

2021 Status of the Forces Survey of Reserve Component Members (*SOFS-R*)

ACTIVATION/DEPLOYMENT STATUS

BACKGROUND INFORMATION

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

- 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).

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

- Yes
 No

3. **[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

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.

4. **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

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

- Yes
 No

6. **[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

7. **[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).

8. [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

9. [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

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

- Yes
- No

EMPLOYMENT/STUDENT STATUS

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

- Yes
- No

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

- Yes
- No

13. [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

14. [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

15. [Ask if Q19 = "No"] Last week, were you temporarily absent from a job or business?

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

16. [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

17. [Ask if Q21 = "No"] Have you been looking for work during the last 4 weeks?

- Yes
- No

18. [Ask if Q22 = "No"] Were you looking for work during the 4 weeks prior to your most recent activation?

- Yes
- No

19. [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.)

20. [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.)

21. [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

22. [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

23. [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

24. [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

25. [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

26. [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

27. [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

28. [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

29. [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

30. [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

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

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

RETENTION

32. 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

33. 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

34. [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

35. 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

36. [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

37. [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

38. [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

39. [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

40. 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

41. 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

42. 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

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

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

STRESS

44. 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

45. 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

[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).

DEPLOYMENTS IN PAST 5 YEARS

46. [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.

47. [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

48. [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

49. [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

50. [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

FINANCIAL WELL-BEING AND EDUCATION

51. [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

52. [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

53. [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

54. **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

55. **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

56. [Ask if Q66 = "Much better" OR Q66 = "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.**

	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"/>

57. [Ask if Q66 = "Much worse" OR Q66= "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"/>

58. 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"/>

59. 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"/>
b. Military financial counseling (in-person, by telephone, or virtually).....	<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., Office of Financial Readiness, Sen\$e app, Military OneSource, Service or installation 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"/>

60. 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

61. 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"/>
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"/>

62. 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

63. 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

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

	No	
	Yes	No
a. Failed to make a monthly/minimum payment on your credit card, including the Military Star Card.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Failed to make a rent or mortgage payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Had one or more debts referred to a collection agency.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Had telephone, cable, or Internet shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Had water, heat, or electricity shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Failed to make a car payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Had a car repossessed.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Filed for personal bankruptcy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Had to pay overdraft fees to your bank or credit union two or more times.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Borrowed money from family and/or friends to pay bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Took money out of a retirement fund or investment to pay living expenses.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Had personal relationship problems with your partner due to finances.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Had your security clearance affected due to your financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Used a charitable organization's food pantry or food bank.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Had adverse personnel action due to financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Provided unplanned financial support to a family member who did <u>not</u> live with you.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

65. 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.

	No	
	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 (a loan where you obtain money by providing a vehicle title as collateral).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
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"/>

66. 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I am just getting by financially.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I am concerned that the money I have, or will save, won't last.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

67. 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. My finances control my life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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."

68. 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

69. 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

70. 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

71. 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

**72. 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

73. 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

74. 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

75. 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

**76. 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

77. 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

SUICIDE PREVENTION AWARENESS AND TRAINING

78. 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.

79. 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 type="checkbox"/>	<input type="checkbox"/>
b. Before joining the military.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Since joining the military.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Within the past 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Within 6 months before leaving for a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>
f. During a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Within 6 months after returning from a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>

80. [Ask if Q90 a = "Yes" OR Q90 b = "Yes" OR Q90 c = "Yes" OR Q90 d = "Yes" OR Q90 e = "Yes" OR Q90 f = "Yes" OR Q90 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 type="checkbox"/>	<input type="checkbox"/>
b. Before joining the military.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Since joining the military.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Within the past 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Within 6 months before leaving for a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>
f. During a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Within 6 months after returning from a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>

81. [Ask if Q90 a = "Yes" OR Q90 b = "Yes" OR Q90 c = "Yes" OR Q90 d = "Yes" OR Q90 e = "Yes" OR Q90 f = "Yes" OR Q90 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 type="checkbox"/>	<input type="checkbox"/>

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

82. [Ask if Q90 a = "Yes" OR Q90 b = "Yes" OR Q90 c = "Yes" OR Q90 d = "Yes" OR Q90 e = "Yes" OR Q90 f = "Yes" OR Q90 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 type="checkbox"/>	<input type="checkbox"/>
b. Before joining the military.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Since joining the military.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Within the past 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Within 6 months before leaving for a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>
f. During a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Within 6 months after returning from a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>

