

**ELIGIBILITY**

1. **Were you a member of a Reserve component (National Guard or Reserve member) on May XX, 2021?**

- Yes
- No, I separated or retired

**BACKGROUND INFORMATION**

2. **What is your current paygrade?**

- |                                         |                                         |                                                  |                                              |
|-----------------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> E-1 | <input checked="" type="checkbox"/> E-6 | <input checked="" type="checkbox"/> W-1          | <input checked="" type="checkbox"/> O-1/O-1E |
| <input checked="" type="checkbox"/> E-2 | <input checked="" type="checkbox"/> E-7 | <input checked="" type="checkbox"/> W-2          | <input checked="" type="checkbox"/> O-2/O-2E |
| <input checked="" type="checkbox"/> E-3 | <input checked="" type="checkbox"/> E-8 | <input checked="" type="checkbox"/> W-3          | <input checked="" type="checkbox"/> O-3/O-3E |
| <input checked="" type="checkbox"/> E-4 | <input checked="" type="checkbox"/> E-9 | <input checked="" type="checkbox"/> W-4          | <input checked="" type="checkbox"/> O-4      |
| <input checked="" type="checkbox"/> E-5 |                                         | <input checked="" type="checkbox"/> W-5          | <input checked="" type="checkbox"/> O-5      |
|                                         |                                         | <input checked="" type="checkbox"/> O-6 or above |                                              |

3. **Have you served on active duty, not as a member of the Reserve components, for a cumulative 24 months or more?**

- Yes
- No

4. **What is your marital status?**

- Married
- Separated
- Divorced
- Widowed
- Never married

5. **[Ask if Q4 = "Divorced" OR Q4 = "Widowed" OR Q4 = "Never married"]**

**Do you have a significant other?**

- Yes
- No

For the next questions, the definition of "child, children, or other legal dependents" includes anyone in your family, except your spouse, who has, or is eligible to have, a Uniformed Services Identification and Privilege Card (also called a military ID card) or is eligible for military health care benefits, and is enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

6. **Do you have a child, children, or other legal dependents based on the definition above?**

- Yes
- No

7. **[Ask if Q6 = "Yes"] How many children or other legal dependents do you have in each age group specified below? To indicate none, select "0." To indicate nine or more, select "9."**

13 years and younger

14-22 years old

23 years and older

8. **Are you Spanish/Hispanic/Latino?**

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

9. **What is your race? Mark one or more races to indicate what you consider yourself to be.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
- Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

## ACTIVATION/DEPLOYMENT STATUS

Please read the following definitions carefully.

In this survey, the term “**activation**” refers to the involuntary or voluntary call to active duty in support of a declared national emergency (DNE) of a Reserve component or National Guard member under provision of 10 USC §12301(a) (Full Mobilization), 10 USC §12301(d) (Voluntary Active Duty if in support of a DNE), 10 USC §12302 (Partial Mobilization), or 10 USC §12304 (Presidential Reserve Call-up), or 10 USC §12304a. It also applies to National Guard members who perform duties under 32 USC 502(f) for the purposes of supporting a DNE. **It does NOT apply to members on full-time active duty or members serving on full-time National Guard Duty in an AGR/FTS/AR status, active duty for operational support, active duty for training, or members serving on State Active Duty.**

**10. Have you been activated in the past 24 months? This includes activations that started more than 24 months ago and continued into the past 24 months. If you have been an AGR/FTS/AR for the past 24 months, select “No.”**

- Yes  
 No

**11. [Ask if Q10 = "Yes"] Was at least one of your activations in the past 24 months longer than 30 consecutive days?**

- Yes  
 No

**12. [Ask if Q11 = "Yes"] In the past 24 months, has (have) your activation(s) of more than 30 consecutive days been voluntary, involuntary, or both?**

- Voluntary  
 Involuntary  
 Both

**13. [Ask if Q10 = "Yes"] Are you currently activated?**

- Yes  
 No

In the survey, the term “**deployment**” refers to the performance of duties supporting a DNE that is at a location that would be considered outside normal commuting distance or time from the member's permanent work site (i.e., an armory or reserve center). Deployments can be to a location within the contiguous 48 states (CONUS) or to a location outside the contiguous 48 states (OCONUS).

**14. [Ask if Q11 = "Yes"] Did any of your activations of more than 30 consecutive days in the past 24 months result in deployment?**

- Yes  
 No

**15. [Ask if Q14 = "Yes"] In the past 24 months, after processing in the mobilization station, were you deployed within the contiguous 48 states (CONUS), outside the contiguous 48 states (OCONUS), or both?**

- CONUS  
 OCONUS  
 Both

**16. [Ask if Q13 = "Yes" AND Q14 = "Yes"] Are you currently deployed?**

- Yes  
 No

## EMPLOYMENT/STUDENT STATUS

**17. [Ask if MTFLAG = 2 AND (Q10 = "No" OR Q13 = "No")] Are you currently a military technician?**

- Yes  
 No

**18. [Ask if MTFLAG = 2 AND Q13 = "Yes"] In the week prior to your current activation, were you a military technician?**

- Yes  
 No

19. [Ask if (RPROGCIV = "IMA" OR (AGRFLAG = 2 AND (RORG\_CD = "Navy Reserve" OR RORG\_CD = "Marine Corps Reserve" OR Q17 = "No")) AND (Q10 = "No" OR Q13 = "No"))] **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
20. [Ask if (RPROGCIV = "IMA" OR (AGRFLAG = 2 AND (RORG\_CD = "Navy Reserve" OR RORG\_CD = "Marine Corps Reserve" OR Q18 = "No")) AND Q13 = "Yes")] **In the week prior to your most recent activation, 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
21. [Ask if Q19 = "No"] **Last week, were you temporarily absent from a job or business?**
- Yes, on vacation, temporary illness, labor dispute, etc.  
 No
22. [Ask if Q20 = "No"] **In the week prior to your most recent activation, were you temporarily absent from a job or business?**
- Yes, on vacation, temporary illness, labor dispute, etc.  
 No
23. [Ask if Q21 = "No"] **Have you been looking for work during the last 4 weeks?**
- Yes  
 No
24. [Ask if Q22 = "No"] **Were you looking for work during the 4 weeks prior to your most recent activation?**
- Yes  
 No
25. [Ask if Q23 = "Yes"] **Last week, could you have started a job if offered one, or returned to work if recalled?**
- Yes, could have gone to work  
 No, because of my temporary illness  
 No, because of other reasons (in school, etc.)
26. [Ask if Q24 = "Yes"] **In the week prior to your most recent activation, could you have started a job if offered one, or returned to work if recalled?**
- Yes, could have gone to work  
 No, because of my temporary illness  
 No, because of other reasons (in school, etc.)
27. [Ask if Q19 = "Yes" OR Q21 = "Yes, on vacation, temporary illness, labor dispute, etc."] **Do you have a full-time civilian job (of 35 hours or more per week) that includes benefits, as well as pay or salary?**
- Yes  
 No
28. [Ask if Q20 = "Yes" OR Q22 = "Yes, on vacation, temporary illness, labor dispute, etc."] **In the week prior to your most recent activation, did you have a full-time civilian job (of 35 hours or more per week) that included benefits, as well as pay or salary?**
- Yes  
 No

29. [Ask if Q19 = "Yes" OR Q21 = "Yes, on vacation, temporary illness, labor dispute, etc."] **What is your current principal civilian employment? By principal civilian employment, we mean the job at which you work the most hours.**

- An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission
- An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization
- A FEDERAL government employee
- A STATE government employee
- A LOCAL government employee (e.g., county, city, town)
- Self-employed in OWN business, professional practice, or farm
- Working WITHOUT PAY in a family business or farm
- Working WITH PAY in a family business or farm

30. [Ask if (Q29 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q29 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q29 = "A FEDERAL government employee" OR Q29 = "A STATE government employee" OR Q29 = "A LOCAL government employee (e.g., county, city, town)" OR Q29 = "Self-employed in OWN business, professional practice, or farm" OR Q29 = "Working WITHOUT PAY in a family business or farm" OR Q29 = "Working WITH PAY in a family business or farm")] **Counting all locations where your current principal employer operates in the United States, what is the total number of persons who work for this employer?**

- 1 to 9
- 10 to 24
- 25 to 49
- 50 to 99
- 100 to 499
- 500 to 999
- 1,000 or more

31. [Ask if Q13 = "No" AND (Q29 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q29 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q29 = "A FEDERAL government employee" OR Q29 = "A STATE government employee" OR Q29 = "A LOCAL government employee (e.g., county, city, town)" OR Q29 = "Self-employed in OWN business, professional practice, or farm" OR Q29 = "Working WITHOUT PAY in a family business or farm" OR Q29 = "Working WITH PAY in a family business or farm")] **Is your current principal civilian employment the same as before your most recent activation?**

- Does not apply; I did not have a civilian job prior to my most recent activation
- Yes
- No

32. [Ask if Q20 = "Yes" OR Q22 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q31 = "No"] **In the week prior to your most recent activation, what was your principal civilian employment? By principal civilian employment, we mean the job at which you worked the most hours.**

