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: _____

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)				
Kuwait or Qatar (OIF)				
Afghanistan (OEF)				
Bosnia/Kosovo (Peacekeeping)				
Korea (PCS assignment)				
Training (JRTC, NTC, CMTC)				
Other _____				

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

YEAR	2003	2004	2005	2006

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):

_____
_____
_____
_____

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					
Seeing destroyed homes and villages					
Receiving small arms fire					
Seeing dead bodies or human remains					
Handling or uncovering human remains					
Witnessing an accident which resulted in serious injury or death					
Witnessing violence within the local population or between ethnic groups					
Seeing dead or seriously injured Americans					
Knowing someone seriously injured or killed					
Participating in demining operations					
Improvised explosive device (IED)/booby trap exploded near you					
Working in areas that were mined or had IED's					
Having hostile reactions from civilians					
Disarming civilians					
Being in threatening situations where you were unable to respond because of rules of engagement					
Shooting or directing fire at the enemy					
Calling in fire on the enemy					
Engaging in hand-to-hand combat					
Clearing/searching homes or buildings					
Clearing/searching caves or bunkers					
Witnessing brutality/mistreatment toward non-combatants					
Being wounded/injured					
Seeing ill/injured women or children who you were unable to help					
Receiving incoming artillery, rocket, or mortar fire					
Being directly responsible for the death of an enemy combatant					
Observing abuse of Laws of War/Geneva Convention					
Being responsible for the death of US or ally personnel					
Having a member of your own unit become a casualty					
Had a close call, dud landed near you					
Had a close call, equipment shot off your body					
Had a close call, was shot or hit but protective gear saved you					
Had a buddy shot or hit who was near you					
Informed unit members/friends of a Soldier's/Marine's death					
Successfully engaged the enemy					
Demonstrated success in your training					
Encountered grateful civilians					
Provided aid to the wounded					
Saved the life of a Soldier/Marine or civilian					

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.					
I deal with stress better because of this deployment.					
I feel pride from my accomplishments during this deployment.					
This deployment has made me more confident in my abilities.					
This deployment improved cohesion in my unit.					
I was able to demonstrate my courage.					
I am afraid that I will be seriously injured or killed before this deployment ends.					
I feel secure that I will return home healthy after this deployment.					

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	MODER-ATELY	QUITE A BIT	EXTREMELY
Repeated, disturbing *memories, thoughts,* or *images* of the stressful experience					
Repeated, disturbing *dreams* of the stressful experience					
Suddenly *acting* or *feeling* as if the stressful experience *were happening again* (as if you were re-living it)					
Feeling *very upset* when *something reminded you* of the stressful experience					
Having *physical reactions* (like heart pounding, trouble breathing, sweating) when *something reminded you* of the stressful experience					
Avoiding *thinking about* or *talking about* the stressful experience or avoiding *having feelings* related to it					
Avoiding *activities* or *situations* because *they reminded you* of the stressful experience					
Trouble *remembering important parts* of the stressful experience					
Loss of interest in activities that you used to enjoy					
Feeling *distant* or *cut-off* from other people					
Feeling *emotionally numb* or being unable to have loving feelings for those close to you					
Feeling as if your *future* somehow will be *cut short*					
Trouble *falling* or *staying asleep*					
Feeling *irritable* or having *angry outbursts*					
Having *difficulty concentrating*					
Being "*super alert*" or watchful or on-guard					
Feeling *jumpy* or easily startled					

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.	1	2	3	4
Little interest or pleasure in doing things.	1	2	3	4
Feeling down, depressed, or hopeless.	1	2	3	4
Trouble falling or staying asleep, or sleeping too much.	1	2	3	4
Feeling tired or having little energy.	1	2	3	4
Poor appetite or overeating.	1	2	3	4
Feeling bad about yourself - or that you are a failure or have let yourself or your family down.	1	2	3	4
Trouble concentrating on things, such as reading the newspaper or watching television.	1	2	3	4
Moving or speaking so slowly that other people could have noticed.	1	2	3	4
Feeling restless so that it's hard to sit still.	1	2	3	4
Becoming easily annoyed or irritable.	1	2	3	4
Muscle tensions, aches, or soreness.	1	2	3	4
Thoughts that you would be better off dead or of hurting yourself in some way.	1	2	3	4

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?

