

**ELIGIBILITY**

1. **Were you a member of a Reserve component (National Guard or Reserve member) on April 7, 2022?**

- Yes
- No, I separated or retired

**BACKGROUND INFORMATION**

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

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

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

- Yes
- No

4. **What is 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—traditional diploma
- High school graduate—alternative diploma (home school, GED, etc.)
- 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)

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

- Married
- Separated
- Divorced
- Widowed
- Never married

6. [Ask if Q5 = "Divorced" OR Q5 = "Widowed" OR Q5 = "Never married"]  
**Do you have a significant other?**

- Yes
- No

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

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

- Yes
- No

8. [Ask if Q7 = "Yes"] **How many children or other legal dependents do you have in each age group specified below? To indicate none, select "0." To indicate nine or more, select "9."**

13 years and younger

14–22 years old

23 years and older

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

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

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

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

**ACTIVATION/DEPLOYMENT STATUS**

Please read the following definition carefully.

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

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

- Yes
- No

**12. [Ask if Q11 = "Yes"] Was at least one of your activations in the past 24 months longer than 30 consecutive days?**

- Yes
- No

**13. [Ask if Q12 = "Yes"] In the past 24 months, has (have) your activation(s) of more than 30 consecutive days been voluntary, involuntary, or both?**

- Voluntary
- Involuntary
- Both

**14. [Ask if Q11 = "Yes"] Are you currently activated?**

- Yes
- No

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

**15. [Ask if Q12 = "Yes"] Did any of your activations of more than 30 consecutive days in the past 24 months result in deployment?**

- Yes
- No

**16. [Ask if Q15 = "Yes"] In the past 24 months, after processing in the mobilization station, were you deployed within the contiguous 48 states (CONUS), outside the contiguous 48 states (OCONUS), or both?**

- CONUS
- OCONUS
- Both

**17. [Ask if Q14 = "Yes" AND Q15 = "Yes"] Are you currently deployed?**

- Yes
- No

## EMPLOYMENT/STUDENT STATUS

18. 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
19. [Ask if AGRFLAG = 2 AND (Q11 = "No" OR Q14 = "No")] Are you **currently** enrolled in a civilian school? **Mark "Yes" if you were enrolled in the most recent academic semester or if you are enrolled for the next semester.**
- Yes
  - No
20. [Ask if Q19 = "Yes"] Are you **currently** a full-time student or part-time student? **Full-time is considered an equivalent of 12 credit hours or more per semester. Part-time is considered an equivalent of less than 12 credit hours per semester.**
- Full-time
  - Part-time
21. [Ask if MTFLAG = 2 AND (Q11 = "No" OR Q14 = "No")] Are you **currently** a military technician?
- Yes
  - No
22. [Ask if (RPROGCIV = "IMA" OR (AGRFLAG = 2 AND (RORG\_CD = "Navy Reserve" OR RORG\_CD = "Marine Corps Reserve" OR Q21 = "No"))) AND (Q11 = "No" OR Q14 = "No")] **Last week**, did you do **any** work for pay or profit? **Mark "Yes" even if you worked only one hour, or helped without pay in a family business or farm for 15 hours or more.**
- Yes
  - No
23. [Ask if Q22 = "No"] **Last week**, were you **temporarily** absent from a job or business?
- Yes, on vacation, temporary illness, labor dispute, etc.
  - No
24. [Ask if Q23 = "No"] Have you been looking for work during the last 4 weeks?
- Yes
  - No
25. [Ask if Q24 = "Yes"] **Last week**, could you have started a job if offered one, or returned to work if recalled?
- Yes, could have gone to work
  - No, because of my temporary illness
  - No, because of other reasons (in school, etc.)
26. [Ask if Q22 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc."] Do you have a full-time civilian job (of 35 hours or more per week) that includes benefits, as well as pay or salary?
- Yes
  - No

**27. [Ask if Q26 = "No"] What is the main reason you do not currently have a full-time civilian job?**

- Unable to find a job
- Full-time homemaker, parent, and/or care giver
- Full-time student
- Retired, other than Guard/Reserve requirements
- Disabled
- Prefer not to have a full-time job
- Other

