

OMB CONTROL NUMBER: 0704-XXXX
OMB EXPIRATION DATE: XX/XX/XXXX

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-XXXX, is estimated to average 15 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.

BACKGROUND INFORMATION

- 1. What is your marital status?**
 - Married
 - separated
 - Divorced
 - Widowed
- 2. Is your spouse currently serving on active duty (not a member of the National Guard or Reserve)?**
 - Yes
 - No
- 3. How many years have you been married? To indicate less than 1 year, enter "0".**
 Years
- 4. Are you...?**
 - Hispanic or Latino
 - Not Hispanic or Latino
- 5. What is your race? Mark all that apply.**
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
 - Native Hawaiian or Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

YOUR FAMILY

- 6. Do you or your spouse have any children under the age of 18 living at home either part-time or full-time?**
 - Yes
 - No
- 7. [Ask if Q6 = "Yes"] How many children under the age of 18 do you or your spouse have living at home either part-time or full-time, in each age group. Please select the number of children you have in each group. To indicate none, select "0". To indicate more than nine, select "9".**
 - Less than 1 year old
 - 1 year to less than 2 years old
 - 2 to 5 years old
 - 6 to 13 years old
 - 14 to less than 18 years old
- 8. [Ask if Q6 = "Yes"] At any time during the 2020-2021 school year, how many children in this household were enrolled in kindergarten through 12th grade or grade equivalent? Please select the number of children in each group. To indicate none, select "0". To indicate more than nine, select "9".**
 - Number enrolled in a public school
 - Number enrolled in a private school
 - Number attending a Department of Defense-run school (DoDEA Americas, DoDEA Europe or DoDEA Pacific)
 - Number homeschooled, that is not enrolled in public or private school
 - Not enrolled in any type of school

9. [Ask if Q6 = "Yes" AND (Q8 a > "0" OR Q8 b > "0" OR Q8 c > "0" OR Q8 d > "0") During the 2020-2021 school year, how did the children in this household receive their education? *Mark all that apply.*

- Children received live instruction from a teacher in person at their school
- Children received live instruction from a teacher on-line/virtually
- Children learned on their own using on-line materials provided by their school
- Children learned on their own using paper materials provided by their school
- Children learned on their own using materials that were NOT provided by their school
- Children did not participate in any learning activities because their school was closed
- Children were sick and could not participate in education
- Other

[Ask if Q9 = "Other"] During the 2020-2021 school year, what other way did the children in this household receive their education? Do not provide any personally identifiable information.

The following items will help us understand a bit about your child care arrangements for children in the household.

10. [Ask if Q6 = "Yes"] During the work day, do you routinely use the following sources of child care? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Military child care center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military (or military-affiliated) family child care home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Civilian child care—receiving military child care fee assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Civilian child care—not receiving military child care fee assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

11. [Q10 a = "Yes" OR Q10 b = "Yes" OR Q10 c = "Yes" OR Q10 d = "Yes"] How many of your child(ren), in each age group, routinely use child care arrangements? *Please select the number of children you have in each group. To indicate none, select "0". To indicate more than nine, select "9".*

Less than 1 year old

1 year to less than 2 years old

2 to 5 years old

6 to 13 years old

14 to less than 18 years old

12. [Ask if Q10 a = "Yes" OR Q10 b = "Yes" OR Q10 c = "Yes" OR Q10 d = "Yes"] At any time in the last year, were any children in the household unable to attend day care or another child care arrangement because of the coronavirus pandemic? *Please include before school care, after school care, and all other forms of childcare that were unavailable.*

- Yes
- No

13. [Ask if Q12 = "Yes"] Which if any of the following occurred as a result of child care being closed or unavailable? *Mark all that apply.*

- You (or another adult) took unpaid leave to care for your children.
- You (or another adult) used vacation or sick days in order to care for your children.
- You (or another adult) cut your hours in order to care for your children.
- You (or another adult) left a job in order to care for your children.
- You (or another adult) lost a job because of time away to care for your children.
- You (or another adult) did not look for a job in order to care for your children.
- You (or another adult) supervised one or more children while working
- None of the above

14. Ask if (Q10 d = "Yes" OR Q10 c = "Yes") AND (Q10 a = "No" AND Q10 b = "No")
Which of the following are reasons why you do not use military child care? Mark "Yes" or "No" in each row.