- 1 Not difficult at all
- 2 Somewhat difficult
- 3 Very difficult
- 4 Extremely difficult

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

Limited your ability to do your job?	1 Yes	2 No
Caused you to do work less carefully than usual?	1 Yes	2 No
Caused your supervisor to be concerned about your performance?	1 Yes	2 No

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

- 1 Yes
- 2 No

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

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

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

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					
Morale in your unit					

2. On average, how many **HOURS** have you worked **PER WEEK** in the past month (including weekends)?

0 0 0
1 1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 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.					
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/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.					
I receive up-to-date information concerning the unit's mission.					
I receive up-to-date information on unit decisions that concern Soldiers/Marines.					

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.					
embarrass Soldiers/Marines in front of other Soldiers/Marines.					
try to look good to higher-ups by assigning extra missions or details to Soldiers/Marines.					
exhibit clear thinking and reasonable action under stress.					
show favoritism to certain members in the unit.					
treat all members of the unit fairly.					
are concerned about the safety of Soldiers/Marines.					
ensure that Soldiers/Marines do not assume unnecessary risks when conducting missions.					
will tell higher-ups when the unit has been given too many tasks.					
protect the unit from receiving too many taskings.					
provide clear guidance on how tasks and missions are to be accomplished.					
are viewed by the Soldiers/Marines as having physical courage.					
are viewed by the Soldiers/Marines as having moral courage.					

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.					
embarrass Soldiers/Marines in front of other Soldiers/Marines.					
try to look good to higher-ups by assigning extra missions or details to Soldiers/Marines.					
exhibit clear thinking and reasonable action under stress.					
show favoritism to certain members in the unit.					
treat all members of the unit fairly.					
are concerned about the safety of Soldiers/Marines.					
ensure that Soldiers/Marines do not assume unnecessary risks when conducting missions.					
will tell higher-ups when the unit has been given too many tasks.					
protect the unit from receiving too many taskings.					
provide clear guidance on how tasks and missions are to be accomplished.					
are viewed by the Soldiers/Marines as having physical courage.					
are viewed by the Soldiers/Marines as having moral courage.					

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

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
I am confident in my ability to identify Soldiers/Marines at risk for suicide.					
I am confident in my ability to help Soliders/Marines get mental health assistance.					
The training for identifying Soldiers/Marines at risk for suicide was sufficient.					
The training in managing the stress of deployment and/or combat was adequate.					

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:

In my unit:	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
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	Difficulty staying asleep
None	None
Mild	Mild
Moderate	Moderate
Severe	Severe
Very 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)	Yes	No
Bullet	Yes	No
Fragment/shrapnel	Yes	No
Fall	Yes	No
Vehicle Accident	Yes	No
Other, specify	Yes	No

IF Yes, specify: _____

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

Injury to your head	Yes	No
Being dazed, confused, or "seeing stars"	Yes	No
Not remembering the injury	Yes	No
Losing consciousness (knocked out)	Yes	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:

	No	Yes, One Visit	Yes, Two Visits	Yes, Three or More Visits
mental health professional?				
combat stress control professional?				
general medical doctor?				
military chaplain?				
medic/corpsman in your unit?				
Soldier/Marine in your unit (excluding the medic/corpsman)?				

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.					
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.					
Mental health care doesn't work.					
It might affect my security clearance.					
My leaders discourage the use of mental health services.					

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.					
Damaged and/or destroyed Iraqi private property when it was not necessary.					
Physically hit/kicked a non-combatant when it was not necessary.					
Witnessed the brutality/mistreatment of a non-combatant by a unit member.					
Stopped a fellow unit member from mistreating a non-combatant.					
Members of my unit "modify" the Rules of Engagement in order to accomplish the mission.					
Members of my unit "ignore" the Rules of Engagement in order to accomplish the mission.					

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

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
   - 1
   - 2
   - 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.					
My relationship with my spouse is very stable.					
My relationship with my spouse makes me happy.					
I really feel like a part of a team with my spouse.					

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.					
I have been satisfied with how the FRG in my unit has helped my family.					
During this deployment I am satisfied with how my spouse is managing the finances.					

THANK YOU FOR COMPLETING THIS SURVEY!

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