**[Ask if Q26 = "No" AND Q27 = "Other"] Please specify the main reason you do not currently have a full-time civilian job. Please do not include any personally identifiable information (e.g., names, addresses).**

**28. [Ask if Q22 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc."] What is your current principal civilian employment? *By principal civilian employment, we mean the job at which you work the most hours.***

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

**29. [Ask if (Q28 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q28 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q28 = "A FEDERAL government employee" OR Q28 = "A STATE government employee" OR Q28 = "A LOCAL government employee (e.g., county, city, town)" OR Q28 = "Self-employed in OWN business, professional practice, or farm" OR Q28 = "Working WITHOUT PAY in a family business or farm" OR Q28 = "Working WITH PAY in a family business or farm")] Counting all locations where your current principal employer operates in the United States, what is the total number of persons who work for this employer?**

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

30. [Ask if Q14 = "No" AND (Q28 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q28 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q28 = "A FEDERAL government employee" OR Q28 = "A STATE government employee" OR Q28 = "A LOCAL government employee (e.g., county, city, town)" OR Q28 = "Self-employed in OWN business, professional practice, or farm" OR Q28 = "Working WITHOUT PAY in a family business or farm" OR Q28 = "Working WITH PAY in a family business or farm"))] **Is your current principal civilian employment the same as before your most recent activation?**
- Does not apply; I did not have a civilian job prior to my most recent activation
- Yes
- No
31. [Ask if AGRFLAG = 2 AND Q14 = "Yes"] **At the time of your most recent activation, were you enrolled in a civilian school? Mark "Yes" if you were enrolled in the most recent academic semester or if you were enrolled for the next semester.**
- Yes
- No
32. [Ask if Q31 = "Yes"] **At the time of your most recent activation, were you a full-time student or part-time student? Full-time is considered an equivalent of 12 credit hours or more per semester. Part-time is considered an equivalent of less than 12 credit hours per semester.**
- Full-time
- Part-time
33. [Ask if MTFLAG = 2 AND Q14 = "Yes"] **In the week prior to your current activation, were you a military technician?**
- Yes
- No
34. [Ask if (RPROGCIV = "IMA" OR (AGRFLAG = 2 AND (RORG\_CD = "Navy Reserve" OR RORG\_CD = "Marine Corps Reserve" OR Q33 = "No")))) AND Q14 = "Yes"] **In the week prior to your most recent activation, did you do any work for pay or profit? Mark "Yes" even if you worked only one hour, or helped without pay in a family business or farm for 15 hours or more.**
- Yes
- No
35. [Ask if Q34 = "No"] **In the week prior to your most recent activation, were you temporarily absent from a job or business?**
- Yes, on vacation, temporary illness, labor dispute, etc.
- No
36. [Ask if Q35 = "No"] **Were you looking for work during the 4 weeks prior to your most recent activation?**
- Yes
- No
37. [Ask if Q36 = "Yes"] **In the week prior to your most recent activation, could you have started a job if offered one, or returned to work if recalled?**
- Yes, could have gone to work
- No, because of my temporary illness
- No, because of other reasons (in school, etc.)

38. [Ask if Q34 = "Yes" OR Q35 = "Yes, on vacation, temporary illness, labor dispute, etc."] **In the week prior to your most recent activation, did you have a full-time civilian job (of 35 hours or more per week) that included benefits, as well as pay or salary?**

- Yes
- No

39. [Ask if Q34 = "Yes" OR Q35 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q30 = "No"] **In the week prior to your most recent activation, what was your principal civilian employment? *By principal civilian employment, we mean the job at which you worked the most hours.***

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

40. [Ask if (Q39 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q39 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q39 = "A FEDERAL government employee" OR Q39 = "A STATE government employee" OR Q39 = "A LOCAL government employee (e.g., county, city, town)" OR Q39 = "Self-employed in OWN business, professional practice, or farm" OR Q39 = "Working WITHOUT PAY in a family business or farm" OR Q39 = "Working WITH PAY in a family business or farm")] **Counting all locations where your principal employer operated in the United States, what is the total number of persons who worked for this employer?**