	Yes	No
a. Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Quality of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Affordability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Inconvenient location.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Operating hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

COVID-19

15. Have you received a COVID-19 vaccine?
 Yes
 No
16. [Ask if Q15 = "Yes"] Did you receive (or do you plan to receive) all required doses?
 Yes
 No
17. [Ask if Q15 = "No"] Once a vaccine to prevent COVID-19 is available to you, would you... Mark one.
 Definitely get a vaccine
 Probably get a vaccine
 Be unsure about getting a vaccine
 Probably NOT get a vaccine
 Definitely NOT get a vaccine

18. [Ask if Q16 = "NO" OR Q17 <> "Definitely get a vaccine"] Which of the following, if any, are reasons that you [only probably will /probably won't/definitely won't] [get a COVID-19 vaccine/won't receive all required doses of a COVID-19 vaccine]? Mark all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine
- I don't know if a COVID-19 vaccine will work
- I don't believe I need a COVID-19 vaccine
- I don't like vaccines
- My doctor has not recommended it
- I plan to wait and see if it is safe and may get it later
- I think other people need it more than I do right now
- I am concerned about the cost of a COVID-19 vaccine
- I don't trust COVID-19 vaccines
- I don't trust the government
- Other

[Ask if Q18 = "Other"] What are some other reasons that you only probably will, probably won't or definitely won't get the COVID-19 vaccine/won't receive all required doses of a COVID-19 vaccine? Do not provide any personally identifiable information.

19. [Ask if Q18 = "I don't believe I need a COVID-19 vaccine"] Why do you believe that you don't need a COVID-19 vaccine? Mark all that apply.
- I already had COVID-19
 - I am not a member of a high-risk group
 - I plan to use masks or other precautions instead
 - I don't believe COVID-19 is a serious illness
 - I don't think vaccines are beneficial
 - Other

20. [Ask if Q 19 = "I already had COVID-19"] Have you received a positive result on a COVID-19 test?

- Yes
- No
- Not sure

SERVICE, EDUCATION AND EMPLOYMENT

21. Have you previously served in an active duty Service (e.g., Army, Navy, Marine Corps, Air Force, Coast Guard) or National Guard/Reserve?

- No
- Yes, I served in an active duty Service or National Guard/Reserve, but did NOT retire
- Yes, I served in an active duty Service or National Guard/Reserve and retired

22. Are you currently serving in the military?

Yes, on active duty (not a member of the National Guard/Reserve)

Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)

Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)

No

23. [Ask if Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" or Q13 = Not Answered] Last week, did you do any work for pay or profit? Mark "Yes" even if you worked only one hour, or helped without pay in a family business or farm for 15 hours or more.

- Yes
- No

24. [Ask if Q23 = "No"] Last week, were you temporarily absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc.
- No

25. [Ask if Q24 = "No"] Have you been looking for work during the last four weeks?

- Yes
- No

26. [Ask if Q 25 = "Yes"] Last week, could you have started a job if one had been offered?

- Yes
- No

27. [Ask if Q 25 = "Yes"] How many weeks have you been looking for work? If you have been looking for work for less than one week, enter "0". If you have been looking for work for more than one year, enter "52".

Weeks

28. [Ask if Q 23 = "No"] What is your main reason for not working for pay or profit in the last 12 months?

- I am/was sick (not coronavirus related) or disabled
- I am retired
- I am/was caring for children not in school or daycare
- I was preparing for/recovering from a Permanent Change of Station (PCS) move
- I was unable to work while my spouse was deployed
- I do/did not have transportation to work
- I did not want to be employed at this time
- I am/was caring for someone or sick myself with coronavirus symptoms
- I was concerned about getting or spreading the coronavirus
- I am/was laid off or furloughed due to coronavirus pandemic
- My employer closed temporarily due to the coronavirus pandemic
- My employer went out of business due to the coronavirus pandemic
- I am/was caring for someone or sick myself with coronavirus symptoms
- Other

[Ask if Q28 = "Other"] Please specify what other reason you have not worked for pay or profit in the last 12 months? Do not provide any personally identifiable information.

29. [Ask if Q 23 = "Yes"] Are you employed by government, by a private company, a nonprofit organization or are you self-employed or working in a family business? Mark one.

- Government
- Private company
- Non-profit organization including tax exempt and charitable organizations
- Self-employed
- Working in a family business

30. [Ask if Q 23 = "Yes"] On average, how many hours a week do you spend working for pay (including hours worked for a family business or farm)?

			Hours
--	--	--	-------

31. [Ask if Q 23 = "Yes"] Please indicate how much you agree or disagree with the following statements. Mark one answer for each item.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. I am paid less than those with similar credentials.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Given my credentials, I should have a higher position at work.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I need to find a job that allows me to work more hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. I work in temporary positions, but I would prefer not to.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I had to take a job outside of my field.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. My pay is not enough to live on.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

32. [Ask if Q 23 = "Yes"] Are you currently employed within the area of your education or training?

