

Date of Interview:

Interviewer:

Study ID:

Qualitative Interview Questions

Initial In-Person Interview/Follow-Up Phone Interviews

(Question 14 will only be asked during the initial interview)

Please use words that are ~~crossed-out~~ as appropriate.

Please Circle **YES/NO** where appropriate –OR– Check EACH box after question has been asked AND answered.

PLEASE NOTE THE TIME THAT THE INTERVIEW IS BEGINNING OUT LOUD SO THIS CAN BE RECORDED:

Time Started: _____

1. Did you sustain one or more injuries while you were deployed? **Yes / No**

- Please describe the injury/injuries.
- If you sustained one or more injuries while you were deployed, please describe the events surrounding the injury/injuries.
- Please describe the symptoms you experience(d) as a result of these injuries (at the time of the event, post-injury, and now).

2. Did symptoms secondary to your injuries change the way you get along with others? **Yes / No**

- Please describe how they changed the way that you get along with others.
- How they changed the way you complete the duties of your job.
- How they changed the way you see yourself.

3. Were you exposed to things that emotionally distressed you while deployed? **Yes / No**

- If you were exposed to things that were emotionally distressing to you while you were deployed, can you provide a brief description of what you saw or experienced?
- Please describe the symptoms you experience(d) as a result of this exposure (at the time of the event, post-injury, and now).

Date of Interview:

Interviewer:

Study ID:

4. Did this emotional distress change the way you get along with others? **Yes / No**

- Please describe how they changed the way that you get along with others.
- Please describe how they changed the way you complete the duties of your job.
- Please describe how they changed the way you see yourself.

5. What specific changes have you noticed in your ability to get along with others as a result of your deployment-related experiences?

- To what ~~symptoms~~ do you attribute these changes?

6. What specific changes have you noticed in your ability to complete the duties of your job as a result of your deployment related experiences?

- To what ~~symptoms~~ do you attribute these changes?

7. How has your sense of self changed as a result of your deployment experiences?

- To what ~~symptoms~~ do you attribute these changes?

8. How has the way that you experience physical and/or emotional pain changed as a result of your deployment-related experiences? (*Interviewer, please clarify, physical, emotional, or both*)

- Physical**
- Emotional**
- Both**

9. Does it seem like it takes more to hurt you now than it did in the past? **Yes / No**

- If so, why?

Date of Interview:

Interviewer:

Study ID:

10. ~~Since returning from deployment~~, have you had periods of time during which you felt like a burden to your unit, job, family, friends, and/or society? **Yes / No**

- Please describe your thought, feelings, and actions during this period of time.
- How have you or would you handle it if you felt like this?

11. ~~Since returning from deployment~~, have you had periods of time in which you felt like an outsider within your unit, at your job, or in social/family situations? **Yes / No.**

- Please describe your thoughts, feelings and actions during this period of time.
- How have you or would you handle it if you felt like this?

12. Do you believe that you sustained a traumatic brain injury (TBI) while you were deployed? **Yes / No**

- If you sustained a traumatic brain injury (TBI) please describe the events surrounding the injury.
- Please describe the symptoms that you experienced right after this injury.
- If you experienced a TBI and continue to experience symptoms, please describe these symptoms?

13. Do you believe that you experienced or are experiencing symptoms related to Post Traumatic Stress Disorder as result of your deployment? **Yes / No**

- Please describe events which resulted in the development of the Post Traumatic Symptoms (PTSD).
- Please describe the symptoms that you began experiencing at the time of upset.
- Please describe symptoms that you continue to experience.

Date of Interview:

Interviewer:

Study ID:

14. If you sustained a TBI, and/or experienced or are experiencing emotional upset related to PTSD, please draw a timeline of events and symptoms. For example, which occurred first, the injury or the emotional symptoms? (*Hand participant a piece of paper to draw timeline*). **RECORD THE TIMELINE EXERCISE.**

PLEASE NOTE THE TIME THAT THE INTERVIEW IS ENDING (TIMELINE IS COMPLETE) OUT LOUD SO THIS CAN BE RECORDED:

Time Stopped: _____