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

**41. In what career field is your current or most recent civilian employment?**

- Not applicable, I have never had civilian employment
- Administrative services (e.g., administrative assistant, secretary)
- Education (e.g., teacher, teacher's assistant)
- Child care and child development (e.g., attend to children at schools, businesses, private households, and child care institutions)
- 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)
- Community and social services (e.g., mental health counselor, social worker, probation officers and correctional treatment specialists, school bus monitor)
- Communications and marketing (e.g., writer/editor, call center, film/TV, social media, web development)
- Retail and customer service (e.g., cashier, sales person, customer service representative, manager)
- Information technology (e.g., network analyst, database administrator)
- Software development (e.g., coding)
- Recreation and hospitality (e.g., restaurant, hotel business/management, personal trainer, ticket agent)
- Legal (e.g., lawyer, paralegal, legal assistant, mediator, magistrate)
- Protective services (e.g., correctional officer, firefighter, police officer, animal control worker, security guard)
- Transportation and material moving occupations (e.g., aircraft service attendant; parking attendant; bus, taxi or truck driver)
- Skilled trades (e.g., electrician, cosmetology, plumber, construction, welder)
- Other occupations which require a state license
- Other occupations which do NOT require a state license

**42. 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

**DETAILS ON ACTIVATIONS/  
DEPLOYMENTS**

43. [Ask if (Q28 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q28 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q28 = "A FEDERAL government employee" OR Q28 = "A STATE government employee" OR Q28 = "A LOCAL government employee (e.g., county, city, town)")) OR (Q14 = "Yes" AND (Q39 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q39 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q39 = "A FEDERAL government employee" OR Q39 = "A STATE government employee" OR Q39 = "A LOCAL government employee (e.g., county, city, town)"))] In general, how supportive is your principal civilian employer of your National Guard/ Reserve obligations?

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

44. [Ask if (Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No"] Consider your income and benefits in the year prior to your most recent activation/deployment and your income and benefits during your most recent activation/deployment. In general, how did your overall income and benefits change while you were activated/ deployed?

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

45. [Ask if (Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No"] During your most recent activation/ deployment, did you or your family have any additional expenses because of any of the following items? Mark "Yes" or "No" for each item.

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

46. [Ask if (Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No"] Which of the following was your biggest concern about returning from your most recent activation/ deployment? Select one item from the list below.

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



[Ask if ((Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No") AND Q46 = "Other"] Please specify your other **biggest** concern about returning from your most recent activation/ deployment. Please do not include any personally identifiable information (e.g., names, addresses).

47. [Ask if Q15 = "Yes" AND (Q14 = "No" OR Q17 = "No")] After returning home from your most recent deployment, to what extent have you seemed to... **Mark one answer for each item.**

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. Be more emotionally distant (e.g., less talkative, less affectionate, less interested in social life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Appreciate life more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Get angry faster?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. 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"/>
e. Drink more alcohol?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Have more confidence in yourself?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Take more risks with your safety?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. 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"/>

**SATISFACTION**

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

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

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

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

**RETENTION**

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

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

Years

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

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

**52. [Ask if Q5 = "Married" OR Q5 = "Separated" OR Q6 = "Yes"] In your opinion, how does your spouse/ significant other view your participation in the National Guard/ Reserve?**

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

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

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

**54. [Ask if Q22 = "Yes" OR Q34 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q35 = "Yes, on vacation, temporary illness, labor dispute, etc."] In your opinion, how does your supervisor at your principal civilian job view your participation in the National Guard/ Reserve?**

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

55. [Ask if Q22 = "Yes" OR Q34 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q35 = "Yes, on vacation, temporary illness, labor dispute, etc."] **In your opinion, how do your coworkers at your principal civilian job view your participation in the National Guard/ Reserve?**

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

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
i. Opportunity to serve with people you respect and enjoy being around.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