- Yes
- No

33. Regardless of your current employment status, does your occupation or career field require... Mark "Yes" or "No" for each item.

	Yes	No
a. A certification provided by an organization that sets standards for your occupation?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. A state issued license?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

34. [Ask if Q24 a = "Yes" OR Q24 b = "Yes"] What kind of professional license/certification/credential does your career field require? Mark one.

- Accounting
- Architects
- Counseling (e.g., Professional Counselor, Marriage and Family Therapist)
- Dentistry/Dental Hygiene Law (e.g., Attorney) Massage Therapy
- Medicine
- Nursing
- Occupational Therapy
- Pharmacy/Pharmacy Technician Physical Therapy
- Professional Engineers
- Skilled Trade (e.g., Master Electrician, Plumber, Heating, Air Conditioning, Ventilation and Refrigeration)
- Social Work
- Teaching (Elementary and Secondary)
- Other

35. [Ask if Q 23 = "Yes"] Does your employer offer the following... Mark "Yes" or "No" for each item.

	Yes	No
a. Flexible scheduling?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Remote work?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

36. What is the highest degree or level of school that you have completed? Mark the one answer that describes the highest grade or degree that you have completed. Mark one.

- 12 years or less of school (no diploma)
- High school graduate—high school diploma or equivalent (e.g., GED)
- Vocational or technical diploma
- Some college credit, no degree
- Associate's degree
- Bachelor's degree
- Advanced degree MA/MS/PhD/MD/JD

37. In what career field is your current or most recent employment? *Mark one.*

- Not applicable, I have never been employed
- Administrative services (e.g., administrative assistant, secretary)
- Child care and child development (e.g. attend to children at schools, businesses, private households, and childcare institutions)
- Communications and marketing (e.g., writer/editor, call center, film/TV, social media, web development)
- Community and social services (e.g., mental health counselor, social worker, probation officers and correctional treatment specialists, school bus monitor)
- Education (e.g., teacher, teacher's assistant)
- Financial services (e.g., claim adjuster, credit analyst, accountant, financial counselor, banker, insurance agent)
- Health care practitioners and technical occupations (e.g., nurse, dental hygienist, pharmacist, medical records specialist, dentist, doctor, paramedic, optician, veterinarian)
- Health care support (e.g., home health aide, nursing assistant, occupational or physical therapy aid)
- Information technology (e.g., network analyst, database administrator)
- Legal (e.g., lawyer, paralegal, legal assistant, mediator, magistrate)
- Protective services (e.g., correctional officer, firefighter, police officer, animal control worker, security guard)
- Recreation and hospitality (e.g., restaurant, hotel business/management, personal trainer, ticket agent)
- Retail and customer service (e.g., cashier, sales person, customer service representative, manager)
- Skilled trades (e.g., electrician, cosmetology, plumber, construction, welder)
- Software development (e.g., coding)
- Transportation and material moving occupations (e.g. aircraft service attendant, parking attendants, bus, taxi or truck driver)
- Other occupations which require a state license
- Other occupations which do NOT require a state license

38. What barriers have you faced in entering your most recent or current career field? *Mark all that apply.*

- Pay does not cover cost of child care
- Lack vocational training
- Lack required 2-year degree
- Lack required 4-year degree
- Lack required certification
- Lack transferability of certifications/licensure
- Lack experience
- Lack available/flexible child care
- Frequent moves
- Lack of jobs in my field in my current location
- Medical or health limitations
- Caregiver (non child) requirements
- Lack of part-time options
- Flexible hours/flexible schedule
- Not applicable

39. Are you working toward or did you receive a new credential(s) or certification, in the last 12 months? *Mark all that apply.*

- High school graduate—high school diploma or equivalent (e.g., GED)
- Vocational or technical diploma
- Associate's degree
- Bachelor's degree
- Master's, doctoral, or professional school degree
- Professional license
- Professional certificate
- None/not applicable

40. Have you used a Military Spouse Career Advancement Accounts (MyCAA) Scholarship? *Mark one.*

- Yes, in the past 12 months
- Yes, but not in the past 12 months
- No, and I was not aware of this resource
- No, but I am aware of this resource

