

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

| | <input type="radio"/> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The standards of medical care in this theater/Area of Operations are clear. | <input type="radio"/> |
| The standards of mental health services in this theater/Area of Operations are clear. | <input type="radio"/> |
| The standards for clinical documentation in this theater/Area of Operations are clear. | <input type="radio"/> |
| The standards for records management in this theater/Area of Operations are clear. | <input type="radio"/> |
| The standards for transfer of clinical mental health information between levels of care in this theater/Area of Operations are clear. | <input type="radio"/> |
| I encountered situations involving medical ethics in Iraq to which I did not know how to respond. | <input type="radio"/> |

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.	<input type="radio"/>				
We coordinate/integrate our mental health activities with mental health personnel in our Area of Operations.	<input type="radio"/>				
Mental health personnel have provided us information about where to refer Soldiers for mental health problems.	<input type="radio"/>				
Mental health personnel have provided us information about the services they provide to Soldiers.	<input type="radio"/>				

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?	<input type="radio"/>						
Conduct educational (stress management) classes?	<input type="radio"/>						
Consult with unit leaders regarding mental health issues?	<input type="radio"/>						
Refer Soldiers with mental health problems to the Chaplain?	<input type="radio"/>						
Refer Soldiers with problems to mental health personnel?	<input type="radio"/>						

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

E. Skills and Training

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

STRONGLY DISAGREE
 DISAGREE
 NEITHER AGREE NOR DISAGREE
 AGREE
 STRONGLY AGREE

1. I feel confident in my ability to:

Help Soldiers face mental health issues during the deployment.	<input type="radio"/>				
Evaluate and treat Soldiers with Substance Abuse/Dependence.	<input type="radio"/>				
Evaluate and treat Combat and Operational Stress Reaction.	<input type="radio"/>				
Help Soldiers face BH/COSC issues during the deployment.	<input type="radio"/>				
Evaluate and treat Acute Stress Disorder/Post Traumatic Stress Disorder.	<input type="radio"/>				
Evaluate and treat victims of sexual assault.	<input type="radio"/>				
Perform clinical evaluation and treatment of non-combatants.	<input type="radio"/>				
Perform clinical evaluation and treatment of detainees.	<input type="radio"/>				
Perform clinical evaluation and treatment of Iraqi Security Force personnel.	<input type="radio"/>				

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.	1	2	3	4	5
Commanders welcome back Soldiers who have been assessed for suicidal thoughts/behaviors and returned to duty.	1	2	3	4	5
Commanders welcome back Soldiers who have been assessed for homicidal thoughts/behaviors and returned to duty.	1	2	3	4	5

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.	1	2	3	4	5
My mental well-being has been adversely affected by the events I have witnessed on this deployment.	1	2	3	4	5
My spiritual well-being has been adversely affected by the events I have witnessed on this deployment.	1	2	3	4	5
Since this deployment, I have become less sensitive to the needs of the Soldiers I serve/support.	1	2	3	4	5
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.	1	2	3	4	5

2. Please rate the following:

Very Low Low Medium High Very High

Your personal morale	1	2	3	4	5
Your energy level	1	2	3	4	5
Your level of burnout	1	2	3	4	5
Your motivation	1	2	3	4	5

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)	<input type="radio"/> Yes	<input type="radio"/> No
Level II (Forward Support Medical Company)	<input type="radio"/> Yes	<input type="radio"/> No
Level III (Combat Support Hospital)	<input type="radio"/> Yes	<input type="radio"/> 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Anxiety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

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.