**2022 Health of the Force – Personal & Professional Choices Survey**

**Dear Survey Participant,**

You are one of a select group of Sailors who have been picked to participate in the 2022 Health of the Force (HoF) - Personal and Professional Choices Survey. This edition of the Navy annual survey addresses not only the core health of the force metrics but also a variety of issues relating to parenthood, family support, medical support, parental leave, and work/life balance. Navy leadership relies on the information from this survey to evaluate the effectiveness of policies and initiatives associated with your personal life and determine what, if any, changes are needed. Participation is voluntary but remember YOUR feedback is important to providing an accurate picture of the issues addressed in this survey.

All information collected is confidential. If you were asked to provide your DOD ID number to access the survey, please be assured that this information is used to limit participation to active duty Navy personnel and to minimize the number of demographic questions. Only members of the Navy Survey Team will have access to DOD ID numbers; all data will be de-identified prior to analysis.

OMB CONTROL NUMBER: 0703-0079

OMB EXPIRATION DATE: X/XX/20XX

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0703-0079, is estimated to average 25 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.

*If you are willing to participate in this survey, please select the "Next" button below. If you prefer not to participate, please close the survey window.*

*The following two demographic questions are used to determine what survey questions are applicable to you and which ones you can skip so please answer honestly.*

1. **What gender were you assigned at birth?**

 Male

 Female

1. **Please select your current grade from the following list?**

 E1-E3

 E4-E6

 E7-E9

 O1-O2

 O3-O4

 O5-O6

 W2-W5

 Other

1. **What is your current marital status?**

  Single/Never Married

  Single/Previously Married

  Unmarried, Long-Term Partnership

  Married *>>Skip next question*

1. **How has being in the Navy influenced the likelihood that you will get married or marry again?** *Visible to those who are not currently married*

  Significantly Decreased

  Somewhat Decreased

  No Effect

  Somewhat Increased

  Significantly Increased

1. **Which of the following best describes your spouse/partner?** *(Visible to those who are married/in long-term relationships)*

  Navy Active Duty Service member

  Other US Military Service member

  Navy Reservist *>>Skip next two questions*

  Former Service Member *>>Skip next two questions*

  Civilian *>>Skip next two questions*

*Next two questions are visible to those who are married and indicated spouse is also an active duty service member*

1. **Which of the following statements best reflects your experience being collocated with your AD spouse?**

  My spouse & I have made only one PCS move and we were collocated

 My spouse & I have made several PCS moves and we were always able to collocate

  Collocation hasn’t been possible during at least one of our PCS moves

  Collocation has never been possible for me and my AD spouse

  N/A, my spouse and I have not made a PCS move while both on AD

1. **How satisfied are you with the Navy’s ability to collocate you with your AD spouse?**

  Very Satisfied

  Somewhat Satisfied

  Neither Satisfied nor Dissatisfied

  Somewhat Dissatisfied

  Very Dissatisfied

**Children**

1. **Do you have children?**

  Yes *>> Skip next question*

  No

1. **How has being in the Navy influenced the likelihood that you will have/adopt children?** *Visible only to those with no children who will then skip to question 17*

  Significantly Decreased

  Somewhat Decreased

  No Effect

  Somewhat Increased

  Significantly Increased

  N/A, I already have children

1. **Please indicate the age range(s) of your children.** *Select all that apply.*

  Age 0 to 1

  Age 2 to 5

  Age 6 to 8

  Age 9 to 11

  Age 12 to 14

  Age 15 to 17

  Age 18 to 20

  Age 21 to 25

  Over 25

1. **Which of the following best reflects your home life?** *For the purposes of this question, single parent indicates a household with one adult.*

  I’m a single parent with sole custody of my child/children

  I’m a single parent with joint custody of my child/children

  I have a child/children at home and a co-parent (spouse/partner) lives with us

  I do not currently have custody or joint custody of my children

  My child/children are adults and do not live at home

*Next question only visible to those who have custody of their children*

1. **Who usually cares for your children when you are deployed or on an unaccompanied tour?** *(Children Under 18)*

