

# Military Family and Deployment

## Additional Military Family Members

Youth Name: \_\_\_\_\_ SOC ID: \_\_\_\_\_

Site Name: \_\_\_\_\_

For the next family member:

A. What is the relationship of that person (Service Member) to [your child]?

- Mother/Father       Brother/Sister  
 Spouse/Partner       Other; specify \_\_\_\_\_

B. Has the Service Member experienced any of the following? Please answer for each of the following. You may say yes to more than one answer.

	Yes
Deployed in support of Combat Operations (in Iraq, Afghanistan or any American war)	<input type="checkbox"/>
Was physically injured during Combat Operations	<input type="checkbox"/>
Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts	<input type="checkbox"/>
Died or was killed	<input type="checkbox"/>

For the next family member:

A. What is the relationship of that person (Service Member) to [your child]?

- Mother/Father       Brother/Sister  
 Spouse/Partner       Other; specify \_\_\_\_\_

B. Has the Service Member experienced any of the following? Please answer for each of the following. You may say yes to more than one answer.

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