's	1	2	3	4	5
Having hostile reactions from civilians	1	2	3	4	5
Disarming civilians	1	2	3	4	5
Being in threatening situations where you were unable to respond because of rules of engagement	1	2	3	4	5
Shooting or directing fire at the enemy	1	2	3	4	5
Calling in fire on the enemy	1	2	3	4	5
Engaging in hand-to-hand combat	1	2	3	4	5
Clearing/searching homes or buildings	1	2	3	4	5
Clearing/searching caves or bunkers	1	2	3	4	5
Witnessing brutality/mistreatment toward non-combatants	1	2	3	4	5
Being wounded/injured	1	2	3	4	5
Seeing ill/injured women or children who you were unable to help	1	2	3	4	5
Receiving incoming artillery, rocket, or mortar fire	1	2	3	4	5
Being directly responsible for the death of an enemy combatant	1	2	3	4	5
Observing abuse of Laws of War/Geneva Convention	1	2	3	4	5
Being responsible for the death of US or ally personnel	1	2	3	4	5
Having a member of your own unit become a casualty	1	2	3	4	5
Had a close call, dud landed near you	1	2	3	4	5
Had a close call, equipment shot off your body	1	2	3	4	5
Had a close call, was shot or hit but protective gear saved you	1	2	3	4	5
Had a buddy shot or hit who was near you	1	2	3	4	5
Informed unit members/friends of a Soldier's/Marine's death	1	2	3	4	5
Successfully engaged the enemy	1	2	3	4	5
Demonstrated success in your training	1	2	3	4	5
Encountered grateful civilians	1	2	3	4	5
Provided aid to the wounded	1	2	3	4	5
Saved the life of a Soldier/Marine or civilian	1	2	3	4	5

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

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR	AGREE	STRONGLY AGREE
Overall, this deployment has had a positive effect on my life.	<input type="radio"/>				
I deal with stress better because of this deployment.	<input type="radio"/>				
I feel pride from my accomplishments during this deployment.	<input type="radio"/>				
This deployment has made me more confident in my abilities.	<input type="radio"/>				
This deployment improved cohesion in my unit.	<input type="radio"/>				
I was able to demonstrate my courage.	<input type="radio"/>				
I am afraid that I will be seriously injured or killed before this deployment ends.	<input type="radio"/>				
I feel secure that I will return home healthy after this deployment.	<input type="radio"/>				

9. Below is a list of reactions that Soldiers sometimes experience during deployment or in response to other stressful life experiences. Please mark how much you have been bothered by each problem **IN THE PAST MONTH**.

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
Repeated, disturbing <i>memories, thoughts, or images</i> of the stressful experience	<input type="radio"/>				
Repeated, disturbing <i>dreams</i> of the stressful experience	<input type="radio"/>				
Suddenly <i>acting or feeling</i> as if the stressful experience were <i>happening again</i> (as if you were re-living it)	<input type="radio"/>				
Feeling <i>very upset</i> when <i>something reminded you</i> of the stressful experience	<input type="radio"/>				
Having <i>physical reactions</i> (like heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of the stressful experience	<input type="radio"/>				
Avoiding <i>thinking about</i> or <i>talking about</i> the stressful experience or avoiding <i>having feelings</i> related to it	<input type="radio"/>				
Avoiding <i>activities or situations</i> because <i>they reminded you</i> of the stressful experience	<input type="radio"/>				
Trouble <i>remembering important parts</i> of the stressful experience	<input type="radio"/>				
<i>Loss of interest</i> in activities that you used to enjoy	<input type="radio"/>				
Feeling <i>distant</i> or <i>cut-off</i> from other people	<input type="radio"/>				
Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you	<input type="radio"/>				
Feeling as if your <i>future</i> somehow will be <i>cut short</i>	<input type="radio"/>				
Trouble <i>falling or staying asleep</i>	<input type="radio"/>				
Feeling <i>irritable</i> or having <i>angry outbursts</i>	<input type="radio"/>				
Having <i>difficulty concentrating</i>	<input type="radio"/>				
Being " <i>super alert</i> " or watchful or on-guard	<input type="radio"/>				
Feeling <i>jumpy</i> or easily startled	<input type="radio"/>				