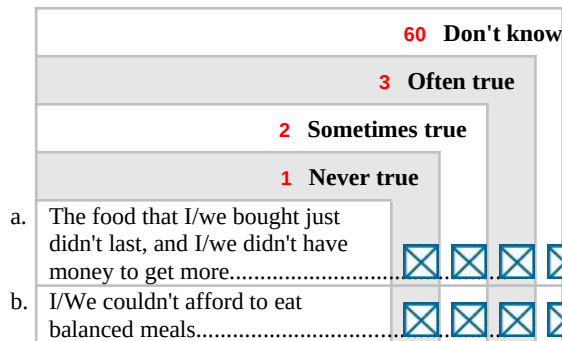
41. [Ask if Q40 = "No, and I was not aware of this resource" OR Q40 = "No, but I am aware of this resource"] What is the main reason you did not use a MyCAA Scholarship? *Mark one.*

- I am not eligible because of my husband/wife's rank.
- I need education, training, or testing not covered by MyCAA.
- I have limited time for additional education/training because of family/personal obligations.
- I am not interested in additional education/training.
- I do not feel that additional education/training are important for my career.

FOOD SECURITY

These next questions are about the food eaten in your household in the last 12 months, since (name of current month) of last year and whether you were able to afford the food you need.

42. The following are statements that people have made about their food situation. How often were each of the following statements true for you and your household in the past 12 months—that is, since last [name of current month]? *Mark one answer for each item.*



43. In the last 12 months, since last (name of current month), did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? *Mark one.*

- Yes
- No
- Don't know

44. [Ask if Q43 = "Yes"] In the last 12 months, how often did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? *Mark one.*

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know

45. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? *Mark one.*

- Yes
- No
- Don't know

46. In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- Don't know

RESIDENCE/WHERE YOU LIVE

47. Do you and your spouse currently reside together in the same home (except for during deployments)?

- Yes
- No

48. Which of the following best describes where you currently live?

- Military housing, on base
- Military housing, off base
- Civilian housing

49. [Ask if Q47 = "No"] Which of the following best describes where your spouse currently lives?

- Military housing, on base
- Military housing, off base
- Civilian housing

50. [Ask if Q48 = "Civilian housing"] How close do you live to a military base/installation?

- Less than 30 minutes
- 30 minutes to less than 1 hour
- 1 to 2 hours
- More than 2 hours

LIFE IN THE MILITARY

51. Overall, how satisfied are you with the military way of life?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

52. Do you think your spouse should stay on or leave active duty? *Mark one.*

- I strongly favor staying
- I somewhat favor staying
- I have no opinion one way or the other
- I somewhat favor leaving
- I strongly favor leaving

PERMANENT CHANGE OF STATION (PCS)

53. During your spouse's active duty career, have you ever experienced a PCS move?

- Yes
- No

54. [Ask if Q53 = "Yes"] In what month and year was your last PCS move?

Month

Year

55. [Ask if Q6 = "Yes" AND Q53 = "Yes"] For your most recent PCS move, to what extent were the following a problem for you? *Mark all that apply.*

- Loss or decrease of your income
- Finding employment
- Changing schools for your education
- Obtaining licenses/certifications necessary for employment
- Availability of special medical and/or educational services for yourself
- Coordinating move with moving company
- Timeliness of receiving household goods
- Waiting for permanent housing to become available
- Settling claims for damaged or missing household goods
- Un-reimbursable moving costs (e.g., housing deposits, costs of setting up new residency, temporary lodging costs, transportation costs)
- Access to relocation information services, or support

56. [Ask if Q53 = "Yes"] For your most recent PCS move, to what extent were the following a problem for your child(ren)? *Mark one answer for each item.*

	Not a problem	Small extent	Moderate extent	Large extent	Very large extent
a. My child(ren) changing schools.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Availability of special medical and/or educational services for my child.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Missed deadlines for participating in extracurricular activities/sports.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Missed deadlines for placement lotteries in magnet schools/charter schools/special programs.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

57. [Ask if Q53 = "Yes"] How long did it take you to find employment after your last PCS move? Mark one.

- Less than 1 month
- 1 month to less than 4 months
- 4 months to less than 7 months
- 7 months to less than 10 months
- 10 months or more
- Sought but could not find employment after last PCS move
- Did not seek employment after last PCS move

58. [Ask if Q53 = "Yes"] After your last PCS move, did you have to acquire a new professional or occupational license or credential in order to work at the new duty location?

- Yes
- No

59. [Ask if Q53 = "Yes"] During your spouse's active duty career, how many times have you chosen to remain in place/not PCS with your spouse?

Times

60. [Ask if Q53 = "Yes" AND Q59 > 0] What are some reasons you chose to remain in place and not PCS with your spouse? Do not provide any personally identifiable information.