  Their other biological parent cares for them

  My spouse/partner (non-biological parent) cares for them

  A grandparent or other relative cares for them

  Someone who is not a relative or co-parent cares for them

  Not applicable, I have never deployed or been on an unaccompanied tour

1. **How did you become a single parent?** *(Single Parents)*

  Separation/Divorce

  Unmarried when child born/adopted

  Death of spouse

  Other

**Childcare**

*Childcare questions visible to those with children under age 18*

1. **What are your current childcare requirements?** *Please select all that apply*

  Full-time daytime childcare

  Regular part-time childcare

  Evening/night care

  Weekend care

  Before and/or after school care

  Occasional care for appointments, school, or personal business

  Drop-in or hourly care for appointments, school, or personal business

  Youth summer camp for school-aged children

  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_

  None – my children are old enough to no longer require childcare *>>Skip next question*

1. **What, if any, problems have you had related to childcare?** *Please select all that apply*

  Too expensive

  Unavailable/long wait list for on-base childcare

  Unavailable/long wait list for off-base childcare

  Evening/Weekend care not available

  Childcare Center Hours do not match work hours

  Other (Please specify) \_\_\_\_\_\_

  None – my children are old enough to no longer require regular childcare

1. **What, if any, impact has having a child had on your career in the Navy?**

  Negative bias towards performance evaluations/fitness report

  Negative bias towards training and professional development opportunities

  Negative bias towards recommendations for next duty assignments

  Negative bias towards professional reputation

  Other (Please specify)

  N/A, having a child has not negatively impacted my career in the Navy

**Infertility Treatments**

1. **How satisfied are you with your ability to access infertility treatments/resources while in the military?**

  Very Satisfied

  Somewhat Satisfied

  Neither Satisfied nor Dissatisfied

  Somewhat Dissatisfied

  Very Dissatisfied

  N/A, I’ve never tried to access these resources *>>Skip to next section*

1. **Were any of your children conceived via infertility treatments (such as hysterosalpingogram (HSG), in vitro fertilization (IVF), intrauterine insemination (IUI), or medications to induce ovulation)?**

  Yes

  No *>>Skip to next section*

  N/A *>>Skip to next section*

1. **If yes, why did you use reproductive endocrinology services?**

  Diagnosed with infertility (inability to become pregnant after 12 months)

  Single parent or same sex couple trying to conceive

  Other (Please explain) \_\_\_\_\_\_\_\_\_\_\_

**OB/GYN Questions (Women Only)**

We’d like to ask you some questions about your access to women’s healthcare resources while in the Navy. If you’re willing to answer these questions, select “Yes”, if you prefer not to select “No” and you will be skipped to the next section.

  Yes

  No >>Skip to next section

1. **Which of the following statements best describes your access to basic women’s healthcare while in an operational environment (ship medical, BAS, etc.)?**

  I’ve **always** had access to basic women’s healthcare in operational environments

  I’ve **sometimes** had access to basic women’s healthcare but not always in an operational environment

  I’ve **rarely**, if ever, had access to basic women’s healthcare while in operational environments

  N/A, I have never required access to basic women’s healthcare while in an operational environment >>Skip next question

1. **How would you assess your operational provider’s (GMO, IDC) capability to resolve your women’s health issues in the operational environment (ship medical, BAS)?**

  Provider was completely capable of resolving my medical issues

  Provider was able to resolve some but not all of my medical issues

  Provider had limited or no ability to address my medical issues

  N/A, no basis to judge

1. **Did you receive enough of your preferred birth control before going on your most recent deployment to cover the entire length of the deployment?**

  Yes, I received enough of my preferred birth control to last the entire deployment

  Yes, but it was not my preferred birth control

  No, I asked but didn’t receive enough birth control to last the entire deployment

  No, and I never asked

  N/A, I’ve never been on a deployment

1. **Which of the following statements best reflects your ability to access specialty OB/GYN care (i.e., for endometriosis, pelvic floor disorder, etc.) while in the Navy?**

  I’ve never needed specialty OB/GYN care *>>Skip next question*

  I’ve needed and been able to access specialty OB/GYN care *>>Skip next question*

  I’ve needed but been unable to access specialty OB/GYN care at some point during my Navy career

1. **Please use the space provided to elaborate on the conditions or circumstances when you were unable to access specialty care and what steps the Navy could take to mitigate these difficulties?**
2. **What, if any, impact has your ability to access women’s healthcare had on the following?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Significantly Increased | Increased | No Impact | Decreased | Significantly Decreased | N/A |
| Your operational readiness?  |  |  |  |  |  |  |
| The likelihood you will remain in the Navy? |  |  |  |  |  |  |

