

PART ONE: The following questions ask you about your use of alcoholic beverages *within the past 12 months*. Alcoholic beverages are beer, wine and liquor (for example, vodka, whiskey, brandy, etc.), that is, any drink with alcohol in it.

1. How often do you have a drink containing alcohol? Never 2 to 4 times a month 4 or more times a week
 Monthly or less 2 to 3 times a week

If you marked "Never", continue with Question #11. Otherwise, continue with Question #2.

2. How many drinks containing alcohol do you have on a typical day when you are drinking? 1 or 2 5 or 6 10 or more
 3 or 4 7 to 9

3. How often do you have six or more drinks on one occasion? Never Monthly Daily or almost daily
 Less than monthly Weekly

4. How often during the last year have you found that you were not able to stop drinking once you had started? Never Monthly Daily or almost daily
 Less than monthly Weekly

5. How often during the last year have you failed to do what was normally expected from you because of drinking? Never Monthly Daily or almost daily
 Less than monthly Weekly

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? Never Monthly Daily or almost daily
 Less than monthly Weekly

7. How often during the last year have you had a feeling of guilt or remorse after drinking? Never Monthly Daily or almost daily
 Less than monthly Weekly

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? Never Monthly Daily or almost daily
 Less than monthly Weekly

9. Have you or someone else been injured as a result of your drinking? No Yes, but not in the last year Yes, during the last year

10. Has a relative, friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down? No Yes, but not in the last year Yes, during the last year

PART TWO: Please answer the following questions as they relate to you.

11. Within the past 12 months, have you ridden in a vehicle with a driver who was under the influence of alcohol? Yes No

12. Within the past 12 months, have you driven under the influence of alcohol or other drugs? Yes No

13. Do your unit leaders treat driving while intoxicated as a serious offense? Yes No

14. Within the past 12 months, have you been detained or arrested by police or MPs in conjunction with your use of alcohol or other drugs? Yes No

15. Within the past 12 months, have you committed an illegal act while drinking? Yes No

16. Within the past 12 months, have you used illegal drugs? Yes No

17. Do you work well with others in your unit? Yes No

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18. Do you find it hard to make friends in your unit? Yes
 No
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19. Do you trust your chain of command enough to talk with them about a personal problem? Yes
 No
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20. Within the past 12 months, have you physically threatened anyone at your work site? Yes
 No
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21. Within the past 12 months, have you been discriminated against by someone in your unit because of your race, gender, religion, national origin, or perceived sexual orientation? Yes
 No
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22. Within the past 12 months, have you been sexually harassed in your unit (for example, received unwanted verbal remarks, gestures; had your job security or evaluation compromised by requests for sexual favors; experienced a sexually threatening work place)? Yes
 No
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23. Within the past 12 months, have you been absent from work without permission? Yes
 No
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24. Within the past 12 months, have you gone AWOL? Yes
 No
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25. Do you often feel angry and frustrated? Yes
 No
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26. Do you often feel lonely? Yes
 No
-
27. How often are there people available that you can turn to for support in bad moments or illness? Always Hardly ever
 Sometimes Never
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28. Within the past 12 months, has an important relationship with a friend, girlfriend/boyfriend, or spouse ended? Yes
 No
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29. Within the past 12 months, how many life changes/difficult circumstances have you experienced (for example, PCS, job change, birth/adoption, marriage/divorce/separation, promotion or passover, disciplinary action, serious illness/injury, illness/death of loved one)? None 1 2-3 4 or more
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30. In general, how satisfied are you with your life (for example, work situation, social activity, accomplishing what you set out to do)? Totally satisfied Somewhat satisfied
 Mostly satisfied Not satisfied
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31. Within the past 12 months, have you been in financial trouble (for example, written checks that would bounce, could not pay bills or creditors, received letters of indebtedness, declared bankruptcy)? Yes
 No
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32. Within the past 12 months, have you had to use Army Emergency Relief, credit cards, or other loan mechanisms to pay for basic living expenses (for example, rent/mortgage, utilities, food)? Yes
 No
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33. Within the past 12 months, have you had any suicidal thoughts? Yes
 No
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34. If yes, did you make a plan? Yes
 No

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35. Within the past 12 months, have you attempted suicide? Yes
 No
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36. Within the past 12 months, have you stolen or shoplifted anything? Yes
 No
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37. Within the past 12 months, have you vandalized property? Yes
 No
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38. Within the past 12 months, have you committed a crime against another person, such as, assault, rape, or robbery? Yes
 No
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39. Do you practice safe sex (for example, abstinence, use of condoms, monogamy)? Yes
 No
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40. Within the past 12 months, have you been diagnosed with a sexually transmitted disease (STD) (for example, gonorrhea, syphilis, herpes, genital warts, chlamydia, HIV)? Yes
 No
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41. Within the past 12 months, have you had more than one sex partner? Yes
 No
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42. By today's standards, do you think any of the punishment you received from your parents/guardians would be considered physically abusive? Yes
 No
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43. By your own standards, do you consider yourself to have been physically abused by your parents/guardians? Yes
 No
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44. Within the past 12 months, have you physically or verbally threatened your spouse or girlfriend/boyfriend? Yes
 No
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45. Within the past 12 months, have you pushed, shoved, slapped, grabbed, or hit your spouse or girlfriend/boyfriend? Yes
 No
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46. Within the past 12 months, have you insulted or sworn at a child? Yes
 No
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47. Within the past 12 months, have you spanked a child and left any type of mark? Yes
 No
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48. Within the past 12 months, have you pushed, shoved, hit with your hand, or kicked a child? Yes
 No
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49. Within the past 12 months, have you hit a child with a brush, belt, stick, or other object? Yes
 No
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50. Within the past 12 months, how many days have you spent away from your home/barracks due to military requirements? 0–15 days 31–45 days
 16–30 days 46 or more days
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51. Is your job so demanding that you do not have enough time to relax? Yes
 No
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52. In general, how satisfied are you with life in the Army? Totally satisfied Somewhat satisfied
 Mostly satisfied Not satisfied
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53. Do you plan to reenlist/stay in the Army? Yes
 No

DO NOT MARK IN THIS AREA



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