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**BACKGROUND INFORMATION****1. Were you on active duty on October 26, 2021?**

- Yes  
 No, I have separated or retired

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

- E-1     E-6     W-1     O-1/O-1E  
 E-2     E-7     W-2     O-2/O-2E  
 E-3     E-8     W-3     O-3/O-3E  
 E-4     E-9     W-4     O-4  
 E-5                       W-5     O-5  
 O-6 or above

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

- Married  
 Separated  
 Divorced  
 Widowed  
 Never married

**4. [Ask if Q3 = "Divorced" OR Q3 = "Widowed" OR Q3 = "Never married"] Do you have a significant other?**

- Yes  
 No

In the following section, you will be asked questions about your spouse's employment status in enough detail to ensure comparability with national employment surveys.

**5. [Ask if Q3 = "Married" OR Q3 = "Separated"] Is your spouse currently serving on active duty (not a member of the National Guard or Reserve)?**

- Yes  
 No

**6. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No"] Is your spouse currently serving as a member of the National Guard or Reserve in a full-time, active duty program (AGR/FTS/AR)?**

- Yes  
 No

**7. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No"] Is your spouse currently serving as a member of another type of National Guard or Reserve unit (e.g., drilling unit, Individual Mobilization Augmentee [IMA], Individual Ready Reserve [IRR])?**

- Yes  
 No

**8. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No"] Last week, did your spouse do any work for pay or profit? Mark "Yes" even if your spouse worked only 1 hour or helped without pay in a family business or farm for 15 hours or more.**

- Yes  
 No

**9. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No" AND Q8 = "No"] Last week, was your spouse temporarily absent from a job or business?**

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

**10. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No" AND Q8 = "No" AND Q9 = "No"] Has your spouse been looking for work during the last 4 weeks?**

- Yes  
 No

11. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No" AND Q8 = "No" AND Q9 = "No" AND Q10 = "Yes"] **Last week, could your spouse have started a job if offered one, or returned to work if recalled?**

- Yes, my spouse could have gone to work
- No, because of his/her temporary illness
- No, because of state occupational licensing barriers
- No, because child care was not available
- No, because of other reasons (in school, etc.)

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

- 12 years or less of school (no diploma)
- High school graduate—traditional diploma
- High school graduate—alternative diploma (home school, GED, etc.)
- Professional license, accreditation, or certificate (e.g., fitness instructor, massage therapist, electrician, welder)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate's degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's, doctoral, or professional school degree (e.g., MA, MS, MEd, MEng, MBA, MSW, PhD, MD, JD, DVM, EdD)

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).

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

- Yes
- No

14. [Ask if Q13 = "Yes"] **How many children or other legal dependents do you have in the age group specified below? To indicate none, select "0." To indicate nine or more, select "9."**

5 years and younger

6-13 years old

14-18 years old

19-22 years old

23 years and older

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

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

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

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

17. **Where is your permanent duty station (homeport) located?**

- In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession
- Europe (e.g., Germany, Italy, Belgium, United Kingdom)
- Former Soviet Union (e.g., Russia, Tajikistan, Uzbekistan, Kazakhstan)
- East Asia and Pacific (e.g., Australia, Japan, Korea)
- North Africa, Near East, or South Asia (e.g., Bahrain, Kuwait, Saudi Arabia, Diego Garcia)
- Sub-Saharan Africa (e.g., Djibouti, Kenya, Liberia, South Africa)
- Western Hemisphere (e.g., Cuba, Honduras, Peru)
- Other or not sure

18. [Ask if Q17 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession"] Please select from the list below your permanent duty station location (homeport) within one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession.

19. Where do you live at your permanent duty station?

- Aboard ship
- Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, on base
- Government-owned family housing, on base
- Government-owned or leased family housing, off base
- Privatized housing, on base, that you rent
- Privatized housing, off base, that you rent
- Civilian/community housing, off base, that you own or pay mortgage on
- Civilian/community housing, off base, that you rent
- Other

[Ask if Q19 = "Other"] Please specify where you live at your permanent duty station. Please do not include any personally identifiable information (e.g., names, addresses).

**Very dissatisfied**

**Dissatisfied**

**Neither satisfied nor dissatisfied**

**Satisfied**

**Very satisfied**

e. The quality of your supervisor .....

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

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

**RETENTION**

22. How many years of active duty service have you completed (including enlisted, warrant officer, and commissioned officer time)? To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35".

 Years

23. Suppose that you have to decide whether to stay on active duty. 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

24. [Ask if (Q3 = "Married" OR Q3 = "Separated") OR (Q4 = "Yes")] Does your spouse or significant other think you should stay on or leave active duty?

- Strongly favors staying
- Somewhat favors staying
- Has no opinion one way or the other
- Somewhat favors leaving
- Strongly favors leaving

**SATISFACTION**

20. Taking all things into consideration, how satisfied are you, in general, with each of the following aspects of being in the military? 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) .....

b. The type of work you do in your military job.....

c. Your opportunities for promotion.....

d. The quality of your coworkers .....