- An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission
- An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization
- A FEDERAL government employee
- A STATE government employee
- A LOCAL government employee (e.g., county, city, town)
- Self-employed in OWN business, professional practice, or farm
- Working WITHOUT PAY in a family business or farm
- Working WITH PAY in a family business or farm

33. [Ask if (Q32 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q32 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q32 = "A FEDERAL government employee" OR Q32 = "A STATE government employee" OR Q32 = "A LOCAL government employee (e.g., county, city, town)" OR Q32 = "Self-employed in OWN business, professional practice, or farm" OR Q32 = "Working WITHOUT PAY in a family business or farm" OR Q32 = "Working WITH PAY in a family business or farm")] Counting all locations where your principal employer operated in the United States, what is the total number of persons who worked for this employer?
- 1 to 9
- 10 to 24
- 25 to 49
- 50 to 99
- 100 to 499
- 500 to 999
- 1,000 or more
34. [Ask if AGRFLAG = 2 AND (Q10 = "No" OR Q13 = "No")] Are you currently enrolled in a civilian school? *Mark "Yes" if you were enrolled in the most recent academic semester or if you are enrolled for the next semester.*
- Yes
- No
35. [Ask if AGRFLAG = 2 AND Q13 = "Yes"] At the time of your most recent activation, were you enrolled in a civilian school? *Mark "Yes" if you were enrolled in the most recent academic semester or if you were enrolled for the next semester.*
- Yes
- No
36. [Ask if Q34 = "Yes"] Are you currently a full-time student or part-time student? *Full-time is considered an equivalent of 12 credit hours or more per semester. Part-time is considered an equivalent of less than 12 credit hours per semester.*
- Full-time
- Part-time
37. [Ask if Q35 = "Yes"] At the time of your most recent activation, were you a full-time student or part-time student? *Full-time is considered an equivalent of 12 credit hours or more per semester. Part-time is considered an equivalent of less than 12 credit hours per semester.*
- Full-time
- Part-time
38. [Ask if Q27 = "No"] What is the main reason you do not currently have a full-time civilian job?
- Unable to find a job
- Full-time homemaker, parent, and/or care giver
- Full-time student
- Retired, other than Guard/Reserve requirements
- Disabled
- Prefer not to have a full-time job
- Other
- [Ask if Q38 = "Other"] Please specify the main reason you do not currently have a full-time civilian job. Please do not include any personally identifiable information (e.g., names, addresses).
-

**SATISFACTION**

39. Taking all things into consideration, how satisfied are you, in general, with each of the following aspects of being in the National Guard/Reserve? *Mark one answer for each item.*

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. Your total compensation (i.e., base pay, allowances, and bonuses).....	<input checked="" type="checkbox"/>				
b. The type of work you do in your military job.....	<input checked="" type="checkbox"/>				
c. Your opportunities for promotion in your unit.....	<input checked="" type="checkbox"/>				
d. The quality of your coworkers in your unit.....	<input checked="" type="checkbox"/>				
e. The quality of your supervisor in your unit.....	<input checked="" type="checkbox"/>				

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

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

**RETENTION**

41. How many years have you spent in military service? *Do not count partial years. To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35". Include in military service years:*

- *Time spent as an active duty Service member*
- *Time spent as a National Guard/ Reserve component member, to include:*
  - *Time spent as a Drilling unit Reservist/ Traditional Guardsman/Troop Program Unit (TPU) Reservist*
  - *Time spent mobilized/activated on active duty*
  - *Time spent in a full-time, active duty program*
  - *Time spent in the Individual Ready Reserve (IRR)*
  - *Time spent as an Individual Mobilization Augmentee (IMA)*
  - *Time spent in the Standby Reserve*

Years

42. Suppose that you have to decide whether to continue to participate in the National Guard/Reserve. Assuming you could stay, how likely is it that you would choose to do so?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

43. [Ask if Q4 = "Married" OR Q4 = "Separated" OR Q5 = "Less than 1 year" OR Q5 = "1 year to less than 6 years" OR Q5 = "6 years to less than 10 years" OR Q5 = "10 years or more"] **In your opinion, how does your spouse/ significant other view your participation in the National Guard/ Reserve?**

- Very favorably
- Somewhat favorably
- Neither favorably nor unfavorably
- Somewhat unfavorably
- Very unfavorably

44. **In your opinion, how does your family view your participation in the National Guard/Reserve?**

- Very favorably
- Somewhat favorably
- Neither favorably nor unfavorably
- Somewhat unfavorably
- Very unfavorably

45. [Ask if Q19 = "Yes" OR Q20 = "Yes" OR Q21 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q22 = "Yes, on vacation, temporary illness, labor dispute, etc."] **In your opinion, how does your supervisor at your principal civilian job view your participation in the National Guard/ Reserve?**

- Does not apply; I do not have a supervisor at my principal civilian job
- Very favorably
- Somewhat favorably
- Neither favorably nor unfavorably
- Somewhat unfavorably
- Very unfavorably

46. [Ask if Q19 = "Yes" OR Q20 = "Yes" OR Q21 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q22 = "Yes, on vacation, temporary illness, labor dispute, etc."] **In your opinion, how do your coworkers at your principal civilian job view your participation in the National Guard/ Reserve?**

- Does not apply; I do not work with others at my principal civilian job
- Very favorably
- Somewhat favorably
- Neither favorably nor unfavorably
- Somewhat unfavorably
- Very unfavorably

**TEMPO**

47. [Ask if AGRFLAG = 2] **In the past 12 months, how many days (full days, not drill periods) did you spend in a compensated (pay or points) National Guard/Reserve status?**

Days

48. [Ask if AGRFLAG = 2] **In an average month when not activated, how many unpaid hours, off duty, do you spend on your unit's business? For none, enter "0".**

Hours

49. **In the past 12 months, how many nights did you spend away from your home because of your military duties? Do not include nights spent away from home before out-of-town drills.**

Nights

50. In the past 12 months, have you spent more or less time away from your home than you expected when you first entered the National Guard/Reserve?

- Much more than expected
- More than expected
- Neither more nor less than expected
- Less than expected
- Much less than expected

51. What impact has time away (or lack thereof) from your home in the past 12 months had on your military career intentions?

- Greatly increased your desire to stay
- Increased your desire to stay
- Neither increased nor decreased your desire to stay
- Decreased your desire to stay
- Greatly decreased your desire to stay

### READINESS

52. Overall, how well prepared are you to perform your wartime job?

- Very well prepared
- Well prepared
- Neither well nor poorly prepared
- Poorly prepared
- Very poorly prepared

53. Overall, how well prepared is your unit to perform its wartime mission?

- Very well prepared
- Well prepared
- Neither well nor poorly prepared
- Poorly prepared
- Very poorly prepared

54. How well has your training prepared you to perform your wartime job?

- Very well
- Well
- Neither well nor poorly
- Poorly
- Very poorly

### STRESS

55. Overall, how would you rate the current level of stress in your military life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual
- Much more than usual

56. Overall, how would you rate the current level of stress in your personal life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual
- Much more than usual

### DEPLOYMENTS IN PAST 5 YEARS

57. [Ask if Q10 = "No"] Have you been activated in the past 5 years?

- Yes
- No

- **Operation Noble Eagle** officially began 11 Sep 2001 and is currently on-going.
- **Operation Inherent Resolve (OIR)** officially began 15 Jun 2014 and includes military intervention against extremists in Iraq and Syria.
- **Operation Freedom's Sentinel (OFS)**, a follow-on mission to OEF, officially began 1 Jan 2015 and includes missions to train Afghan soldiers and conduct counterterrorism operations against extremists in Afghanistan.

58. [Ask if Q10 = "Yes" OR Q57 = "Yes"] In the past 5 years, for which of the following operations/contingencies have you been deployed to support (either directly or indirectly)? **Mark all that apply.**

- I have not deployed in the past 5 years
- Operation Noble Eagle
- Operation Inherent Resolve
- Operation Freedom's Sentinel
- COVID-19 Response
- Southwest Border Operation
- Other

[Ask if (Q10 = "Yes" OR Q57 = "Yes") AND Q58 g = "Marked"] Please specify the other operation/contingency for which you have been deployed to support (either directly or indirectly) in the past 5 years. Please do not include any personally identifiable information (e.g., names, addresses).

59. [Ask if (Q10 = "Yes" OR Q57 = "Yes") AND (Q58 b = "Marked" OR Q58 c = "Marked" OR Q58 d = "Marked" OR Q58 e = "Marked" OR Q58 f = "Marked" OR Q58 g = "Marked")] In the past 5 years, how many times have you been deployed?

 Times

60. [Ask if (Q10 = "Yes" OR Q57 = "Yes") AND (Q58 b = "Marked" OR Q58 c = "Marked" OR Q58 d = "Marked" OR Q58 e = "Marked" OR Q58 f = "Marked" OR Q58 g = "Marked")] In the past 5 years, have you been deployed to a combat zone or an area where you drew imminent danger pay or hostile fire pay?

