

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-0604, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

2021 Survey of Active Duty Spouses

**BACKGROUND INFORMATION**

- 1. **What is your marital status?**
  - Married
  - Separated
  - Divorced
  - Widowed
  
- 2. **Is your spouse currently serving on active duty (not a member of the National Guard or Reserve)?**
  - Yes
  - No
  
- 3. **How many years have you been married? To indicate less than 1 year, enter "0".**  
 Years
  
- 4. **Are you Spanish/Hispanic/Latino?**
  - No, not Spanish/Hispanic/Latino
  - Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino
  
- 5. **What is your race? Mark one or more races to indicate what you consider yourself to be.**
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
  - Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

7. **[Ask if Q6 = "Yes"] How many children under the age of 18 do you or your spouse have, living at home either part-time or full-time, in each age group? Please select the number of children you have in each age group. To indicate none, select "0". To indicate more than nine, select "9".**

Less than 1 year old

1 year to less than 2 years old

2 to 5 years old

6 to 13 years old

14 to less than 18 years old

**YOUR FAMILY**

- 6. **Do you or your spouse have any children under the age of 18 living at home either part-time or full-time?**
  - Yes
  - No

8. [Ask if Q6 = "Yes"] At any time during the 2020–2021 school year, how many children in this household were enrolled in kindergarten through 12th grade or grade equivalent? Please select the number of children in each type of school. To indicate none, select "0". To indicate more than nine, select "9".

Number enrolled in a public school

Number enrolled in a private school

Number attending a Department of Defense-run school (DoDEA Americas, DoDEA Europe or DoDEA Pacific)

Number homeschooled, that is not enrolled in public or private school

Not enrolled in any type of school

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

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

[Ask if Q6 = "Yes" AND (Q8 a > "0" OR Q8 b > "0" OR Q8 c > "0" OR Q8 d > "0") AND Q9 h = "Marked"] During the 2020–2021 school year, what other way did the children in this household receive their education? Do not provide any personally identifiable information.

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

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

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

11. [Ask if Q6 = "Yes"] How many of your child(ren) in each age group routinely use child care arrangements? Mark one answer in each row. To indicate none, select "0". To indicate more than nine, select "9".

Less than 1 year old

1 year to less than 2 years old

2 to 5 years old

6 to 13 years old

14 to less than 18 years old

12. [Ask if Q6 = "Yes" AND (Q11 a > "0" OR Q11 b > "0" OR Q11 c > "0" OR Q11 d > "0" OR Q11 e > "0")] At any time in the last year, were any children in the household unable to attend day care or another child care arrangement because of the coronavirus pandemic? Please include before school care, after school care, and all other forms of childcare that were unavailable.

- Yes
- No

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-0604, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**2021 Survey of Active Duty Spouses**

**13. [Ask if Q6 = "Yes" AND (Q11 a > "0" OR Q11 b > "0" OR Q11 c > "0" OR Q11 d > "0" OR Q11 e > "0") AND Q12 = "Yes"] Which if any of the following occurred as a result of child care being closed or unavailable? Mark all that apply.**

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

[Ask if Q6 = "Yes" AND (Q11 a > "0" OR Q11 b > "0" OR Q11 c > "0" OR Q11 d > "0" OR Q11 e > "0") AND Q12 = "Yes" AND Q13 i = "Marked"]  
**Please specify any other outcomes of child care being closed or unavailable. Do not provide any personally identifiable information.**

**14. [Ask if Q6 = "Yes" AND (Q10 a = "No" AND Q10 b = "No") AND (Q11 a > "0" OR Q11 b > "0" OR Q11 c > "0" OR Q11 d > "0" OR Q11 e > "0")]**  
**Which of the following are reasons why you do not use military child care? Mark "Yes" or "No" for each item.**

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

**COVID-19**

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

18. [Ask if (Q15 = "Yes" AND Q16 = "No") OR (Q15 = "No" AND (Q17 = "Probably get a vaccine" OR Q17 = "Be unsure about getting a vaccine" OR Q17 = "Probably NOT get a vaccine" OR Q17 = "Definitely NOT get a vaccine"))] Which of the following, if any, are reasons that you [have not gotten all required doses of] [only probably would get] [are unsure about getting] [probably would not get] [definitely would not get] a COVID-19 vaccine? **Mark all that apply.**

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

[Ask if (Q15 = "Yes" AND Q16 = "No") OR (Q15 = "No" AND (Q17 = "Probably get a vaccine" OR Q17 = "Be unsure about getting a vaccine" OR Q17 = "Probably NOT get a vaccine" OR Q17 = "Definitely NOT get a vaccine")) AND Q18 k = "Marked"] What are some other reasons that you [have not gotten all required doses of] [only probably would get] [are unsure about getting] [probably would not get] [definitely would not get] a COVID-19 vaccine? **Do not provide any personally identifiable information.**