**25. Does your family think you should stay on or leave active duty?**

- Strongly favors staying
- Somewhat favors staying
- Has no opinion one way or the other
- Somewhat favors leaving
- Strongly favors leaving

Responses from this question are used to determine levels of personal, unit, and overall commitment. Please provide your answer for each statement so that these three can be assessed.

**26. 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. I enjoy serving in the military. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Serving in the military is consistent with my personal goals. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I would feel guilty if I left the military. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Generally, on a day-to-day basis, I am happy with my life in the military. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I would have difficulty finding a job if I left the military. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. If I left the military, I would feel like I had let my country down. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. I continue to serve in the military because leaving would require considerable sacrifice. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. One of the problems with leaving the military would be the lack of available alternatives. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. I am committed to making the military my career. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**27. When you leave active duty, how likely is it that you will join a National Guard or Reserve unit?**

- Does not apply, retiring or otherwise ineligible
- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

**TEMPO**

**28. Have you ever made a Permanent Change of Station (PCS) move?**

- Yes
- No

**29. [Ask if Q28 = "Yes"] How many months has it been since your last PCS move? To indicate less than one month, enter "0". To indicate more than 99 months, enter "99".**

Months

**30. In the past 12 months, how many days have you had to work longer than your normal duty day (i.e., overtime)? To indicate none, enter "0".**

Days

**31. In the past 12 months, how many nights have you been away from your permanent duty station (homeport) because of your military duties? To indicate none, enter "0".**

Nights

**32. In the past 24 months, have you been deployed longer than 30 consecutive days?**

- Yes
- No

**33. [Ask if Q32 = "Yes"] Are you currently on a deployment that has lasted longer than 30 consecutive days?**

- Yes
- No

34. [Ask if Q32 = "Yes" AND Q33 = "Yes"] Where are you currently deployed?

- In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession
- Afghanistan
- Iraq
- Other North African, Near Eastern, or South Asian country (e.g., Bahrain, Kuwait, Saudi Arabia, Diego Garcia)
- Europe (e.g., Germany, Italy, Belgium, United Kingdom)
- Former Soviet Union (e.g., Russia, Tajikistan, Uzbekistan, Kazakhstan)
- East Asia and Pacific (e.g., Australia, Japan, Korea)
- Sub-Saharan Africa (e.g., Djibouti, Kenya, Liberia, South Africa)
- Western Hemisphere (e.g., Cuba, Honduras, Peru)
- Other or not sure

35. [Ask if (Q32 = "Yes" AND Q33 = "Yes") AND Q34 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession"] Please select from the list below your deployment location within one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession.

[Ask if Q32 = "Yes" AND Q33 = "Yes" AND Q34 = "Other or not sure"] Please enter the name of the country or installation where you are currently deployed.

36. In the past 12 months, have you spent more or less time away from your permanent duty station (homeport) than you expected when you first entered the military?

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

37. What impact has time away (or lack thereof) from your permanent duty station (homeport) 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

38. 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

39. 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

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

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

41. How well has your training prepared you to perform your wartime job in support of joint operations?

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

**STRESS**

42. Overall, 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

43. 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

44. In the past month, how often have you... *Mark one answer for each item.*

	Very often				
	Fairly often				
	Sometimes				
	Almost never				
	Never				
a. Felt nervous and stressed? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Felt that you were unable to control the important things in your life? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Been upset because of something that happened unexpectedly? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Been angered because of things that were outside of your control? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Felt difficulties were piling up so high that you could not overcome them? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Found that you could not cope with all of the things you had to do? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**MILITARY ONESOURCE**

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

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

46. [Ask if Q45 [MATCHING ITEM] = "Yes"] How useful was/were... *Mark one answer for each item.*

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



### DEPLOYMENTS IN PAST 5 YEARS

- **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 Operation Enduring Freedom (OEF), officially began 1 Jan 2015 and includes missions to train Afghan soldiers and conduct counterterrorism operations against extremists in Afghanistan.

47. 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 Inherent Resolve
- Operation Freedom's Sentinel
- Peacekeeping operation
- Humanitarian operation
- Military exercise or training
- COVID-19 Response
- Other

[Ask if Q47 h = "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).

48. [Ask if Q47 b = "Marked" OR Q47 c = "Marked" OR Q47 d = "Marked" OR Q47 e = "Marked" OR Q47 f = "Marked" OR Q47 g = "Marked" OR Q47 h = "Marked"] In the **past 5 years**, how many times have you been deployed?

 Times

49. [Ask if Q47 b = "Marked" OR Q47 c = "Marked" OR Q47 d = "Marked" OR Q47 e = "Marked" OR Q47 f = "Marked" OR Q47 g = "Marked" OR Q47 h = "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 (Q47 b = "Marked" OR Q47 c = "Marked" OR Q47 d = "Marked" OR Q47 e = "Marked" OR Q47 f = "Marked" OR Q47 g = "Marked" OR Q47 h = "Marked") AND Q49 = "Yes"] **For your most recent deployment**, how many months have you been or were you deployed to an area where you drew imminent danger pay or hostile fire pay? **Include partial months.** For example, if you were deployed to a combat zone for 2 days, and those days were in different months, enter "2".

