Primary Care (BAS/Medical Personnel Survey)

Multi-National Force - Iraq

This survey is being conducted under the direction of the MNF-I Commander. The purpose of this questionnaire is to gather data about the current mental well-being of Soldiers and behavioral health personnel in theater and the functioning of the mental health system in OIF. Your responses will not be linked to you as an individual.

Definition: Mental health care is the clinical care of Soldiers with mental health problems or combat and operational stress reactions.

A. Demographics

Today's Date: _____

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

2. GENDER
   - Male
   - Female

3. GRADE/RANK
   - E1-E4
   - E5-E6
   - E7-E9
   - O1-O3
   - O4-O9
   - WO1-WO5

4. Unit _____

5. Branch of Service
   - Army
   - Navy
   - Air Force
   - Marines
   - Other _____

6. PRIMARY COMPONENT
   - Active Component
   - Reserve (USAR)
   - National Guard
   - AGR
   - Individual Ready Reserve (IRR)

7. Occupational Specialty:
   - Emerg Med
   - Family Practice
   - Flight Surgeon
   - GMO
   - PA
   - Nurse
   - Healthcare Specialist/Corpsman
   - Internal Medicine
   - Pediatrician
   - Other _____

8. Which region best describes where you are currently serving?
   - Northern Iraq (Mosul area)
   - North East Iraq (Kirkuk area)
   - North Central Iraq (Tikrit/Balad area)
   - Central Iraq (Baghdad area)
   - South Central Iraq (Karbala to Nasiriyah)
   - South Iraq (Basra area)
   - North Kuwait (Udairi, Virginia, etc.)
   - South Kuwait (Doha, Arifjan, etc.)
   - Other _____

9. For **THIS** deployment, please indicate **MONTH/YEAR** you arrived in theater:

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	2	3	4	5	6	7	8	9	10	11	12

YEAR	2003	2004	2005	2006
	1	2	3	4

10. How long (**MONTHS**) should a deployment last?

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

11. How many **TOTAL DAYS** have you been deployed (combat or peacekeeping) in the **past two years**)?

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

12. How many **MONTHS** have you been assigned to the current unit?

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

13. How many **MONTHS** has your current unit been deployed to Iraq/Kuwait?

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

14. Approximately how many Soldiers does your team support?

Example: If 200, then bubble "0200"

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

B. Standards

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

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
The standards of medical care in this theater/Area of Operations are clear.					
The standards of mental health services in this theater/Area of Operations are clear.					
The standards for clinical documentation in this theater/Area of Operations are clear.					
The standards for records management in this theater/Area of Operations are clear.					
The standards for transfer of clinical mental health information between levels of care in this theater/Area of Operations are clear.					
I encountered situations involving medical ethics in Iraq to which I did not know how to respond.					

C. Coordination

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

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
We coordinate/integrate our mental health activities with the Unit Ministry Teams in our Area of Operations.	1	2	3	4	5
We coordinate/integrate our mental health activities with mental health personnel in our Area of Operations.	1	2	3	4	5
Mental health personnel have provided us information about where to refer Soldiers for mental health problems.	1	2	3	4	5
Mental health personnel have provided us information about the services they provide to Soldiers.	1	2	3	4	5

D. Combat and Operational Stress Control and Mental Health Services

1. During this deployment, how frequently did you:

	NEVER	ONLY ONCE	ONCE EVERY 2-3 MONTHS	ONCE A MONTH	TWO TO THREE TIMES A MONTH	ONCE A WEEK	SEVERAL TIMES A WEEK
Help Soldiers with a mental health problem?	1	2	3	4	5	6	7
Conduct educational (stress management) classes?	1	2	3	4	5	6	7
Consult with unit leaders regarding mental health issues?	1	2	3	4	5	6	7
Refer Soldiers with mental health problems to the Chaplain?	1	2	3	4	5	6	7
Refer Soldiers with problems to mental health personnel?	1	2	3	4	5	6	7

2. Are mental health resources available on the FOB(s) you primarily support?
- 1 Yes
- 2 No

E. Skills and Training

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

1. I feel confident in my ability to:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Help Soldiers face mental health issues during the deployment.	1	2	3	4	5
Evaluate and treat Soldiers with Substance Abuse/Dependence.	1	2	3	4	5
Evaluate and treat Combat and Operational Stress Reaction.	1	2	3	4	5
Help Soldiers face BH/COSC issues during the deployment.	1	2	3	4	5
Evaluate and treat Acute Stress Disorder/Post Traumatic Stress Disorder.	1	2	3	4	5
Evaluate and treat victims of sexual assault.	1	2	3	4	5
Perform clinical evaluation and treatment of non-combatants.	1	2	3	4	5
Perform clinical evaluation and treatment of detainees.	1	2	3	4	5
Perform clinical evaluation and treatment of Iraqi Security Force personnel.	1	2	3	4	5

F. Stigma and Barriers to Care

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

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Commanders welcome back Soldiers who have received mental health services from my team.					
Commanders welcome back Soldiers who have been assessed for suicidal thoughts/behaviors and returned to duty.					
Commanders welcome back Soldiers who have been assessed for homicidal thoughts/behaviors and returned to duty.					

G. Personal Well-being

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

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
My ability to provide medical care is impaired by the stressors of deployment/combat.					
My mental well-being has been adversely affected by the events I have witnessed on this deployment.					
My spiritual well-being has been adversely affected by the events I have witnessed on this deployment.					
Since this deployment, I have become less sensitive to the needs of the Soldiers I serve/support.					
My ability to do my job is impaired by listening to the combat experiences of Soldiers I've talked with while performing my medical mission.					

2. Please rate the following:

	Very Low	Low	Medium	High	Very High
Your personal morale					
Your energy level					
Your level of burnout					
Your motivation					

3. The following equipment/supplies would have improved my team's ability to complete our BH/COSC mission:

_____

_____

_____

H. Psychiatric Medication (ONLY providers credentialed to prescribe medications)

1. The procedures for ordering/replenishing psychiatric medications in this theater/Area of Operations are clear.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

2. In general, there has been adequate availability of appropriate psychiatric medications in the Area of Operations.
   - Yes
   - No

3. There has been adequate availability of appropriate psychiatric medication at these levels of care:

Level I (Battalion Aid Station)	Yes	No
Level II (Forward Support Medical Company)	Yes	No
Level III (Combat Support Hospital)	Yes	No

4. During this deployment, how frequently did you prescribe medication for:

	NEVER	ONLY ONCE	ONCE EVERY 2-3 MONTHS	ONCE A MONTH	TWO TO THREE TIMES A MONTH	ONCE A WEEK	SEVERAL TIMES A WEEK
Sleep problems?							
Depression?							
Anxiety?							

5. What medications were needed by Soldiers during this deployment, but were not available to prescribe.

_____

_____

_____

6. Have you ever prescribed a medication that you felt uncomfortable providing?
   - No
   - Yes, reason _____

7. Did you ever practice outside the scope of your privilege?
   - No
   - Yes, reason _____

THANK YOU FOR COMPLETING THIS SURVEY!

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