10. If you checked off **ANY** of the above problems (question 9), how **DIFFICULT** have these problems made it for you to do your work, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

11. During the **PAST YEAR**, did any of the following occur?

- Death or serious illness of a family member  YES  NO
- Birth of a child  YES  NO
- Spouse or partner left you  YES  NO
- Serious financial problem  YES  NO

12. Over the **LAST 4 WEEKS**, how often have you been bothered by any of the following problems?

	Not At All	Few or Several Days	More Than Half The Days	Nearly Every Day
Feeling nervous, anxious, on edge, or worrying a lot about different things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling restless so that it's hard to sit still.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle tensions, aches, or soreness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

13. If you checked off **ANY** of the above problems (question 12), how **DIFFICULT** have these problems made it for you to do your work, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

14. During the **PAST 4 WEEKS**, have **STRESS OR EMOTIONAL PROBLEMS**:

- Limited your ability to do your job?  Yes  No
- Caused you to do work less carefully than usual?  Yes  No
- Caused your supervisor to be concerned about your performance?  Yes  No

15. While in theater, have you used any alcohol?

- Yes
- No

16. While in theater, have you used any illegal drugs/substances?

- Yes
- No

17. On average, how many cigarettes do you smoke per day?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

18. On average, how many times do you use smokeless tobacco per day (e.g., dip, chew, snuff)?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

19. Think about your experiences on this deployment. Rate how much **TROUBLE** or **CONCERN** has been caused by:

VERY LOW    LOW    MEDIUM    HIGH    VERY HIGH    DOES NOT APPLY

	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH	DOES NOT APPLY
Being separated from family.	1	2	3	4	5	6
Illness or problems back home.	1	2	3	4	5	6
Boring and repetitive work.	1	2	3	4	5	6
Difficulties communicating back home (e.g. phone calls, email, mail).	1	2	3	4	5	6
Uncertain redeployment date.	1	2	3	4	5	6
Lack of privacy or personal space.	1	2	3	4	5	6
Lack of time off, for personal time.	1	2	3	4	5	6
Not having the right equipment or repair parts.	1	2	3	4	5	6
Not getting enough sleep.	1	2	3	4	5	6
Continuous operations.	1	2	3	4	5	6
Long deployment length.	1	2	3	4	5	6

20. How often in the **PAST MONTH** did you.....

	Never	One Time	Two Times	Three or Four Times	Five or More Times
Get angry at someone in your unit and yell or shout at them	1	2	3	4	5
Get angry with someone in your unit and kick or smash something, slam the door, punch the wall, etc.	1	2	3	4	5
Get into a fight with someone in your unit and hit the person	1	2	3	4	5
Threaten someone in your unit with physical violence	1	2	3	4	5

**III. Work Environment** - "Unit" refers to the company, battery, or troop to which you are assigned.

1. Rate the following:

VERY LOW    LOW    MEDIUM    HIGH    VERY HIGH

Your personal morale	1	2	3	4	5
Morale in your unit	1	2	3	4	5

2. On average, how many **HOURS** have you worked **PER WEEK** in the past month

(including weekends)?

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

3. Tell us how much you **DISAGREE** or **AGREE** with the statements below about your military job.

STRONGLY DISAGREE    DISAGREE    NEITHER AGREE NOR DISAGREE    AGREE    STRONGLY AGREE

The members of my unit are cooperative with each other.	1	2	3	4	5
The members of my unit know that they can depend on each other.	1	2	3	4	5
The members of my unit stand up for each other.	1	2	3	4	5
I think my unit would do/did an excellent job in combat.	1	2	3	4	5
I think the level of training in this unit is high.	1	2	3	4	5
I have real confidence in my unit's ability to perform its mission.	1	2	3	4	5
I receive up-to-date information concerning the unit's mission.	1	2	3	4	5
I receive up-to-date information on unit decisions that concern Soldiers/Marines.	1	2	3	4	5