DEPLOYMENT

61. During your spouse's active duty career, has he/she been deployed for more than 30 consecutive days?

- Yes, in the past 36 months
- Yes, but not in the past 36 months
- No

62. [Ask if Q61 = "Yes"] During your spouse's most recent deployment, to what extent were each of the following a problem for you? Mark one answer for each item.

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. My job and or educational demands.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Managing expenses and bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Home/car repairs/ maintenance or yard work.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Safety of my family in our community.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Health problems in the family, including emotional problems.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Technical difficulties communicating with my spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Marital problems, difficulty maintaining emotional connection with spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Loneliness, dealing with issues/decisions alone.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Parenting alone, managing child care/child schedules, school/education, etc.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. No time for recreation, fitness, or entertainment activities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. A lack of and/or problems with military offered support for myself/my family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

63. [Ask if Q61 = "Yes"] When your spouse most recently returned home from a deployment, was he/she returning from a combat zone (e.g., an area where he/she drew imminent danger pay or hostile fire pay)?

- No
- Yes, from Iraq/Afghanistan
- Yes, from a combat zone other than Iraq/Afghanistan

64. [Ask if Q61 = "Yes"] After your spouse most recently returned home from a deployment, to what extent did your spouse seem to... Mark one answer for each item.

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. Be more emotionally distant (e.g., less talkative, less affectionate, less interested in social life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Show negative personality changes (e.g., more critical, indifferent to family/life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Show positive personality changes (e.g., more attentive, more agreeable)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Appreciate life more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Get angry faster?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Appreciate family and friends more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Have mental health concerns (e.g., anxiety, being "on guard")?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Drink more alcohol?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Have more confidence?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Take more risks with his/her safety?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Have difficulty adjusting (e.g., to family responsibilities, to civilian life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Have trouble sleeping?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Have difficulty with day-to-day activities (e.g., driving, eating, hygiene)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Be different in another way?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q61 = "Yes" AND Q64 = "Be different in another way?"] In what other way(s) did your spouse change after returning home from his/her most recent deployment? Do not provide any personally identifiable information.

YOUR PERSONAL LIFE AND SUPPORT

65. Taking things altogether, how satisfied are you with your marriage right now?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

66. Over the last 7 days, how often have you been bothered by the following problems? Mark one answer for each item.

	Nearly every day	More than half the day	Several days	Not at all
a. Little interest or pleasure in doing things.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Feeling nervous, anxious, or on edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Not being able to stop or control worrying.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

67. Have you seen a counselor...? Mark "Yes" or "No" for each item.

	Yes	No
a. During your spouse's active duty career?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. In the past six months?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

FINANCIAL CONDITION

68. In 2019 what was your total household income before taxes?

- Less than \$25,000
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 and above

69. How much does your income contribute toward your total household income?

- Less than 50%
- 50%
- More than 50%

70. [Ask if ((Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = Not answered) AND (Q23 = "Yes" OR (Q22 = "No" AND Q24 = "Yes, on vacation, temporary illness, labor dispute, etc."))) OR (Q22 = "Yes, on active duty (not a member of the National Guard/Reserve)" OR Q22 = "Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)")] Thinking about your experiences over the last year, which of the following did you or your household members use to meet your spending needs? *Mark all that apply.*

- Regular income sources like those received before the pandemic
- Credit cards or loans
- Money from savings or selling assets (including withdrawals from retirement accounts)
- Borrowing from friends or family
- Unemployment insurance (UI) benefit payments
- Stimulus (economic impact) payment
- Money saved from deferred or forgiven payments [to meet your spending needs]
- Supplemental Nutrition Assistance Program (SNAP)

71. How well does this statement describe you or your situation? *Mark one answer for each item.*

	Not at all				
	Very little				
	Somewhat				
	Very well				
	Completely				
a. I could handle a major unexpected expense	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I am securing my financial future	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Because of my money situation, I feel like I will never have the things I want in life	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. I can enjoy life because of the way I'm managing my money	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I am just getting by financially	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. I am concerned that the money I have or will save won't last	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

72. How often does this statement apply to you? *Mark one answer for each item.*

	Never				
	Rarely				
	Sometimes				
	Often				
	Always				
a. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I have money left over at the end of the month.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I am behind with my finances.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. My finances control my life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

73. Please share what the military could do to improve support for you and your family? Please do not share any identifiable information.

Please print

74. Please describe the top issue(s) impacting the quality of life for you and your family? Please do not share any identifiable information.

Please print