- Yes
- No

61. [Ask if (Q10 = "Yes" OR Q57 = "Yes") AND Q60 = "Yes" AND Q16 = "Yes" AND (Q58 b = "Marked" OR Q58 c = "Marked" OR Q58 d = "Marked" OR Q58 e = "Marked" OR Q58 f = "Marked" OR Q58 g = "Marked")] For your most recent deployment, how many months have you been or were you deployed to a combat zone or an area where you drew imminent danger pay or hostile fire pay? *Include partial months. For example, even if you were deployed to a combat zone for 2 days, but those days were in different months, enter "2".*

 Months

62. [Ask if (Q10 = "Yes" OR Q57 = "Yes") AND (Q58 b = "Marked" OR Q58 c = "Marked" OR Q58 d = "Marked" OR Q58 e = "Marked" OR Q58 f = "Marked" OR Q58 g = "Marked")] Were you involved in combat operations?

- Yes
- No

63. [Ask if (Q10 = "Yes" OR Q57 = "Yes") AND Q60 = "Yes" AND Q16 = "Yes" AND (Q58 b = "Marked" OR Q58 c = "Marked" OR Q58 d = "Marked" OR Q58 e = "Marked" OR Q58 f = "Marked" OR Q58 g = "Marked" OR Q58 h = "Marked")] Are you currently deployed to a combat zone or an area where you are drawing imminent danger pay or hostile fire pay?

- Yes
- No

64. [Ask if (Q10 = "Yes" OR Q57 = "Yes") AND (Q58 b = "Marked" OR Q58 c = "Marked" OR Q58 d = "Marked" OR Q58 e = "Marked" OR Q58 f = "Marked" OR Q58 g = "Marked")] **Were any of your deployments in the past 5 years longer than you expected?**

- Yes
- No

**HEALTH-RELATED QUALITY OF LIFE MEASURE (HRQOL)**

67. **Would you say that in general your health is...**

- Excellent?
- Very good?
- Good?
- Fair?
- Poor?

68. **Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your health not good? To indicate none, enter "0".**

Days

69. **Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? To indicate none, enter "0".**

Days

70. **During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? To indicate none, enter "0".**

Days

**DETAILED READINESS**

71. **Overall, how well prepared are you for future deployments?**

- Very well prepared
- Well prepared
- Neither well nor poorly prepared
- Poorly prepared
- Very poorly prepared

**MILITARY ONESOURCE**

65. **In the past 12 months, have you used the confidential Military OneSource in the following ways to obtain information or services? Mark "Yes" or "No" for each item.**

	Yes	No
a. Accessed www.MilitaryOneSource.mil.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Accessed Military OneSource mobile application.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. E-mailed Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Talked to a Military OneSource consultant on the phone.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Contacted Military OneSource to arrange for face-to-face or telephonic counseling session(s).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Contacted Military OneSource to arrange for video counseling session(s).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

66. [Ask if Q65 a = "Yes"] **How useful was... Mark one answer for each item.**

	Very useful	Useful	Somewhat useful	Not useful
a. MilitaryOneSource.mil?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military OneSource mobile application?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. E-mail communication with a Military OneSource consultant?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Military OneSource consultant on the phone?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Military OneSource face-to-face or telephonic counseling?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Military OneSource video counseling session(s)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

72. [Ask if Q6 = "Married" OR Q6 = "Separated"] Overall, how well prepared is your spouse for future deployments?

- Very well prepared
- Well prepared
- Neither well nor poorly prepared
- Poorly prepared
- Very poorly prepared

73. [Ask if Q6 = "Married" OR Q6 = "Separated"] Have you and/or your spouse taken the following steps to prepare for deployment? Mark one answer for each item.

	Don't know		
	Yes		No
a. Ensured your spouse has money for rent, food, and living expenses (e.g., set up an allotment, joint accounts).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Developed a financial plan to meet emergencies.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Got or increased life insurance for yourself.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Participated in Military and Family Support pre-deployment briefings or services.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

74. [Ask if Q10 = "Yes"] After you were notified of your most recent activation, did you need to do any of the following before reporting for duty? Mark "Yes" or "No" for each item.

	Yes		No
a. Obtain dependent ID card(s) for family member(s).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Prepare a will for yourself.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Obtain a power of attorney.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Obtain legal assistance on other matters (e.g., change lease).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Establish an emergency fund for your family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Get or increase life insurance for yourself.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Make financial arrangements (e.g., creditors).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Make arrangements for medical care with TRICARE or a civilian insurance center.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Change child care arrangements.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Change elder care arrangements.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**ACTIVATIONS/DEPLOYMENTS**

75. [Ask if (Q29 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q29 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q29 = "A FEDERAL government employee" OR Q29 = "A STATE government employee" OR Q29 = "A LOCAL government employee (e.g., county, city, town)") OR (Q13 = "Yes" AND (Q32 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q32 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q32 = "A FEDERAL government employee" OR Q32 = "A STATE government employee" OR Q32 = "A LOCAL government employee (e.g., county, city, town)"))] In general, how supportive is your principal civilian employer of your National Guard/ Reserve obligations?

- Very supportive
- Supportive
- Neither supportive nor unsupportive
- Unsupportive
- Very unsupportive

76. [Ask if Q13 = "No" OR Q57 = "Yes"] In the 3 months after your most recent deactivation, did you receive unemployment benefits from either state Unemployment Insurance (UI) or Unemployment Compensation for Ex-Servicemen (UCX)?

- Yes, state Unemployment Insurance (UI)
- Yes, Unemployment Compensation for Ex-Servicemen (UCX)
- No

77. [Ask if (Q13 = "No" OR Q57 = "Yes") AND (Q76 = "Yes, state Unemployment Insurance (UI)" OR Q76 = "Yes, Unemployment Compensation for Ex-Servicemen (UCX)")] **Have you continuously received unemployment benefits between the time of your most recent deactivation and today?**

- Yes
- No

78. [Ask if (Q13 = "No" OR Q57 = "Yes") AND (Q76 = "Yes, state Unemployment Insurance (UI)" OR Q76 = "Yes, Unemployment Compensation for Ex-Servicemen (UCX)")] **How many weeks did you receive unemployment benefits?**

Weeks

79. [Ask if (Q10 = "Yes" AND Q11 = "Yes" AND Q13 = "No") OR Q16 = "No"] **Consider your income and benefits in the year prior to your most recent activation/deployment and your income and benefits during your most recent activation/deployment. In general, how did your overall income and benefits change while you were activated/deployed?**

- Increased
- Decreased
- Remained the same
- Don't know

80. [Ask if (Q10 = "Yes" AND Q11 = "Yes" AND Q13 = "No") OR Q16 = "No"] **During your most recent activation/deployment, did you or your family have any additional expenses because of any of the following items? Mark "Yes" or "No" for each item.**

	Yes	No
a. Elder care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pet care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Household repairs, yard work, or car maintenance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Storage or security of personal belongings.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
e. Communicating with family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

81. [Ask if (Q10 = "Yes" AND Q11 = "Yes" AND Q13 = "No") OR Q16 = "No"] **Which of the following was your biggest concern about returning from your most recent activation/deployment? Select one item from the list below.**

- Reemployment
- Readjusting to work life
- Financial stability
- Readjusting to family life
- Reestablishing a good relationship with your spouse
- Reestablishing a good relationship with your children
- Recovering from a physical injury/limitation
- Recovering from the emotional impact and stress of activation/deployment
- Health care coverage for yourself
- Health care coverage for your family
- Possibility of being activated/deployed again
- Other

82. [Ask if Q14 = "Yes" AND (Q13 = "No" OR Q16 = "No")] **After returning home from your most recent deployment, to what extent have you seemed 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"/>				
b. Appreciate life more?.....	<input checked="" type="checkbox"/>				
c. Get angry faster?.....	<input checked="" type="checkbox"/>				
d. Appreciate family and friends more?.....	<input checked="" type="checkbox"/>				
e. Drink more alcohol?.....	<input checked="" type="checkbox"/>				
f. Have more confidence in yourself?.....	<input checked="" type="checkbox"/>				

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
g. Take more risks with your safety?.....	<input checked="" type="checkbox"/>				
h. Be different in another way?.....	<input checked="" type="checkbox"/>				

Suppose the Department of Defense (DoD) was considering a change in National Guard/Reserve participation where your unit or command had a different requirement for performing annual duty throughout the year.