**Pregnancy (Women Only)**

1. **Have you been pregnant since joining the Navy?**

  Yes

  No *>>Skip to next section*

1. **If you had a pregnancy that resulted in a miscarriage, were you granted convalescent leave?**

  No, I didn’t know it was an option

  No, I requested convalescent leave but it was not granted

  Yes, I requested and received convalescent leave

1. **With regards to your most recent pregnancy, approximately when did you become pregnant?**

  After 1 October 2018

  Between 1 October 2017 and 30 September 2018

  Between 1 October 2005 and 30 September 2017

  Before 1 October 2005

1. **What was the outcome of your most recent pregnancy?**

  I am still pregnant

  Full-term birth (delivery after 36th week of gestation)

  Premature birth (delivery between the 20th and 36th week of gestation)

  Other *>>Answer next question*

  Prefer not to answer *>>Answer next question*

1. **Are you willing to answer some additional questions about your pregnancy?**

  Yes

  No *>>Skip remaining questions in section*

**Instructions: The following questions are about your most recent pregnancy only.**

1. **Was your most recent pregnancy planned?** (Note: for this survey, a planned pregnancy is one that you were planning/trying for at the time of conception (i.e., you intentionally became pregnant)

  Yes

  No

1. **What type of command were you assigned to when you found out about your pregnancy?**

  Ship

  Deployable Squadron

  Other Deployable Unit

  Non-Deployable Squadron

  Shore Activity or Command (not as a student)

  Navy Funded School (as a student)

  In the Career Intermission Program

  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

1. *To what extent do you agree or disagree with the following statement:* **I continued to feel valued by my command after informing them I was pregnant**.

  Strongly Agree

  Agree

  Neither Agree nor Disagree

  Disagree

  Strongly Disagree

  N/A

1. **Were you (or are you scheduled to be) transferred or moved as a result of your pregnancy?** *If you were transferred for reasons other than your pregnancy, please select N/A.*

  No

  Yes, after 20th week of pregnancy

  Yes, before 20th week of pregnancy

  Scheduled to transfer but haven’t yet *>>Skip next question*

  Don’t know yet *>>Skip next question*

  N/A, I was/will be transferred but not associated with pregnancy *>>Skip next question*

1. **Please indicate the extent to which you agree or disagree with the following statements about your transfer.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither  | Disagree | Strongly Disagree | N/A |
| I felt valued by the command I transferred to during my pregnancy.  |  |  |  |  |  |  |
| The position I was transferred to was or will be career enhancing. |  |  |  |  |  |  |

**Breastfeeding Questions**

*These questions are visible to those who have delivered a child*

1. **How many months did you breastfeed/pump milk to feed your baby after delivery?**

  Less than 1 month

  1 to 5 months

  6 to 12 months

  Over 12 months

  N/A, I did not breastfeed/pump milk *>>Skip to Q42*

1. **Were you breastfeeding/pumping when you returned to duty?**

  Yes

  No *>>Skip to next two questions*

1. **Were you given time to pump at work?**

  Yes, as often as needed (at least every 3-4 hours)

  Yes, but not as often as needed

  No *>>Skip next question*

1. **What type of space did you use to pump at work?**

  There was no lactation space at my CMD/work location *>>Answer question 41*

  Restroom/head

  Separate nursing room attached to restroom/head

  Designated lactation room or lactation pod only used for pumping

  Designated office space that serves multiple purposes (not exclusively for lactation)

  N/A, I did not breastfeed/pump milk at work *>>Skip to question 42*

1. **Did the space you used for pumping have access to running water?** *>>After answering skip to question 42*

  Yes

  No

1. **If there was no lactation space at your CMD/work location, where did you pump?**

  In my car

  Had to travel to another location on base where lactation space was available

  Other (Please specify) \_\_\_\_\_\_\_\_\_\_

1. **Please use the space below to provide any additional comments regarding pregnancy, childbirth, breastfeeding, etc. in the Navy.** Do not include any personally identifiable information

