The public reporting burden for this collection of information, 0704-0553, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Survey Introduction

CID has implemented the Wellness Program to address the impact of job-related stressors on mental health and wellbeing, and the need for law enforcement-specific confidential resources in addition to traditional medical channels. Taking care of our own is essential for mission success. To accomplish this, we have implemented wellness support using both active duty behavioral health officers and contract counselors embedded in all battalions. We want to make sure the program is meeting your needs, and we need your feedback to assure the contractor is fulfilling those requirements. Your honest feedback in completing this survey is greatly appreciated.

1. Are you aware of the Wellness Program?

-		-							
Yes, I knew it was coming but did not know it had been implemented.									
Yes, I have seen the counselor in our area.									
Yes, I have comple	eted my Wellness Ch	neck.							
Yes, I have already participated in a group debrief or individual preventive counseling.									
○ No									
\bigcirc									
2. The leaders in my office are supportive of the program and encourage its use.									
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
3. The other personnel in my office are supportive of the program and encourage its use.									
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
4. I am supportive o	f the program ar	nd encourage its us	e.						
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
5. Our Wellness Program counselor makes an effort to get out to the field offices regularly.									
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
6. The counselor is very knowledgeable about addressing mental health and wellness issues.									
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				

7. The counselor is	7. The counselor is knowledgeable about the unique culture and stressors of Law Enforcement.								
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
8. The counselor is knowledgeable about the unique culture and stressors of Army life.									
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
9. I have found the educational briefings to be helpful.									
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
10. The counselor was non-judgmental and helped me feel comfortable discussing my concerns.									
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
11. The counselor was flexible in scheduling the time for our meetings.									
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
12. The counselor w	as helpful in ref	erring me to other r	esources if need	led					
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
13. I intend to follow	up with the res	ources referred to m	ne by the counse	elor.					
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
14. I have found the individual wellness checks or counseling to be helpful in my personal and family life.									
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A				
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
	-	_	-		_				

15. Please indicate the unit you are assigned to:

701st MP Group

- DFSC
- Washington CID BN
- Fort Benning CID BN
- 502nd MP BN
- 22nd MP BN
- 19th MP BN
- 11th MP BN
- 10th MP BN
- 5th MP BN

16. Please provide any additional comments/feedback/recommendations you have about the Wellness Program.