**85. [Ask if AGRFLAG = 2 OR Q17 = "No" OR Q18 = "No"] How likely is it that you would be willing to perform your annual duty requirements under each of the following scenarios, assuming your pay and compensation remained exactly the same (no loss of pay and benefits)? Mark one answer for each item.**

	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
a. One drill weekend each month, plus 2 weeks of annual training each year.....	<input checked="" type="checkbox"/>				
b. Two back-to-back drill weekends every 2 months (4 days total), plus 2 weeks of annual training each year.....	<input checked="" type="checkbox"/>				
c. Three back-to-back drill weekends every 3 months (6 days total), plus 2 weeks of annual training each year.....	<input checked="" type="checkbox"/>				
d. Two 3-week periods of duty throughout the year (combination of drill weekends and annual training).....	<input checked="" type="checkbox"/>				
e. Three 2-week periods of duty throughout the year (combination of drill weekends and annual training).....	<input checked="" type="checkbox"/>				

**RESERVE COMPONENT PARTICIPATION**

**83. If you were required to be activated, which of the following activation/dwell frequencies would you prefer?**

- Shorter but more frequent activations (short activation/short dwell)
- Longer but less frequent activations (long activation/long dwell)
- Very infrequent activations (e.g., only activated in the event of a national emergency)

**84. [Ask if AGRFLAG = 2 OR Q17 = "No" OR Q18 = "No"] In addition to the standard one weekend a month and 2 weeks of annual training a year, how many days per year would you be willing to volunteer to be placed on paid active duty status to perform operational missions?**

- 0 days per year
- 1-7 days per year
- 8-15 days per year
- 16-29 days per year
- 30-60 days per year
- 61-90 days per year
- 91-120 days per year
- More than 120 days per year

**HEALTH AND WELL-BEING**

In the following section, you will be asked questions about counseling. Data will be provided to DoD policy offices to assist with the assessment of counseling programs and improve member's health and well-being.

**86. In the past six months, did you talk to a counselor (e.g., mental health counselor, non-medical counselor, or chaplain)?**

- Yes
- No

**87. [Ask if Q86 = "Yes"] In the past six months, did you talk to a counselor about... Mark "Yes" or "No" for each item.**

	Yes	No
a. Problem solving?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Coping with stress?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Financial management?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Family issues?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Relationship/marital issues?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Couple's communication issues?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Dealing with family separations?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Parent/child issues?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Deployment and reunion?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Crisis situations?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Grief and loss?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Other concerns?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**[Ask if Q86 = "Yes" AND Q87 l = "Yes"] Please specify the other concern(s) you discussed with a counselor in the past six months. Please do not include any personally identifiable information (e.g., names, addresses).**

**90. [Ask if Q11 = "Yes" AND Q13 = "No"] By which of the following health insurance or health coverage plans are you currently covered? Mark "Yes" or "No" for each item.**

	Yes	No
a. TRICARE or other military-provided health care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Veterans Affairs (VA) health care system.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Federal Employees Health Benefits (FEHB) program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Insurance through current or former employer, union, or school/college (of you or another family member).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Insurance purchased directly from insurance company or through a state health insurance marketplace (for you or another family member).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Medicare (for those age 65 and over or with certain disabilities).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low income or disability.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Indian Health Service.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Parents' or spouse's insurance or health coverage plan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Other health insurance or health coverage plan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

As a Selected Reserve member, you may qualify to purchase medical coverage under the premium-based TRICARE Reserve Select (TRS) health plan (for you and your family) and may qualify to purchase dental coverage under the premium-based TRICARE Dental Program (for you and/or your family).

**91. Have you been provided information about these TRICARE medical and dental benefits? Mark "Yes" or "No" for each item.**

	Yes	No
a. TRICARE Reserve Select (TRS).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. TRICARE Dental Program (TDP).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**92. [Ask if Q13 = "No"] Are you enrolled in the premium-based TRICARE Reserve Select (TRS) health plan now?**

Yes  
 No

**MEMBER HEALTH CARE**

**88. [Ask if Q10 = "No"] Do you currently have any medical/hospitalization insurance?**

Yes  
 No

**89. [Ask if Q10 = "Yes"] Prior to your most recent activation, did you have any medical/hospitalization insurance?**

Yes  
 No

93. [Ask if Q91 a = "Yes" AND Q13 = "No" AND Q92 = "No"] Why did you decide **not** to enroll in the premium-based TRICARE Reserve Select (TRS) health plan? Mark "Yes" or "No" for each item.

	Yes	No
a. Premium costs are too expensive.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Cost share is too expensive.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Lack of available providers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Prefer other available health plan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Prefer to be uninsured.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Not eligible for TRICARE Reserve Select (TRS).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q91 a = "Yes" AND Q13 = "No" AND Q92 = "No" AND Q93 g = "Yes"] Why did you decide **not** to enroll in the premium-based TRICARE Reserve Select (TRS) health plan? Mark "Yes" or "No" for each item.

94. [Ask if Q13 = "No"] Are you enrolled in the premium-based TRICARE Dental Program (TDP) **now**?

- Yes
- No

95. [Ask if Q91 b = "Yes" AND Q13 = "No" AND Q94 = "No"] Why did you decide **not** to enroll in the premium-based TRICARE Dental Program (TDP)? Mark "Yes" or "No" for each item.

	Yes	No
a. Premium costs are too expensive.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Cost share is too expensive.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Lack of available providers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Prefer other available dental plan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Prefer to be uninsured.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Not eligible for TRICARE Reserve Select (TRS).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

96. [Ask if Q13 = "No" AND Q14 = "Yes"] In the 180 days after your most recent deployment, which of the following TRICARE programs did you access for medical care during your Transitional Assistance Management Program (TAMP) period?

- TRICARE Prime
- TRICARE Select
- None

97. [Ask if Q13 = "No" AND Q14 = "Yes" AND (Q96 = "TRICARE Prime" OR Q96 = "TRICARE Select")] In the 180 days after your most recent deployment, how many visits did you have to a doctor or provider office during your Transitional Assistance Management Program (TAMP) period?

 Visits

98. [Ask if Q13 = "No" AND Q14 = "Yes"] In the 180 days after your most recent deployment, which of the following dental services did you access during your Transitional Assistance Management Program (TAMP) period?

- Active Duty Dental Program (ADDP)
- Veterans Affairs (VA) Dental Treatment Facility
- Other dental insurance
- None

99. [Ask if Q13 = "No" AND Q92 = "Yes"] How do the following aspects of your TRICARE health plan compare to what is available in the civilian world (excluding TRICARE civilian care)? Mark one answer for each item.

	Much better in civilian plans	Better in civilian plans	No difference	Better in TRICARE	Much better in TRICARE
a. Understanding benefits.....	<input checked="" type="checkbox"/>				
b. Obtaining assistance when questions or problems arise.....	<input checked="" type="checkbox"/>				
c. Out-of-pocket cost for care.....	<input checked="" type="checkbox"/>				

Much better in civilian plans						
Better in civilian plans						
No difference						
Better in TRICARE						
Much better in TRICARE						
d.	Professionalism/"bedside manner" of physicians and other medical providers.....	<input checked="" type="checkbox"/>				
e.	Availability of primary care medical providers.....	<input checked="" type="checkbox"/>				
f.	Availability of specialists.....	<input checked="" type="checkbox"/>				
g.	Ability to get appointments with primary care medical providers.....	<input checked="" type="checkbox"/>				
h.	Waiting time in the clinic/ doctor's office.....	<input checked="" type="checkbox"/>				
i.	Administrative requirements (e.g., claims, paperwork, referrals, approvals).....	<input checked="" type="checkbox"/>				
j.	Convenience of location.....	<input checked="" type="checkbox"/>				
k.	Ability to find parking.....	<input checked="" type="checkbox"/>				
l.	Quality of care.....	<input checked="" type="checkbox"/>				
m.	Ability to get appointments with specialists.....	<input checked="" type="checkbox"/>				

**100. [Ask if Q13 = "No" AND Q94 = "Yes"]**  
**How do the following aspects of your TRICARE dental program compare to what is available in the civilian world (excluding TRICARE civilian care)?**  
**Mark one answer for each item.**

Much better in civilian plans						
Better in civilian plans						
No difference						
Better in TRICARE						
Much better in TRICARE						
a.	Understanding benefits.....	<input checked="" type="checkbox"/>				
b.	Obtaining assistance when questions or problems arise.....	<input checked="" type="checkbox"/>				
c.	Out-of-pocket cost for care.....	<input checked="" type="checkbox"/>				
d.	Professionalism/"bedside manner" of dentists and other dental providers.....	<input checked="" type="checkbox"/>				
e.	Availability of dental providers.....	<input checked="" type="checkbox"/>				
f.	Availability of dental specialists.....	<input checked="" type="checkbox"/>				
g.	Ability to get dental appointments.....	<input checked="" type="checkbox"/>				
h.	Waiting time in the dental clinic/provider's office.....	<input checked="" type="checkbox"/>				

Much better in civilian plans						
Better in civilian plans						
No difference						
Better in TRICARE						
Much better in TRICARE						
i.	Administrative requirements (e.g., claims, paperwork, approvals).....	<input checked="" type="checkbox"/>				
j.	Convenience of location.....	<input checked="" type="checkbox"/>				
k.	Ability to find parking.....	<input checked="" type="checkbox"/>				
l.	Quality of care.....	<input checked="" type="checkbox"/>				

**DETAILED RETENTION**

**101. To what extent does military service provide you with the following opportunities? Mark one answer for each item.**