57. **Are you already eligible for military retirement?**

- Yes
- No

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

	Very great extent	Great extent	Moderate extent	Slight extent	Not at all
a. Obligation of military service fulfilled.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Not eligible to reenlist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Moving to another area.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Too hard to get to my Guard/Reserve unit.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Need the time for my education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Unit drills conflict with my civilian job.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Unit drills conflict with my family activities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Desire for more leisure time.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Dislike of my unit's training.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Unit's lack of modern equipment for training.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Bored with unit activities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Insufficient pay.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Pace of promotions is too slow.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Too many problems getting paid.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Activations/deployments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Age/condition of unit training facilities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**DETAILED RETENTION**

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

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

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

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

### TEMPO

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

Days

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

Hours

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

Nights

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

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

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

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

### READINESS

65. 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

66. 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

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

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

**DETAILED READINESS**

68. [Ask if Q11 = "Yes"] After you were notified of your most recent activation, did you need to do any of the following before reporting for duty? Mark "Yes" or "No" for each item.

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

**STRESS**

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

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

70. 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

**FAMILY LIFE**

71. [Ask if Q7 = "Yes"] Do you have any children under the age of 18 who usually live with you?

- Yes
- No

72. [Ask if Q7 = "Yes" AND Q71 = "Yes"] At any time during the 2021–2022 school year, how many children in this household were enrolled in kindergarten through 12th grade or grade equivalent? Please select the number of children enrolled 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 enrolled in a Department of Defense-run school (DoDEA Americas, DoDEA Europe, or DoDEA Pacific)

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

73. [Ask if Q7 = "Yes" AND Q71 = "Yes" AND (Q72 a > "0" OR Q72 b > "0" OR Q72 c > "0" OR Q72 d > "0")] During the 2021–2022 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

74. [Ask if Q7 = "Yes" AND Q71 = "Yes"] In the past 12 months, were any children in the household unable to attend daycare or another child care arrangement because of the coronavirus pandemic? **Please include before school care, after school care, and all other forms of child care that were unavailable.**

- Yes
- No
- Does not apply

75. [Ask if Q7 = "Yes" AND Q71 = "Yes" AND Q74 = "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

76. [Ask if Q7 = "Yes" AND Q71 = "Yes"] To what extent do you feel that child care issues will impact whether you stay in the National Guard/Reserve?

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

77. [Ask if Q5 = "Married" OR Q5 = "Separated"] Is your spouse **currently serving in the military?**

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

78. [Ask if (Q5 = "Married" OR Q5 = "Separated") OR Q6 = "Yes"] To what extent do you and your spouse/significant other agree on your National Guard/Reserve career plans?

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

79. [Ask if (Q5 = "Married" OR Q5 = "Separated") OR Q6 = "Yes"] To what extent does your spouse/significant other have a choice in whether you stay in the National Guard/Reserve?

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

80. [Ask if (Q5 = "Married" OR Q5 = "Separated" OR Q6 = "Yes") AND Q15 = "Yes"] Were any of your deployments in the past 24 months longer than your spouse/significant other expected?

- Yes
- No

82. 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

83. [Ask if Q82 = "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

84. 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

85. 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

### FOOD ASSISTANCE

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

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

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

### FINANCIAL WELL-BEING AND EDUCATION

86. 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

87. 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

88. [Ask if Q87 = "Much better" OR Q87 = "Somewhat better"] Which of the following are reasons why your financial situation is better than it was 12 months ago? Mark "Yes" or "No" for each item.

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

89. [Ask if Q87 = "Much worse" OR Q87 = "Somewhat worse"] Which of the following are reasons why your financial situation is worse than it was 12 months ago? Mark "Yes" or "No" for each item.