83. 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 type="checkbox"/>	<input type="checkbox"/>
b. Before joining the military.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Since joining the military.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Within the past 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Within 6 months before leaving for a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>
f. During a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Within 6 months after returning from a deployment or another mission.....	<input type="checkbox"/>	<input type="checkbox"/>

84. [Ask if Q90 c = "Yes" OR Q90 d = "Yes" OR Q90 f = "Yes" OR Q90 g = "Yes" OR Q94 c = "Yes" OR Q94 d = "Yes" OR Q94 f = "Yes" OR Q94 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

85. [Ask if (Q90 c = "Yes" OR Q90 d = "Yes" OR Q90 f = "Yes" OR Q90 g = "Yes" OR Q94 c = "Yes" OR Q94 d = "Yes" OR Q94 f = "Yes" OR Q94 g = "Yes") AND Q95= "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

86. [Ask if (Q90 c = "Yes" OR Q90 d = "Yes" OR Q90 f = "Yes" OR Q90 g = "Yes" OR Q94 c = "Yes" OR Q94 d = "Yes" OR Q94 f = "Yes" OR Q94 g = "Yes") AND Q95= "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

87. [Ask if (Q90 c = "Yes" OR Q90 d = "Yes" OR Q90 f = "Yes" OR Q90 g = "Yes" OR Q94 c = "Yes" OR Q94 d = "Yes" OR Q94 f = "Yes" OR Q94 g = "Yes") AND Q95 = "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.

88. **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

89. **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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Loss of privacy/ confidentiality.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Fear of being perceived as "broken" by chain of command or peers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. A situation that cannot be helped with the resources available.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Not knowing who to turn to.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

90. 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Avoid the situation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Deal with the situation on your own to try and fix it.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Ask someone to help you try and fix the situation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Seek out self-help resources via the Internet or books.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Use alcohol or another harmful substance to cope with the situation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

91. 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

92. [Ask if Q102 = "More than once a year" OR Q102= "Once a year" OR Q102= "Once every 2 years" OR Q102= "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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Suicidal behavior in <u>others</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

93. 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

94. 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"/>

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.				
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"/>

95. 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"/>	<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"/>

96. 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Suicidal behavior is not hereditary.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. The majority of Service members who died by suicide did not have a mental illness.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Strongly disagree				
Disagree				
Neither agree nor disagree				
Agree				
Strongly agree				
d. Talking about suicide with someone you are concerned about will not lead to or encourage his/her suicide.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Anyone can help individuals who are at risk for suicide, not only mental health professionals.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Deployment does not increase suicide risk for Service members.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

- Yes
- No

98. [Ask if Q108= "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.

	No	
	Yes	
a. Unit Commander or Leader.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Chaplain.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	No	
	Yes	
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, MFLC).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Suicide Prevention Program Manager.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

99. [Ask if Q108= "Yes" AND Q109a = "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, MFLC)?.....	<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"/>

100. Have you ever intentionally hurt yourself (e.g., cut or hit yourself) to relieve stress, feel better, get

Yes

sympathy, or get something else to happen without any intention of killing yourself?

food?

Yes

No

Don't know

FOOD ASSISTANCE

The following are statements that people have made about their food situation.

101. How often were each of the following statements true for you and your household in the past 12 months—that is, since last [name of current month]? *Mark one answer for each item.*

	Never true	Sometimes true	Often true	Don't know
a. The food that I/we bought just didn't last, and I/we didn't have money to get more.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I/We couldn't afford to eat balanced meals.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

102. In the past 12 months, since last [name of current month], did you or other adults in your household ever cut the size of your meals or skip meals because there was not enough money for food?

Yes

No

Don't know

103. [Ask if Q113 = "Yes"] In the past 12 months, how often did you or other adults in your household cut the size of your meals or skip meals because there was not enough money for food?

Almost every month

Some months but not every month

Only 1 or 2 months

Don't know

104. In the past 12 months, did you ever eat less than you felt you should because there was not enough money for food?

Yes

No

Don't know

105. In the past 12 months, were you ever hungry but did not eat because there was not enough money for

TAKING THE SURVEY

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

106. 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."*

107. 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.

108. [Ask if Q1 = "No, I separated or retired"] Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer(s). To submit your answers, click *Submit*. For further help, please call our Survey Processing Center toll-free at 1-800-881-5307, e-mail RC-Survey@mail.mil, or send a fax to 1-763-268-3002.