Not at all						
Small extent						
Moderate extent						
Large extent						
Very large extent						
a.	Opportunity to learn a new skill.....	<input checked="" type="checkbox"/>				
b.	Opportunity to do an interesting job.....	<input checked="" type="checkbox"/>				
c.	Opportunity to do something exciting.....	<input checked="" type="checkbox"/>				
d.	Opportunity to have the challenge of military training.....	<input checked="" type="checkbox"/>				
e.	Opportunity to travel/"get away".....	<input checked="" type="checkbox"/>				
f.	Opportunity to use educational benefits.....	<input checked="" type="checkbox"/>				
g.	Opportunity to earn extra money.....	<input checked="" type="checkbox"/>				
h.	Opportunity to earn credit toward a military pension.....	<input checked="" type="checkbox"/>				
i.	Opportunity to perform a public service.....	<input checked="" type="checkbox"/>				
j.	Opportunity to serve your country.....	<input checked="" type="checkbox"/>				
k.	Opportunity to serve your local community.....	<input checked="" type="checkbox"/>				
l.	Opportunity to serve with people you respect and enjoy being around.....	<input checked="" type="checkbox"/>				

102. Are you already eligible for military retirement?

- Yes
- No

103. [Ask if Q102 = "No"] If you could stay in the National Guard/Reserve as long as you want, how likely is it that you would choose to serve until eligible for retirement?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

104. When you leave military service, how many total years do you expect to have completed? Do not count partial years. To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35". Include in military service years:

- Time spent as an active duty Service member
- Time spent as a National Guard/Reserve component member, to include:
  - Time spent as a Drilling unit Reservist/Traditional Guardsman/Troop Program Unit (TPU) Reservist
  - Time spent mobilized/activated on active duty
  - Time spent in a full-time, active duty program
  - Time spent in the Individual Ready Reserve (IRR)
  - Time spent as an Individual Mobilization Augmentee (IMA)
  - Time spent in the Standby Reserve

Years

105. In general, has your life been better or worse than you expected when you first entered the National Guard/Reserve?

- Much better
- Somewhat better
- About what you expected
- Somewhat worse
- Much worse

106. In general, has your experience in the Reserve component been better or worse than you expected when you first entered the National Guard/Reserve?

- Much better
- Somewhat better
- About what you expected
- Somewhat worse
- Much worse

107. Suppose that you have to decide whether to continue to participate in the National Guard/Reserve. To what extent is each of the following a reason for you to leave? Mark one answer for each item.

	Not at all				
	Slight extent				
	Moderate extent				
	Great extent				
	Very great extent				
a. Obligation of military service fulfilled.....	<input checked="" type="checkbox"/>				
b. Not eligible to reenlist.....	<input checked="" type="checkbox"/>				
c. Moving to another area.....	<input checked="" type="checkbox"/>				
d. Too hard to get to my Guard/Reserve unit.....	<input checked="" type="checkbox"/>				
e. Need the time for my education.....	<input checked="" type="checkbox"/>				
f. Unit drills conflict with my civilian job.....	<input checked="" type="checkbox"/>				
g. Unit drills conflict with my family activities.....	<input checked="" type="checkbox"/>				
h. Desire for more leisure time.....	<input checked="" type="checkbox"/>				
i. Dislike of my unit's training.....	<input checked="" type="checkbox"/>				
j. Unit's lack of modern equipment for training.....	<input checked="" type="checkbox"/>				

	Not at all				
	Slight extent				
	Moderate extent				
	Great extent				
	Very great extent				
k. Bored with unit activities.....	<input checked="" type="checkbox"/>				
l. Insufficient pay.....	<input checked="" type="checkbox"/>				
m. Pace of promotions is too slow.....	<input checked="" type="checkbox"/>				
n. Too many problems getting paid.....	<input checked="" type="checkbox"/>				
o. Activations/deployments.....	<input checked="" type="checkbox"/>				
p. Age/condition of unit training facilities.....	<input checked="" type="checkbox"/>				

**108. Suppose that you have to decide whether to continue to participate in the National Guard/Reserve. Which of the following would be the most important factor in this decision?**

- Pay and allowances
- Military retirement system
- Health care
- Educational assistance
- Opportunities for training and professional development
- Quality of the work environment based on unit morale, camaraderie, and professionalism
- Pride in serving your country
- Other factor

**109. If you had a friend considering military service, would you recommend that he/she join? Mark "Yes" or "No" for each item.**

	No	
	Yes	
a. A male friend.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. A female friend.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**110. [Ask if QRefError = "Yes" AND Q7 b > 0] Suppose your child came to you for advice. How likely is it that you would recommend... Mark one answer for each item.**

	Very unlikely				
	Unlikely				
	Neither likely nor unlikely				
	Likely				
	Very likely				
a. Joining a military Service, such as the Army, Navy, Marine Corps, Air Force, Coast Guard, or Space Force?.....	<input checked="" type="checkbox"/>				
b. Joining a Reserve component of the military, such as the Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, or Coast Guard Reserve?.....	<input checked="" type="checkbox"/>				
c. Becoming a federal civil servant?.....	<input checked="" type="checkbox"/>				
d. Getting a full-time job?.....	<input checked="" type="checkbox"/>				
e. Getting a part-time job?.....	<input checked="" type="checkbox"/>				
f. Attending a four-year college or university?.....	<input checked="" type="checkbox"/>				
g. Attending a trade, technical vocational, or community college?.....	<input checked="" type="checkbox"/>				

**111. [Ask if QRefError = "No" OR Q7 b = "0"] Suppose a youth came to you for advice. How likely is it that you would recommend... Mark one answer for each item.**

	Very unlikely				
	Unlikely				
	Neither likely nor unlikely				
	Likely				
	Very likely				
a. Joining a military Service, such as the Army, Navy, Marine Corps, Air Force, Coast Guard, or Space Force?.....	<input checked="" type="checkbox"/>				

	Very unlikely				
	Unlikely				
	Neither likely nor unlikely				
	Likely				
	Very likely				
b. Joining a Reserve component of the military, such as the Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force National Guard, Air Force Reserve, or Coast Guard Reserve?.....	<input checked="" type="checkbox"/>				
c. Becoming a federal civil servant?.....	<input checked="" type="checkbox"/>				
d. Getting a full-time job?.....	<input checked="" type="checkbox"/>				
e. Getting a part-time job?.....	<input checked="" type="checkbox"/>				
f. Attending a four-year college or university?.....	<input checked="" type="checkbox"/>				
g. Attending a trade, technical vocational, or community college?.....	<input checked="" type="checkbox"/>				

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
f. I would not leave the National Guard/Reserve right now because I have a sense of obligation to the people in it.....	<input checked="" type="checkbox"/>				
g. Generally, on a day-to-day basis, I am proud to be in the National Guard/Reserve.....	<input checked="" type="checkbox"/>				
h. If I left the National Guard/Reserve, I would feel like I had let my country down.....	<input checked="" type="checkbox"/>				
i. I continue to serve in the National Guard/Reserve because leaving would require considerable sacrifice.....	<input checked="" type="checkbox"/>				
j. I intend to leave the National Guard/Reserve at the next available opportunity.....	<input checked="" type="checkbox"/>				

**112. How much do you agree or disagree with each of the following statements about serving in the National Guard/Reserve? Mark one answer for each item.**

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. I enjoy serving in the National Guard/Reserve.....	<input checked="" type="checkbox"/>				
b. Serving in the National Guard/Reserve is consistent with my personal goals.....	<input checked="" type="checkbox"/>				
c. I would feel guilty if I left the National Guard/Reserve.....	<input checked="" type="checkbox"/>				
d. Generally, on a day-to-day basis, I am happy with my life in the National Guard/Reserve.....	<input checked="" type="checkbox"/>				
e. It would be difficult for me to leave the National Guard/Reserve and give up the benefits that are available.....	<input checked="" type="checkbox"/>				

**FAMILY LIFE**

**113. Do you have any children under the age of 18 who usually live with you?**

- Yes
- No

**114. [Ask if Q113 = "Yes"] To what extent do you feel that child care issues will impact whether you stay in the National Guard/Reserve?**

- Very large extent
- Large extent
- Moderate extent
- Small extent
- Not at all

**115. [Ask if Q14 = "Yes"] Prior to your most recent deployment, did you have any children ages 18 or under living with you either part-time or full-time?**

- Yes
- No

**116.** [Ask if Q14 = "Yes" AND Q115 = "Yes"] Prior to your most recent deployment, did you, and/or your spouse, have a family care plan that included continuous care for your child(ren) for deployments of 6 months or more?

- Yes
- No
- Don't know

**117.** [Ask if Q14 = "Yes" AND Q115 = "Yes"] In response to your most recent deployment, did your child(ren) experience any of the following behavior changes? Where your child(ren)'s behavior did not change, please mark "No change." Mark one answer for each item.

	Don't know			
	Decreased			
	No change			
	Increased			
a. Academic performance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Problem behavior at school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Problem behavior at home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pride in having a military parent.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Fear/anxiety.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Independence.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Being responsible.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Closeness to family members.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Closeness to friends.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Distress over discussions of the war in the home, school, or media.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Anger about your military requirements.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Other behavior(s).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**118.** [Ask if Q14 = "Yes" AND Q115 = "Yes" AND (Q6 = "Married" OR Q6 = "Separated")] How important are each of the following in your child(ren)'s ability to cope with deployments? Mark one answer for each item.

	Not important				
	Somewhat important				
	Moderately important				
	Important				
	Very important				
a. Your spouse's support for deployments.....	<input checked="" type="checkbox"/>				
b. Your spouse's ability to maintain a stable household routine.....	<input checked="" type="checkbox"/>				

**119.** [Ask if Q14 = "Yes" AND Q115 = "Yes"] How important are each of the following in your child(ren)'s ability to cope with deployments? Mark one answer for each item.