4. Thinking about your unit, rate how often the following occur:

In your unit, **NCOs**:

	Never	Seldom	Some-times	Often	Always
tell Soldiers/Marines when they have done a good job.	1	2	3	4	5
embarrass Soldiers/Marines in front of other Soldiers/Marines.	5	4	3	2	1
try to look good to higher-ups by assigning extra missions or details to Soldiers/Marines.	5	4	3	2	1
exhibit clear thinking and reasonable action under stress.	1	2	3	4	5
show favoritism to certain members in the unit.	5	4	3	2	1
treat all members of the unit fairly.	1	2	3	4	5
are concerned about the safety of Soldiers/Marines.	1	2	3	4	5
ensure that Soldiers/Marines do not assume unnecessary risks when conducting missions.	1	2	3	4	5
will tell higher-ups when the unit has been given too many tasks.	5	4	3	2	1
protect the unit from receiving too many taskings.	1	2	3	4	5
provide clear guidance on how tasks and missions are to be accomplished.	1	2	3	4	5
are viewed by the Soldiers/Marines as having physical courage.	1	2	3	4	5
are viewed by the Soldiers/Marines as having moral courage.	1	2	3	4	5

5. Thinking about your unit, rate how often the following occur:

In your unit **Officers**:

	Never	Seldom	Some-times	Often	Always
tell Soldiers/Marines when they have done a good job.	1	2	3	4	5
embarrass Soldiers/Marines in front of other Soldiers/Marines.	5	4	3	2	1
try to look good to higher-ups by assigning extra missions or details to Soldiers/Marines.	5	4	3	2	1
exhibit clear thinking and reasonable action under stress.	1	2	3	4	5
show favoritism to certain members in the unit.	5	4	3	2	1
treat all members of the unit fairly.	1	2	3	4	5
are concerned about the safety of Soldiers/Marines.	1	2	3	4	5
ensure that Soldiers/Marines do not assume unnecessary risks when conducting missions.	1	2	3	4	5
will tell higher-ups when the unit has been given too many tasks.	5	4	3	2	1
protect the unit from receiving too many taskings.	1	2	3	4	5
provide clear guidance on how tasks and missions are to be accomplished.	1	2	3	4	5
are viewed by the Soldiers/Marines as having physical courage.	1	2	3	4	5
are viewed by the Soldiers/Marines as having moral courage.	1	2	3	4	5

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

STRONGLY DISAGREE    DISAGREE    NEITHER AGREE NOR DISAGREE    AGREE    STRONGLY AGREE

	1	2	3	4	5
I am confident in my ability to identify Soldiers/Marines at risk for suicide.	1	2	3	4	5
I am confident in my ability to help Soliders/Marines get mental health assistance.	1	2	3	4	5
The training for identifying Soldiers/Marines at risk for suicide was sufficient.	1	2	3	4	5
The training in managing the stress of deployment and/or combat was adequate.	1	2	3	4	5

7. Please indicate if you have participated in the following activities:

- I have received suicide prevention training in the past year.  Yes  No
- I have received training in managing the stress of deployment and/or combat in the past year.  Yes  No
- I have assisted one or more fellow Soldiers/Marines with a mental health problem in the past year.  Yes  No
- I helped a Soldier/Marine who had a mental health problem get professional help (Chaplain, Mental health, etc.).  Yes  No
- I received training in the proper (ethical) treatment of non-combatants.  Yes  No
- The training I received in the proper (ethical) treatment of non-combatants was adequate.  Yes  No
- I encountered ethical situations in Iraq in which I didn't know how to respond.  Yes  No
- I received training that made it clear how I should behave towards non-combatants.  Yes  No

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

STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In my unit:

- my leadership is concerned about my well-being.
- my leadership is concerned about my family's well-being.
- My unit makes allowances for Soldiers/Marines to attend to issues from home.