 Months

51. [Ask if Q47 b = "Marked" OR Q47 c = "Marked" OR Q47 d = "Marked" OR Q47 e = "Marked" OR Q47 f = "Marked" OR Q47 g = "Marked" OR Q47 h = "Marked"] **Were you involved in combat operations?**

- Yes
- No

52. [Ask if Q33 = "Yes" AND (Q47 b = "Marked" OR Q47 c = "Marked" OR Q47 d = "Marked" OR Q47 e = "Marked" OR Q47 f = "Marked" OR Q47 g = "Marked" OR Q47 h = "Marked") AND Q49 = "Yes"] **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 Q47 b = "Marked" OR Q47 c = "Marked" OR Q47 d = "Marked" OR Q47 e = "Marked" OR Q47 f = "Marked" OR Q47 g = "Marked" OR Q47 h = "Marked"] **Were any of your deployments in the past 5 years longer than you expected?**

- Yes
- No

## FOOD ASSISTANCE

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

54. 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"/>	<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"/>	<input checked="" type="checkbox"/>

55. 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

56. [Ask if Q55 = "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

57. 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

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

- Yes  
 No  
 Don't know

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

59. Would you say that in general your health is...

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

60. 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

61. 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

62. 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

## FINANCIAL WELL-BEING AND EDUCATION

63. 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



64. 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

65. [Ask if Q64 = "Much better" OR Q64 = "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	
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"/>

66. [Ask if Q64 = "Much worse" OR Q64 = "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.

	No	
	Yes	
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"/>

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

	No	
	Yes	
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"/>

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

	No	
	Yes	
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"/>

69. 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

70. 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"/>

71. 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

72. 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

73. 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"/>

74. 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"/>
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"/>

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

	Completely	Very well	Somewhat	Very little	Not at all
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"/>

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

	Always	Often	Sometimes	Rarely	Never
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"/>

77. 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."

78. 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

79. 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

80. 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

81. 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

82. 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

**83. 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
- An active duty Service member who dies in the line of duty
- Both
- Don't know

**84. 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

**85. 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

**86. 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

**87. 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**

**88. 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.**

**89. 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"/>

**90. [Ask if Q89 a = "Yes" OR Q89 b = "Yes" OR Q89 c = "Yes" OR Q89 d = "Yes" OR Q89 e = "Yes" OR Q89 f = "Yes" OR Q89 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"/>
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"/>

91. [Ask if Q89 a = "Yes" OR Q89 b = "Yes" OR Q89 c = "Yes" OR Q89 d = "Yes" OR Q89 e = "Yes" OR Q89 f = "Yes" OR Q89 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"/>

92. [Ask if Q89 a = "Yes" OR Q89 b = "Yes" OR Q89 c = "Yes" OR Q89 d = "Yes" OR Q89 e = "Yes" OR Q89 f = "Yes" OR Q89 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"/>

93. **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"/>

94. [Ask if Q89 c = "Yes" OR Q89 d = "Yes" OR Q89 f = "Yes" OR Q89 g = "Yes" OR Q93 c = "Yes" OR Q93 d = "Yes" OR Q93 f = "Yes" OR Q93 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

95. [Ask if (Q89 c = "Yes" OR Q89 d = "Yes" OR Q89 f = "Yes" OR Q89 g = "Yes" OR Q93 c = "Yes" OR Q93 d = "Yes" OR Q93 f = "Yes" OR Q93 g = "Yes") AND Q94 = "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



96. [Ask if (Q89 c = "Yes" OR Q89 d = "Yes" OR Q89 f = "Yes" OR Q89 g = "Yes" OR Q93 c = "Yes" OR Q93 d = "Yes" OR Q93 f = "Yes" OR Q93 g = "Yes") AND Q94 = "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

97. [Ask if (Q89 c = "Yes" OR Q89 d = "Yes" OR Q89 f = "Yes" OR Q89 g = "Yes" OR Q93 c = "Yes" OR Q93 d = "Yes" OR Q93 f = "Yes" OR Q93 g = "Yes") AND Q94 = "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.

98. **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



99. 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"/>

100. 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"/>

101. 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

102. [Ask if Q101 = "More than once a year" OR Q101 = "Once a year" OR Q101 = "Once every 2 years" OR Q101 = "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"/>

103. 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"/>

**104. 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"/>	<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"/>	<input checked="" type="checkbox"/>
c. Military OneSource .....	<input checked="" type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>

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

- Yes  
 No

**106. [Ask if Q105 = "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"/>
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"/>

**107. [Ask if Q105 = "Yes" AND Q106 a = "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"/>

**108. 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

### TAKING THE SURVEY

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

**109. 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."**

**110. 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.**

**111. [Ask if Q1 = "No, I have 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 *Previous* button and check your answer(s). To submit your answers, click the *Submit* button. For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail [AD-Survey@mail.mil](mailto:AD-Survey@mail.mil).**