	Not important				
	Somewhat important				
	Moderately important				
	Important				
	Very important				
a. Communication with you while deployed.....	<input checked="" type="checkbox"/>				
b. Caregiver/teacher reaction to deployment.....	<input checked="" type="checkbox"/>				
c. The way family members deal with the deployment.....	<input checked="" type="checkbox"/>				
d. Limited exposure to media coverage of the war.....	<input checked="" type="checkbox"/>				
e. Support from extended family and friends.....	<input checked="" type="checkbox"/>				
f. Other.....	<input checked="" type="checkbox"/>				

**120.** [Ask if Q14 = "Yes" AND Q115 = "Yes"] How well have your children coped with your deployment?

- Responses vary among my children
- Very well
- Well
- Neither well nor poorly
- Poorly
- Very poorly

**121.** [Ask if Q6 = "Married" OR Q6 = "Separated"] How important is each of the following to your spouse in being able to cope with deployments? *Mark one answer for each item.*

	Very important	Important	Moderately important	Somewhat important	Not important
a. My spouse's ability to communicate with me.....	<input checked="" type="checkbox"/>				
b. Pre-deployment information.....	<input checked="" type="checkbox"/>				
c. Reunion planning information or classes.....	<input checked="" type="checkbox"/>				
d. Knowing the expected length of the deployment.....	<input checked="" type="checkbox"/>				
e. Contact with someone in my unit.....	<input checked="" type="checkbox"/>				
f. Having no changes in the length of deployment.....	<input checked="" type="checkbox"/>				
g. Temporary reunions with me (R & R time).....	<input checked="" type="checkbox"/>				
h. Level of support my family receives from the <u>military</u> community.....	<input checked="" type="checkbox"/>				
i. Level of support my family receives from our <u>civilian</u> community.....	<input checked="" type="checkbox"/>				
j. Deployment pay.....	<input checked="" type="checkbox"/>				
k. Military and Family Support/Unit Family Readiness Support.....	<input checked="" type="checkbox"/>				
l. Understanding why the deployment is important/necessary.....	<input checked="" type="checkbox"/>				
m. Locally available counseling/support services.....	<input checked="" type="checkbox"/>				
n. Telephonic counseling/support services (e.g., Military OneSource).....	<input checked="" type="checkbox"/>				

**122.** [Ask if Q6 = "Married" OR Q6 = "Separated"] Were you serving in the regular active duty Service or in the National Guard/Reserve when you married your current spouse?

- Yes
- No

**123.** [Ask if Q6 = "Married" OR Q6 = "Separated"] Has your spouse ever served in a regular active duty Service or in the National Guard/Reserve?

- Yes
- No

**124.** [Ask if (Q6 = "Married" OR Q6 = "Separated") AND Q123 = "Yes"] Is your spouse currently serving in the military?

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

**125.** [Ask if (Q4 = "Married" OR Q4 = "Separated") OR Q5 = "Yes"] All things considered, how would you rate the current level of happiness in your relationship with your spouse or significant other?

- Very happy
- Happy
- Neither happy nor unhappy
- Unhappy
- Very unhappy

**126.** [Ask if (Q4 = "Married" OR Q4 = "Separated") OR Q5 = "Yes"] Compared to 12 months ago, how often do you and your spouse or significant other have problems in your personal relationship?

- Much more often
- More often
- About the same
- Less often
- Much less often

127. [Ask if (Q4 = "Married" OR Q4 = "Separated") OR Q5 = "Yes"] How much do you agree or disagree with the following statements about your relationship with your spouse or significant other? *Mark one answer for each item.*

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. We have a good relationship.....	<input checked="" type="checkbox"/>				
b. My relationship with my partner is very stable.....	<input checked="" type="checkbox"/>				
c. My relationship with my partner is strong.....	<input checked="" type="checkbox"/>				
d. My relationship with my partner makes me happy.....	<input checked="" type="checkbox"/>				
e. I really feel like part of a team with my partner.....	<input checked="" type="checkbox"/>				
f. I feel safe in my relationship.....	<input checked="" type="checkbox"/>				

128. [Ask if (Q4 = "Married" OR Q4 = "Separated") OR Q5 = "Yes"] To what extent do you and your spouse/significant other agree on your National Guard/Reserve career plans?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

129. [Ask if (Q4 = "Married" OR Q4 = "Separated") OR Q5 = "Yes"] To what extent does your spouse/significant other have a choice in whether you stay in the National Guard/Reserve?

- Very large extent
- Large extent
- Moderate extent
- Small extent
- Not at all

130. [Ask if (Q4 = "Married" OR Q4 = "Separated") OR Q5 = "Yes"] Were any of your deployments in the past 24 months longer than your spouse/significant other expected?

- Yes
- No

**FINANCIAL WELL-BEING AND EDUCATION**

131. Which of the following best describes your (and/or your spouse's) financial condition?

- Very comfortable and secure
- Able to make ends meet without much difficulty
- Occasionally have some difficulty making ends meet
- Tough to make ends meet but keeping your head above water
- In over your head

132. Compared to 12 months ago, is your financial situation better, worse, or has it stayed the same?

- Much better
- Somewhat better
- Stayed the same
- Somewhat worse
- Much worse

133. [Ask if Q132 = "Much better" OR Q132 = "Somewhat better"] Which of the following are reasons why your financial situation is better than it was 12 months ago? *Mark "Yes" or "No" for each item.*

	No	
	Yes	No
a. Change related to your employment (e.g., new job, promotion).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Change related to your spouse's employment (e.g., new job, promotion).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Change in your family situation (e.g., got married or divorced, fewer children living at home).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Reduction in debt (e.g., paid off credit card debt, student loan debt, other loans).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Better financial management (e.g., received financial education, increased savings, followed budget).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**134. [Ask if Q132 = "Much worse" OR Q132 = "Somewhat worse"] Which of the following are reasons why your financial situation is worse than it was 12 months ago? Mark "Yes" or "No" for each item.**

	Yes	No
a. Change related to your employment (e.g., lost job, between jobs, could not find job).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Change related to your spouse's employment (e.g., lost job, between jobs, could not find job).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Change in your family situation (e.g., got married or divorced, had a baby, provided financial support for family).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Increased debt (e.g., unplanned expenses, student loan deferment ended).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Financial management problems (e.g., used savings, no budget).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**135. Which of the following activities do you do routinely in order to manage your finances? Mark "Yes" or "No" for each item.**

	Yes	No
a. Make short-term financial plans (e.g., renting a house, purchasing a vehicle, saving for vacation, medical/dental/vision expenses).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Make and/or monitor long-term financial plans (e.g., home ownership, retirement, insurance, children's college education).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Follow a monthly budget or spending plan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Contribute to a savings account for emergency savings or other savings goal.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Review your LES.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Contribute to a retirement account (e.g., the Thrift Savings Plan (TSP), IRA, 401(k)).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Monitor your credit score/rating.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**136. From which of the following resources have you received information, training, or counseling on any financial topic? Mark "Yes" or "No" for each item.**

	Yes	No
a. Military financial training, class, or seminar (online or classroom).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
b. Military financial counseling (e.g., Personal Financial Manager [PFM], Personal Financial Counselor [PFC], Career Readiness Consultant [CRC], telephone counseling).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Unit leadership or financial specialist within your unit (e.g., Command Financial Specialist, Corporal for Financial Fitness, Command Financial NCO).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. On-base financial institution (e.g., bank or credit union).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Online military resource(s) (e.g., Military OneSource, Office of Financial Readiness, Sen\$e app, Financial Readiness Program).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Off-base financial institution (e.g., bank or credit union).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Professional/certified financial counselor, planner, or advisor outside of the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Family/friends/peers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Online non-military resources (e.g., online search, blogs, articles).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**137. Which of the following statements best describes your (and your spouse's, if applicable) saving or investment habits?**

- Unable to save or invest—usually spend more than income
- Unable to save or invest—usually spend about as much as income
- Save or invest whatever is left over at the end of the month—no regular plan
- Save or invest regularly by putting money aside each month

**138. Please indicate whether the following are financial goals for you (and your spouse, if applicable). If a goal does not apply to you, please select "No, this is not a goal for me/us." Mark one answer for each item.**

	I/we have met this goal		
	No, this is not a goal for me/us		
	Yes, this is a goal for me/us		
a. Saving for retirement.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Saving for child(ren)'s education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Saving for a safety net/emergency fund.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

I/we have met this goal			
No, this is not a goal for me/us			
Yes, this is a goal for me/us			
d. Paying off your education-related loans (e.g., federal or private student loans).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Being free of debt, except for mortgage.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying a home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Saving for a major purchase (e.g., vehicle, vacation, household items).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**139. Which of the following options best describes how you routinely pay credit card debt?**

- Pay credit card balance in full each month
- Pay more than minimum payment but not full balance
- Pay only minimum payment
- I do not use credit cards

**140. How much do you (and your spouse, if applicable) have in an emergency savings fund, in terms of your average monthly expenses?**