9. Which best describes your **CURRENT** career intentions? (Select one option)

- Definitely **STAY IN** until retirement.
- Probably **STAY IN** until retirement.
- Definitely **STAY IN** beyond my present obligation, but not necessarily until retirement.
- UNDECIDED** about whether to stay after completion of my current obligation.
- Probably **LEAVE** upon completion of my current obligation.
- Definitely **LEAVE** upon completion of my current obligation.

**IV. Health** - The following section asks questions related to your overall health.

1. Overall, in the **PAST MONTH**, how would you rate your health?

- Excellent
- Very Good
- Good
- Fair
- Poor

2. How often in the **PAST MONTH** have you gone to sick call or visited a doctor or other medical professional for a physical condition?

- Zero
- Once
- Twice
- Three or Four Times
- Five or More Times

3. How many **DAYS OF WORK** did you miss due to illness in the **PAST MONTH**?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 -5 days
- 6 or more days

4. Did you spend one or more nights in a hospital as a patient during this deployment?

- No
- Yes

If Yes, Reason: \_\_\_\_\_

5. In the last 2 weeks... Please rate the current severity of your sleep problem(s):

Difficulty falling asleep

- None
- Mild
- Moderate
- Severe
- Very Severe

Difficulty staying asleep

- None
- Mild
- Moderate
- Severe
- Very Severe

6. How satisfied/dissatisfied are you with your current sleep pattern?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

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

- Not at all
- A little
- Somewhat
- Much
- Very much interfering

8. During this deployment, were you injured from any of the following?

Blast/explosion (e.g. IED, RPG, mortar, artillery)	<input type="radio"/> Yes	<input type="radio"/> No
Bullet	<input type="radio"/> Yes	<input type="radio"/> No
Fragment/shrapnel	<input type="radio"/> Yes	<input type="radio"/> No
Fall	<input type="radio"/> Yes	<input type="radio"/> No
Vehicle Accident	<input type="radio"/> Yes	<input type="radio"/> No
Other, specify	<input type="radio"/> Yes	<input type="radio"/> No

If Yes, specify: \_\_\_\_\_

9. Did any injury you received during this deployment involve the following?

Injury to your head	<input type="radio"/> Yes	<input type="radio"/> No
Being dazed, confused, or "seeing stars"	<input type="radio"/> Yes	<input type="radio"/> No
Not remembering the injury	<input type="radio"/> Yes	<input type="radio"/> No
Losing consciousness (knocked out)	<input type="radio"/> Yes	<input type="radio"/> No

If yes, approximately how many minutes were you knocked out? \_\_\_\_\_

**V. Healthcare** - The following section asks questions about health care for a stress, emotional and/or family related problem.

1. During this deployment, have you experienced a stress, emotional, alcohol, or family problem?

- No
- Yes, Mild
- Yes, Moderate
- Yes, Severe

2. Are you **CURRENTLY** interested in receiving help for a stress, emotional, alcohol, or family problem?

- No
- Yes

3. Have you taken any medication for a mental health, combat stress, or sleep problem during this deployment?

- No
- Yes

If yes, type \_\_\_\_\_

4. During this deployment did you receive counseling/mental health services for a stress, emotional, alcohol, or family problem from a:

mental health professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
combat stress control professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
general medical doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
military chaplain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
medic/corpsman in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soldier/Marine in your unit (excluding the medic/corpsman)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No	Yes, One Visit	Yes, Two Visits	Yes, Three or More Visits
<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"/>	<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"/>

5. If you saw a mental health professional during **THIS DEPLOYMENT**, how satisfied were you with the help provided?

- Very dissatisfied
- Somewhat dissatisfied
- Somewhat satisfied
- Very satisfied
- NA (did not see a mental health professional)

6. Rate each of the following factors that might affect your decision to receive mental health counseling or services if you ever had a problem during this deployment:

STRONGLY DISAGREE    DISAGREE    NEITHER AGREE NOR DISAGREE    AGREE    STRONGLY AGREE

I don't trust mental health professionals.	1	2	3	4	5
Mental health services aren't available.	1	2	3	4	5
I don't know where to get help.	1	2	3	4	5
It is difficult to get an appointment.	1	2	3	4	5
There would be difficulty getting time off work for treatment.	1	2	3	4	5
It's too difficult to get to the location where the mental health specialist is.	1	2	3	4	5
It would be too embarrassing.	1	2	3	4	5
It would harm my career.	1	2	3	4	5
Members of my unit might have less confidence in me.	1	2	3	4	5
My unit leadership might treat me differently.	1	2	3	4	5
My leaders would blame me for the problem.	1	2	3	4	5
I would be seen as weak.	1	2	3	4	5
Mental health care doesn't work.	1	2	3	4	5
It might affect my security clearance.	1	2	3	4	5
My leaders discourage the use of mental health services.	1	2	3	4	5

**VI. Treatment of Non-Combatants**

1. How often during this deployment did you do the following?

	Never	One Time	Two Times	Three or Four Times	Five or More Times
Insulted and/or cursed non-combatants in their presence.	1	2	3	4	5
Damaged and/or destroyed Iraqi private property when it was not necessary.	1	2	3	4	5
Physically hit/kicked a non-combatant when it was not necessary.	1	2	3	4	5
Witnessed the brutality/mistreatment of a non-combatant by a unit member.	1	2	3	4	5
Stopped a fellow unit member from mistreating a non-combatant.	1	2	3	4	5
Members of my unit "modify" the Rules of Engagement in order to accomplish the mission.	1	2	3	4	5
Members of my unit "ignore" the Rules of Engagement in order to accomplish the mission.	1	2	3	4	5

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

STRONGLY DISAGREE    DISAGREE    NEITHER AGREE NOR DISAGREE    AGREE    STRONGLY AGREE

All non-combatants should be treated as insurgents.	1	2	3	4	5
I can distinguish non-combatants from insurgents.	1	2	3	4	5
Torture should be allowed if it will save the life of a Soldier/Marine.	1	2	3	4	5
Torture should be allowed in order to gather important information about insurgents.	1	2	3	4	5
All non-combatants should be treated with dignity and respect.	1	2	3	4	5
I would risk my own safety to help a non-combatant in danger.	1	2	3	4	5
The NCOs and Officers in my unit have made it clear that non-combatants must not be mistreated.	1	2	3	4	5
I would report a unit member for the mistreatment of a non-combatant.	1	2	3	4	5
I would report a unit member for injuring or killing an innocent non-combatant.	1	2	3	4	5
I would report a unit member for unnecessarily destroying private property.	1	2	3	4	5
I would report a unit member for stealing from a non-combatant.	1	2	3	4	5
I would report a unit member for violating the Rules of Engagement.	1	2	3	4	5
I would report a unit member for not following General Orders.	1	2	3	4	5

**VII. Family** - The following section asks about your family.

1. Do you have children?

- Yes
- No

2. What is your current marital status?

- Single, never married - **Survey completed.**
- Married, living with spouse - **Continue** to question 3.
- Married, but separated - **Continue** to question 3.
- Married, geographically separated - **Continue** to question 3.
- Divorced - **Survey completed.**
- Widowed - **Survey completed.**

3. How many years have you been married to your **CURRENT SPOUSE**?

- 0  0
- 1  1
- 2  2
- 3  3
- 4
- 5
- 6
- 7
- 8
- 9

4. Is your spouse in the military?

- Yes
- No

5. Are you currently planning to get a divorce/separation?

- Yes
- No

6. Is your spouse currently planning to get a divorce/separation?

- Yes
- No

7. During this deployment, infidelity has been a problem in my marriage.

- Yes
- No
- Unsure

8. Please rate how much you **DISAGREE** or **AGREE** with the following:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
I have a good marriage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with my spouse is very stable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with my spouse makes me happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really feel like a part of a team with my spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please rate how much you **DISAGREE** or **AGREE** with the following:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
I have been satisfied with the rear detachment support of my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been satisfied with how the FRG in my unit has helped my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During this deployment I am satisfied with how my spouse is managing the finances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THANK YOU FOR COMPLETING THIS SURVEY!**

Please provide any additional comments below or on the back of the survey, if needed.