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

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

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

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

	Yes	No
a. Military financial training, class, or seminar (online or classroom).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military financial counseling (in-person, by telephone, or virtually).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
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"/>

**92. 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

**93. 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		
	Yes	No	No
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"/>

	I/we have met this goal		
	No, this is not a goal for me/us		
	Yes, this is a goal for me/us		
	Yes	No	No
g. Saving for a major purchase (e.g., vehicle, vacation, household items).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**94. 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

**95. 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 4 and 6 months
- More than 6 months
- I do not have an emergency savings fund

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

	Yes	No
a. 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"/>

	Yes	No
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"/>

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

	Yes	No
a. Overdraft loan or line of credit.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Overdraft protection from savings, credit card, or another account.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Direct deposit advance loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Payday loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Vehicle title loan (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"/>

**98. 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.**

- Withdrawal from savings account
- Withdrawal from retirement account
- Selling assets (i.e., stocks)
- Unemployment insurance (UI) benefit payments
- Supplemental Nutrition Assistance Program (SNAP)
- Economic stimulus payment
- Deferred or forgiven payments (i.e., student loans, mortgage, or rent)
- None of the above

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

	Not at all	Very little	Somewhat	Very well	Completely
a. Because of my money situation, I feel like I will never have the things I want in life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I am just getting by financially.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I am concerned that the money I have, or will save, won't last.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

**101. In 2021, 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

**102. How much does your income contribute toward your total household income?**

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

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."

**103. 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

**104. 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

**105. 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

**106. 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

**107. 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

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

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

**109. 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

**110. 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

**111. 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

**112. 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**

**113. 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"/>

**114. [Ask if Q113 a = "Yes" OR Q113 b = "Yes" OR Q113 c = "Yes" OR Q113 d = "Yes" OR Q113 e = "Yes" OR Q113 f = "Yes" OR Q113 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"/>

**115. [Ask if Q113 a = "Yes" OR Q113 b = "Yes" OR Q113 c = "Yes" OR Q113 d = "Yes" OR Q113 e = "Yes" OR Q113 f = "Yes" OR Q113 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"/>

**116. [Ask if Q113 a = "Yes" OR Q113 b = "Yes" OR Q113 c = "Yes" OR Q113 d = "Yes" OR Q113 e = "Yes" OR Q113 f = "Yes" OR Q113 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"/>

	Yes	No
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"/>

**117. 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"/>

**118. [Ask if Q113 c = "Yes" OR Q113 d = "Yes" OR Q113 f = "Yes" OR Q113 g = "Yes" OR Q117 c = "Yes" OR Q117 d = "Yes" OR Q117 f = "Yes" OR Q117 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

**119. [Ask if (Q113 c = "Yes" OR Q113 d = "Yes" OR Q113 f = "Yes" OR Q113 g = "Yes" OR Q117 c = "Yes" OR Q117 d = "Yes" OR Q117 f = "Yes" OR Q117 g = "Yes") AND Q118 = "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

**120.** [Ask if (Q113 c = "Yes" OR Q113 d = "Yes" OR Q113 f = "Yes" OR Q113 g = "Yes" OR Q117 c = "Yes" OR Q117 d = "Yes" OR Q117 f = "Yes" OR Q117 g = "Yes") AND Q118 = "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

**121.** [Ask if (Q113 c = "Yes" OR Q113 d = "Yes" OR Q113 f = "Yes" OR Q113 g = "Yes" OR Q117 c = "Yes" OR Q117 d = "Yes" OR Q117 f = "Yes" OR Q117 g = "Yes") AND Q118 = "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.

**122. 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

**123. 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"/>

**124. 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"/>

**125. 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

**126. [Ask if Q125 = "More than once a year" OR Q125 = "Once a year" OR Q125 = "Once every 2 years" OR Q125 = "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 yourself.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Suicidal behavior in others.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

**128. 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"/>	<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"/>

**129. 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"/>

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

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

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

- Yes
- No



**132. [Ask if Q131 = "Yes"] Did you receive suicide postvention support or counseling to help you with this loss from any of the following sources? Mark "Yes" or "No" for each item.**

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

**133. [Ask if Q131 = "Yes" AND Q132 a = "Yes"] How useful was the support or counseling you received from the... Mark one answer for each item.**

	Very useful	Useful	Somewhat useful	Not 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"/>

**134. 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

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

	Not at all	Several days	More than half the days	Nearly every day
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"/>

**TAKING THE SURVEY**

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

**136. 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."**

**137. 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.**

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138. [Ask if Q1 = "No, I separated or retired"] Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the *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 RC-Survey@mail.mil.