19. [Ask if ((Q15 = "Yes" AND Q16 = "No") OR (Q15 = "No" AND (Q17 = "Probably get a vaccine" OR Q17 = "Be unsure about getting a vaccine" OR Q17 = "Probably NOT get a vaccine" OR Q17 = "Definitely NOT get a vaccine")) AND Q18 = "I don't believe I need a COVID-19 vaccine"))] Why do you believe that you don't need a COVID-19 vaccine? **Mark all that apply.**

- I already had COVID-19
- I am not a member of a high-risk group
- I plan to use masks or other precautions instead
- I don't believe COVID-19 is a serious illness
- I don't think vaccines are beneficial
- Other

20. **Has a doctor or other health care provider ever told you that you have COVID-19?**

- Yes
- No
- Not sure

#### SERVICE, EDUCATION, AND EMPLOYMENT

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

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

22. **Are you currently serving in the military?**

- Yes, on active duty (not a member of the National Guard/Reserve)
- Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)
- Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)
- No

23. [Ask if Q22 = "No" or Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" or Q22 = .] **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

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0604, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

2021 Survey of Active Duty Spouses

24. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND Q23 = "No"] **Last week, were you temporarily absent from a job or business?**

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

25. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND Q23 = "No" AND Q24 = "No"] **Have you been looking for work during the last four weeks?**

- Yes
- No

26. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND Q23 = "No" AND Q24 = "No" AND Q25 = "Yes"] **Last week, could you have started a job if one had been offered?**

- Yes
- No

27. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND Q23 = "No" AND Q24 = "No" AND Q25 = "Yes"] **How many weeks have you been looking for work? If you have been looking for work for less than one week, enter "0". If you have been looking for work for more than one year, enter "52".**

Weeks

28. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND Q23 = "No"] **What is your main reason for not working for pay or profit? Mark one.**

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

[Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND Q23 = "No" AND Q28 = "Other"] **Please specify any other reasons you have not worked for pay or profit. Do not provide any personally identifiable information.**

29. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND (Q23 = "Yes" OR (Q23 = "No" AND Q24 = "Yes, on vacation, temporary illness, labor dispute, etc."))] **Are you employed by government, by a private company, a nonprofit organization, or are you self-employed or working in a family business? Mark one.**

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

30. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND (Q23 = "Yes" OR (Q23 = "No" AND Q24 = "Yes, on vacation, temporary illness, labor dispute, etc."))] **On average, how many hours a week do you spend working for pay (including hours worked for a family business or farm)?**

Hours

31. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND (Q23 = "Yes" OR (Q23 = "No" AND Q24 = "Yes, on vacation, temporary illness, labor dispute, etc."))] **Please indicate how much you agree or disagree with the following statements. Mark one answer for each item.**

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

32. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND (Q23 = "Yes" OR (Q23 = "No" AND Q24 = "Yes, on vacation, temporary illness, labor dispute, etc."))] **Are you currently employed within the area of your education or training?**

- Yes
- No

33. [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND (Q23 = "Yes" OR (Q23 = "No" AND Q24 = "Yes, on vacation, temporary illness, labor dispute, etc."))] **Does your employer offer the following... Mark "Yes" or "No" for each item.**

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

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

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

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-0604, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

2021 Survey of Active Duty Spouses

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

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

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

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

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

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

38. [Ask if Q37 a = "Yes" OR Q37 b = "Yes"] What kind of professional license/certification/credential does your career field require? **Mark one.**

- Accounting
- Architecture
- Counseling (e.g., professional counselor, marriage and family therapist)
- Dentistry/Dental hygiene
- Law (e.g., attorney)
- Massage therapy
- Medicine
- Nursing
- Occupational therapy
- Pharmacy/Pharmacy technician
- Physical therapy
- Professional engineer
- Skilled trade (e.g., master electrician, plumber, heating, air conditioning, ventilation and refrigeration)
- Social work
- Teaching (elementary and secondary)
- Other

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

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

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

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

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

- I am not eligible because of my husband/wife's rank.
- I will not be eligible long enough to use MyCAA (e.g., my spouse will soon be promoted or leave the military).
- I need education, training, or testing not covered by MyCAA.
- I have limited time for additional education/training because of family/personal obligations.
- I am not interested in additional education/training.
- I do not feel that additional education/training are important for my career.

### FOOD SECURITY

These next questions are about the food eaten in your household in the last 12 months, since %%currentmonth%% of last year, and whether you were able to afford the food you need.

42. The following are statements that people have made about their food situation. How often were each of the following statements true for you and your household in the past 12 months—that is, since the last %%currentmonth%%? **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"/>

43. In the past 12 months, since last %%currentmonth%%, 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

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-0604, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**2021 Survey of Active Duty Spouses**