- Less than 1 month
- Between 1 and 3 months
- Between 3 and 6 months
- More than 6 months
- I do not have an emergency savings fund

**141. In the past 12 months, did any of the following happen to you (and/or your spouse)? Mark "Yes" or "No" for each item.**

	Yes	No
a. Bounced two or more checks.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Failed to make a monthly/minimum payment on your credit card, including the Military Star Card.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Failed to make a rent or mortgage payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Had one or more debts referred to a collection agency.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Had telephone, cable, or Internet shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Had water, heat, or electricity shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Failed to make a car payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Had a car repossessed.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Filed for personal bankruptcy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
j. Had to pay overdraft fees to your bank or credit union two or more times.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Borrowed money from family and/or friends to pay bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Took money out of a retirement fund or investment to pay living expenses.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Had personal relationship problems with your partner due to finances.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Had your security clearance affected due to your financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Used a local food pantry.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Had adverse personnel action due to financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q. Provided unplanned financial support to a family member who did <u>not</u> live with you.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**142. In the past 12 months, have you (and your spouse, if applicable) used any of the following financial products or services to cover routine expenses? Mark "Yes" or "No" for each item.**

	Yes	No
a. Overdraft loan or line of credit.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Overdraft protection from savings, credit card, or another account.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Direct deposit advance loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Payday loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Vehicle title loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Cash advance on a credit card.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Pawn loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Loan or grant from a military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Other loan obtained online.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Not at all	Very little	Somewhat	Very well	Completely
a. Because of my money situation, I feel like I will never have the things I want in life.....	<input checked="" type="checkbox"/>				

	Not at all	Very little	Somewhat	Very well	Completely
b. I am just getting by financially.....	<input checked="" type="checkbox"/>				
c. I am concerned that the money I have, or will save, won't last.....	<input checked="" type="checkbox"/>				

144. How often does each of the following statements apply to you? **Mark one answer for each item.**

	Never	Rarely	Sometimes	Often	Always
a. I have money left over at the end of the month.....	<input checked="" type="checkbox"/>				
b. My finances control my life.....	<input checked="" type="checkbox"/>				

The Department of Defense is interested in assessing the overall financial literacy and preparedness of military members. By completing the next set of items, you will help the Department determine how well military members understand a variety of financial-related topics. For each question or statement, please select the BEST response. If you are not sure about an answer, please select "Don't know."

145. Suppose you had \$100 in a savings account and the interest rate was 2% per year. After five years, how much do you think you would have in the account if you left the money to grow?

- More than \$102
- Exactly \$102
- Less than \$102
- Don't know

146. Imagine that the interest rate on your savings account was 1% per year and inflation was 2% per year. After 1 year, how much would you be able to buy with the money in this account?

- More than today
- Exactly the same
- Less than today
- Don't know

147. Is the following statement true or false?

A 15-year mortgage typically requires higher monthly payments than a 30-year mortgage, but the total interest paid over the life of the loan will be less.

- True
- False
- Don't know

148. Is the following statement true or false?

Buying a single company's stock usually provides a safer return than a stock mutual fund.

- True
- False
- Don't know

149. Is the following statement true or false?

An insurance deductible is an amount you are responsible for paying before the insurance company will pay on your insurance claim.

- True
- False
- Don't know

150. The Survivor Benefit Plan (SBP) is a monthly annuity paid following death to the beneficiaries of...

- A retiree who signs up to participate and pays a monthly premium from their retired pay
- A Reserve or National Guard member who dies in the line of duty on federal active or inactive service
- Both
- Don't know

151. Which of the following does not impact your credit score?

- Paying bills on time
- Checking your own credit score
- The percentage of available credit used
- Applying for new credit
- Don't know

**SUICIDE PREVENTION AWARENESS AND TRAINING**

**152. Under the Blended Retirement System (BRS), the government will contribute 1% of your base pay to your Thrift Savings Plan (TSP) account and match up to an additional \_\_\_ percent based on your TSP contribution after you are vested in TSP.**

- 4% for a total of 5%
- 5% for a total of 6%
- There is no government match
- Don't know

**153. Is the following statement true or false?**

**In making a decision whether or not to receive a lump sum payment from the Blended Retirement System (BRS) or another qualified retirement plan, one important factor to consider would be the potential taxes one may have to pay on the lump sum payment received.**

- True
- False
- Don't know

**154. In managing your personal budget, what is discretionary income?**

- Special pays, allowances, and bonuses outside of military base pay
- The money used to make your rent or mortgage payment or other such fixed expenses
- The money remaining after taxes and fixed expenses (such as rent/mortgage, utilities, insurance) are paid
- Don't know

**155. The next several questions ask about a time period in your life when you may have faced some challenges. We understand these are sensitive issues, but the Department wants to know more about members' experiences so they can help others who face similar challenges. Responses to these items are completely voluntary and confidential. Your responses will only be reported in aggregate form. Your individual data will not be reported.**

**156. Have you actually had any thoughts of killing yourself during the following periods? Mark "Yes" or "No" for each item.**

	Yes	No
a. Ever in your life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Before joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Since joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Within the past 12 months.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Within 6 months before leaving for a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. During a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Within 6 months after returning from a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**157. [Ask if Q156 a = "Yes" OR Q159 b = "Yes" OR Q159 c = "Yes" OR Q159 d = "Yes" OR Q159 e = "Yes" OR Q159 f = "Yes" OR Q159 g = "Yes"] Have you thought about how you might kill yourself during the following periods? Mark "Yes" or "No" for each item.**

	Yes	No
a. Ever in your life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Before joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Since joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Within the past 12 months.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Within 6 months before leaving for a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
f. During a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Within 6 months after returning from a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**158.** [Ask if Q156 a = "Yes" OR Q159 b = "Yes" OR Q159 c = "Yes" OR Q159 d = "Yes" OR Q159 e = "Yes" OR Q159 f = "Yes" OR Q159 g = "Yes"] **Have you had these thoughts and had some intention of acting on them during the following periods? Mark "Yes" or "No" for each item.**

	Yes	No
a. Ever in your life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Before joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Since joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Within the past 12 months.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Within 6 months before leaving for a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. During a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Within 6 months after returning from a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**159.** [Ask if Q156 a = "Yes" OR Q159 b = "Yes" OR Q159 c = "Yes" OR Q159 d = "Yes" OR Q159 e = "Yes" OR Q159 f = "Yes" OR Q159 g = "Yes"] **Have you worked out a plan of how to kill yourself during the following periods? Mark "Yes" or "No" for each item.**

	Yes	No
a. Ever in your life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Before joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Since joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Within the past 12 months.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Within 6 months before leaving for a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. During a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Within 6 months after returning from a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**160.** **Did you make a suicide attempt during the following periods? Mark "Yes" or "No" for each item.**

	Yes	No
a. Ever in your life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Before joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Since joining the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Within the past 12 months.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Within 6 months before leaving for a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. During a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Within 6 months after returning from a deployment or another mission.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**161.** [Ask if Q156 c = "Yes" OR Q159 d = "Yes" OR Q159 f = "Yes" OR Q159 g = "Yes" OR Q160 c = "Yes" OR Q160 d = "Yes" OR Q160 f = "Yes" OR Q160 g = "Yes"] **Since joining the military, have you ever talked to anyone about your thoughts or attempts to kill yourself?**

- Yes
- No, but I considered talking to someone
- No, and I never considered talking to anyone

**162.** [Ask if (Q156 c = "Yes" OR Q159 d = "Yes" OR Q159 f = "Yes" OR Q159 g = "Yes" OR Q160 c = "Yes" OR Q160 d = "Yes" OR Q160 f = "Yes" OR Q160 g = "Yes") AND Q161= "Yes"] **Who did you talk to about these thoughts or actions? *Mark all that apply.***

- Spouse or significant other
- Parent or parental figure, sibling, or other family member
- Friend who is not in the military
- Military friend not in my chain of command
- Someone in my chain of command
- Mental health professional at a military facility (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)
- Civilian mental health professional at a civilian medical facility (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)
- General medical doctor at a military facility
- General medical doctor at a civilian facility
- Chaplain, pastor, rabbi, or other spiritual counselor
- Someone at a suicide helpline (e.g., Veterans Crisis Line/Military Crisis Line, National Suicide Prevention Lifeline)
- Some other individual/resource not listed above

**163.** [Ask if (Q156 c = "Yes" OR Q159 d = "Yes" OR Q159 f = "Yes" OR Q159 g = "Yes" OR Q160 c = "Yes" OR Q160 d = "Yes" OR Q160 f = "Yes" OR Q160 g = "Yes") AND Q161= "No, but I considered talking to someone"] **If you were to talk with someone about these thoughts or actions, who would you talk to? *Mark all that apply.***

- Spouse or significant other
- Parent or parental figure, sibling, or other family member
- Friend who is not in the military
- Military friend not in my chain of command
- Someone in my chain of command
- Mental health professional at a military facility (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)
- Civilian mental health professional at a civilian medical facility (e.g., psychologist, psychiatrist, clinical social worker, other mental health counselor)
- General medical doctor at a military facility
- General medical doctor at a civilian facility
- Chaplain, pastor, rabbi, or other spiritual counselor
- Someone at a suicide helpline (e.g., Veterans Crisis Line/Military Crisis Line, National Suicide Prevention Lifeline)
- Some other individual/resource not listed above

**164.** [Ask if (Q156 c = "Yes" OR Q159 d = "Yes" OR Q159 f = "Yes" OR Q159 g = "Yes" OR Q160 c = "Yes" OR Q160 d = "Yes" OR Q160 f = "Yes" OR Q163 g = "Yes") AND Q161 = "No, and I never considered talking to anyone"] **You indicated that you did not talk to someone about your thoughts or attempts to kill yourself. Why did you choose not to talk to anyone? Mark all that apply.**

- I did not know where to get help.
- I did not trust mental health professionals.
- It was difficult to arrange the time to talk to someone (e.g., child care issues, could not get time off from work).
- I was concerned it would cost too much money.
- I was embarrassed.
- I was concerned it might impact my security clearance (now or in the future).
- I thought my coworkers and/or superiors would have less confidence in me if they found out.
- I was concerned it would negatively affect my career.
- I thought my friends and family would have less respect for me if they found out.
- I did not think my treatment would be kept confidential.
- I was concerned that any prescribed medications would have too many side effects.
- I would think less of myself if I could not handle it on my own.
- I received treatment or therapy previously and did not think it was effective.
- I did not want anyone to interfere.

**165. What assurances do you think Service members need in order to seek help for their thoughts or attempts to kill themselves? Mark all that apply.**

- Confidentiality
- Support from their peers
- Support from their chain of command
- Reassurance of no impact or limited potential impact on member's career
- Helping services with flexible or off-duty hours
- Other

**166. How much do you agree or disagree with each of the following statements? Individuals who need help with personal problems (e.g., relationship, financial) would not seek help because of... Mark one answer for each item.**

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. A negative impact to their career.....	<input checked="" type="checkbox"/>				
b. Loss of privacy/ confidentiality.....	<input checked="" type="checkbox"/>				
c. Fear of being perceived as "broken" by chain of command or peers.....	<input checked="" type="checkbox"/>				
d. A situation that cannot be helped with the resources available.....	<input checked="" type="checkbox"/>				
e. Not knowing who to turn to.....	<input checked="" type="checkbox"/>				
f. Other.....	<input checked="" type="checkbox"/>				

**167. Suppose you felt trapped or stuck in a stressful situation. How likely or unlikely is it that you would use each of the following ways to deal with or cope with the situation? Mark one answer for each item.**

	Very unlikely				
	Unlikely				
	Neither likely nor unlikely				
	Likely				
	Very likely				
a. Ignore the situation.....	<input checked="" type="checkbox"/>				
b. Avoid the situation.....	<input checked="" type="checkbox"/>				
c. Deal with the situation on your own to try and fix it.....	<input checked="" type="checkbox"/>				
d. Ask someone to help you try and fix the situation.....	<input checked="" type="checkbox"/>				
e. Seek out self-help resources via the Internet or books.....	<input checked="" type="checkbox"/>				
f. Use alcohol or another harmful substance to cope with the situation.....	<input checked="" type="checkbox"/>				

**168. How often do you receive suicide prevention training?**

- More than once a year
- Once a year
- Once every 2 years
- Only at a professional military school
- I do not receive suicide prevention training

**169. [Ask if Q168 = "More than once a year" OR Q168= "Once a year" OR Q168= "Once every 2 years" OR Q168= "Only at a professional military school"] How helpful was the suicide prevention training you received most recently in helping you recognize the following? *Mark one answer for each item.***

	Not at all helpful	Slightly helpful	Somewhat helpful	Very helpful	Extremely helpful
a. Suicidal behavior in <u>yourself</u> .....	<input checked="" type="checkbox"/>				
b. Suicidal behavior in <u>others</u> .....	<input checked="" type="checkbox"/>				

**170. The suicide prevention training that would be most effective in preparing me to handle a possible suicide prevention situation is...**

- Listening to a respected leader talk about an experience seeking help for suicidal thoughts or behavior
- Listening to a fellow Service member talk about an experience seeking help for suicidal thoughts or behavior
- Skills training on coping or problem-solving
- A lecture on suicide awareness (e.g., warning signs)
- PowerPoint presentation on suicide prevention
- Online webinar on suicide prevention
- Small group discussion

**171. What is your level of knowledge of each of the following support services? *Mark one answer for each item.***

	I have never heard of this service.	I have heard of this service, but I do not really know what it is.	I have heard of this service, but I only superficially understand it.	I know a lot about this service.
a. Military Crisis Line (MCL)/ Veterans Crisis Line (VCL).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. National Suicide Prevention Lifeline.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. DSTRESS Line.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Military & Family Life Counseling (MFLC) Program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Coast Guard SUPRT Program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. VA Mobile Vet Center.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**172. Suppose you found yourself in a situation where you thought you needed help with personal problems (e.g., relationship, financial). How likely or unlikely is it that you would use each of the following support services? *Mark one answer for each item.***

	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
a. Military Crisis Line (MCL)/ Veterans Crisis Line (VCL).....	<input checked="" type="checkbox"/>				
b. National Suicide Prevention Lifeline.....	<input checked="" type="checkbox"/>				
c. Military OneSource.....	<input checked="" type="checkbox"/>				
d. DSTRESS Line.....	<input checked="" type="checkbox"/>				
e. Military & Family Life Counseling (MFLC) Program.....	<input checked="" type="checkbox"/>				
f. Coast Guard SUPRT Program.....	<input checked="" type="checkbox"/>				
g. VA Mobile Vet Center.....	<input checked="" type="checkbox"/>				

**173. How much do you agree or disagree with each of the following statements? Mark one answer for each item.**

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. Suicide is impulsive.....	<input checked="" type="checkbox"/>				
b. Suicidal behavior is not hereditary.....	<input checked="" type="checkbox"/>				
c. The majority of Service members who died by suicide did not have a mental illness.....	<input checked="" type="checkbox"/>				
d. Talking about suicide with someone you are concerned about will not lead to or encourage his/her suicide.....	<input checked="" type="checkbox"/>				
e. Anyone can help individuals who are at risk for suicide, not only mental health professionals.....	<input checked="" type="checkbox"/>				
f. The military suicide rate is comparable to the US general population, after accounting for differences in sex and age between the two populations.....	<input checked="" type="checkbox"/>				
g. Deployment does not increase suicide risk for Service members.....	<input checked="" type="checkbox"/>				
h. If you remove access to one lethal method of suicide, someone at risk for suicide will not replace it with another.....	<input checked="" type="checkbox"/>				
i. Most military firearm deaths are a result of suicide as compared to combat, accident, or homicide.....	<input checked="" type="checkbox"/>				
j. Storing a loaded firearm at home increases risk for dying by suicide four to six times.....	<input checked="" type="checkbox"/>				

**174. In the past 12 months, did you know someone who has died by suicide?**

- Yes
- No

**175. [Ask if Q174= "Yes"] Did you receive suicide postvention support or counseling to help you with this loss from any of the following sources? Mark "Yes" or "No" for each item.**

	Yes	No
a. Unit Commander or Leader.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Chaplain.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Casualty Assistance Officer.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Long-Term Casualty Support Coordinator.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. First Responder.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Military Investigator.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Non-Clinical Provider (e.g., Military OneSource Counselor, MFCL).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Suicide Prevention Program Manager.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**176. [Ask if Q174= "Yes" AND Q175a = "Yes"] How useful was the support or counseling you received from the... Mark one answer for each item.**

	Not useful			
	Somewhat useful			
	Useful			
	Very useful			
a. Unit Commander or Leader?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Chaplain?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Casualty Assistance Officer?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Long-Term Casualty Support Coordinator?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. First Responder?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Military Investigator?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Non-Clinical Provider (e.g., Military OneSource Counselor, MFCL)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Suicide Prevention Program Manager?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**177. Have you ever intentionally hurt yourself (e.g., cut or hit yourself) to relieve stress, feel better, get sympathy, or get something else to happen without any intention of killing yourself?**

- Yes
- No

## COVID-19 PANDEMIC

178. As a result of the COVID-19 pandemic, how would you rate the current level of stress in your work life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual
- Much more than usual

179. As a result of the COVID-19 pandemic, how would you rate the current level of stress in your personal life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual
- Much more than usual

## TAKING THE SURVEY

A "military survey" is defined as a survey regarding military topics (e.g., readiness, programs/services, tempo, benefits).

180. Excluding this survey, how many military surveys have you been asked to complete in the past 12 months? *To indicate none, select "0." To indicate 10 or more, select "10."*

181. Thank you for participating in the survey. There are no more questions on this survey. If you have comments or concerns that you were not able to express in answering this survey, please enter them in the space provided. Your comments will be viewed and considered as policy deliberations take place. Do not include any personally identifiable information (PII) in your comments. If OPA or its data collection contractor perceives comments as a direct threat to yourself or others, out of concern for your welfare, OPA may contact an office in your area for appropriate action. Your feedback is useful and appreciated.