**44. [Ask if Q43 = "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

**45. 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

**46. 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

**RESIDENCE/WHERE YOU LIVE**

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

- Yes
- No

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

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

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

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

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

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

**LIFE IN THE MILITARY**

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

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

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

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

**PERMANENT CHANGE OF STATION (PCS)**

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

- Yes
- No

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

Month

Year

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

	Does not apply	Not a problem	Small extent	Moderate extent	Large extent	Very large extent
a. Loss or decrease of your income.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Finding employment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Changing schools for your education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Obtaining licenses/certifications necessary for employment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Availability of special medical and/or educational services for yourself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Coordinating move with moving company.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Timeliness of receiving household goods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Waiting for permanent housing to become available .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Settling claims for damaged or missing household goods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Not a problem	Small extent	Moderate extent	Large extent	Very large extent
j. Un-reimbursable moving costs (e.g., housing deposits, costs of setting up new residency, temporary lodging costs, transportation costs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Access to relocation information, services, or support .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. [Ask if Q53 = "Yes" AND Q6 = "Yes"] For your most recent PCS move, to what extent were the following a problem for your child(ren)? *Mark one answer for each item.*

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

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-0604, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

2021 Survey of Active Duty Spouses

	Does not apply
	Not a problem
	Small extent
	Moderate extent
	Large extent
	Very large extent
e. Missed deadlines for placement lotteries in magnet schools/charter schools/special programs .....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

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

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

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

- Yes
- No
- Does not apply

59. [Ask if Q53 = "Yes"] During your spouse's active duty career, how many times have you chosen to remain in place/not PCS with your spouse? **To indicate "never," enter "0".**

Times

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

**DEPLOYMENT**

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

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

62. [Ask if Q61 = "Yes, in the past 36 months" OR Q61 = "Yes, but not in the past 36 months"] During your spouse's most recent deployment, to what extent were each of the following a problem for you? **Mark one answer for each item.**

	Very large extent
	Large extent
	Moderate extent
	Small extent
	Not at all
a. My job and/or educational demands.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
b. Managing expenses and bills .....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
c. Home/car repairs/maintenance or yard work	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
d. Safety of my family in our community .....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
e. Health problems in the family, including emotional problems.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
f. Technical difficulties communicating with my spouse .....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
g. Marital problems, difficulty maintaining emotional connection with spouse ....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
h. Loneliness, dealing with issues/decisions alone.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

	Very large extent				
	Large extent				
	Moderate extent				
	Small extent				
	Not at all				
i. Parenting alone, managing child care/child schedules, school/education, etc .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. No time for recreation, fitness, or entertainment activities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. A lack of and/or problems with military offered support for myself/my family .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Other .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

63. [Ask if Q61 = "Yes, in the past 36 months" OR Q61 = "Yes, but not in the past 36 months"]  
**Was your spouse's most recent deployment to a combat zone (e.g., an area where he/she drew imminent danger pay or hostile fire pay)? Mark one.**
- No
  - Yes, deployed to Iraq/Afghanistan
  - Yes, deployed to a combat zone other than Iraq/Afghanistan

64. [Ask if Q61 = "Yes, in the past 36 months" OR Q61 = "Yes, but not in the past 36 months"]  
**Has your spouse returned home from a deployment? Mark one.**
- Yes, but my spouse has since redeployed
  - Yes, and my spouse has not redeployed
  - No

65. [Ask if (Q61 = "Yes, in the past 36 months" OR Q61 = "Yes, but not in the past 36 months") AND (Q64 = "Yes, but my spouse has since redeployed" OR Q64 = "Yes, and my spouse has not redeployed")] **After your spouse most recently returned home from a deployment, to what extent did your spouse seem to... Mark one answer for each item.**

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

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-0604, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**2021 Survey of Active Duty Spouses**

[Ask if (Q61 = "Yes, in the past 36 months" OR Q61 = "Yes, but not in the past 36 months") AND (Q64 = "Yes, but my spouse has since redeployed" OR Q64 = "Yes, and my spouse has not redeployed") AND (Q65 n = "Very large extent" or Q65 n = "Large extent" or Q65 n = "Moderate extent" or Q65 n = "Small extent")]  
**In what other way(s) did your spouse change after returning home from his/her most recent deployment? Do not provide any personally identifiable information.**

**YOUR PERSONAL LIFE AND SUPPORT**

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

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

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

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

**68. Have you seen a counselor... Mark "Yes" or "No" for each item.**

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

**FINANCIAL CONDITION**

**69. In 2020, what was your total household income before taxes?**

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

**70. [Ask if ((Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = .) AND (Q23 = "Yes" OR (Q23 = "No" AND Q24 = "Yes, on vacation, temporary illness, labor dispute, etc.))) OR (Q22 = "Yes, on active duty (not a member of the National Guard/Reserve)" OR Q22 = "Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)")] How much does your income contribute toward your total household income?**

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

71. Thinking about your experiences over the last year, which of the following did you or your household members use to meet your spending needs? **Mark all that apply.**

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

72. 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"/>

73. How often does each statement 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"/>

**COMMENTS**

74. Please share what the military could do to improve support for you and your family. **Do not provide any personally identifiable information.**

75. Please describe the top issue(s) impacting the quality of life for you and your family. **Do not provide any personally identifiable information.**

76. [Ask if Q1 = "Widowed" OR Q1 = "Divorced" OR Q2 = "No"] Based on your answers to previous questions, 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 answers.

If you have any additional comments or concerns, please enter them below.  
To submit your answers click **Submit**. For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail ADS-Survey@mail.mil.

**Do not provide any personally identifiable information.**