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**Parental Leave (Women)**

1. **How much leave did you take after the birth of your most recent child?**

  5 weeks or less

  6 weeks (42 days - Maternity Convalescent Leave Policy (MCL))

  7 to 11 weeks

  12 weeks (MCL & Primary Caregiver Leave (PCL)) *>>Skip next question*

  More than 12 weeks *>>Skip next question*

1. **Why did you take less than the full 12 weeks allowed under the MCL & PCL policies?** *Please select all that apply. If we have failed to include something, please select “Other” and explain in the space provided.*

  Ready to get back to work

  Concerned about how taking the full amount would be perceived by command

  Worried about impact of taking more leave on my performance appraisal

  Wanted to save some leave in case I needed it later

  Worried about impact on scheduled PCS move

  I chose to be designated as secondary caregiver

  Other (Please specify) \_\_\_\_\_\_\_\_\_

1. **Did you voluntarily shorten your 12-month operational deferment tour after giving birth?** *If yes, please explain why in the space provided.*

  Yes

  No >>Skip next question

  N/A >>Skip next question

1. **Please use the space below to explain why you chose to shorten your 12 month operational deferment.** Do not include any personally identifiable information

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Parental Leave**

*This section is for men with children*

1. **When was the birth/adoption of your most recent child?**

  After 1 October 2018

  Between 1 October 2017 and 30 September 2018

  Between 1 October 2005 and 30 September 2017

  Before 1 October 2005

  N/A >>Skip next questions

1. **What type of leave did you take after the birth or adoption of your most recent child?**

  Primary Caregiver Leave

  Secondary Caregiver Leave

  Regular Leave

  N/A, I did not take leave *>>Skip next question*

1. **How much leave did you take after the birth/adoption of your most recent child?**

  None

  Less than 7 days

  7 to 13 days

  14 to 20 days

  21 to 35 days

  36 to 42 days

  Over 42 days

  N/A

**Parental Leave**

1. **How satisfied were you with the amount of leave you were able to take after the birth or adoption of your most recent child?** (*Visible to all those with children*)

  Very Satisfied

  Somewhat Satisfied

  Neither Satisfied nor Dissatisfied

  Somewhat Dissatisfied

  Very Dissatisfied

  N/A

1. **How comfortable were or would you be (if you don’t currently have children) taking the full amount of Primary/Secondary Caregiver Leave allowed after birth/adoption of child?**

  Very Uncomfortable

  Somewhat Uncomfortable

  Neither Comfortable nor Uncomfortable

  Somewhat Comfortable

  Very Comfortable

**Command Attitudes (All Participants)**

1. **Please indicate the extent to which you agree or disagree with the following statements.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| Navy policy supports work/life balance for Sailors |  |  |  |  |  |
| My current sea/shore rotation is adequate for family planning |  |  |  |  |  |
| My command is supportive of pregnant female Sailors |  |  |  |  |  |
| My command is supportive of male Sailors who take Caregiver Leave after birth/adoption of child |  |  |  |  |  |

1. **How family friendly is the Navy?**

  Not at all

  Slightly

  Somewhat

  Very

  Extremely

1. **How does having a child impact the careers of male and female Sailors?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Negative | Somewhat Negative | No Effect | Somewhat Positive | Very Positive |
| Female Sailors |  |  |  |  |  |
| Male Sailors |  |  |  |  |  |

1. **What can the Navy do to improve the work/life balance of Navy Sailors?** Do not include any personally identifiable information

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **To what extent do you agree or disagree with the following statements about your command?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Trust Metric**I = Integrity; D = Dependability* | Strongly Disagree | Disagree | Neither  | Agree | Strongly Agree |
| My command acts on sound principles (I) |  |  |  |  |  |
| My command treats people fairly (I) |  |  |  |  |  |
| My command does not mislead people like me (I) |  |  |  |  |  |
| I think it is important to watch my command closely so that it does not take advantage of people like me (D) |  |  |  |  |  |
| My command can be relied upon to follow through with commitments/promises (D) |  |  |  |  |  |
| My command takes the concerns of people like me into account when making decisions (D) |  |  |  |  |  |

1. **To what extent do you agree or disagree with the following statements?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Connectedness, Unit Cohesion (UC) and Affective Commitment (AC) component measures* | Strongly Disagree | Disagree | Neither  | Agree | Strongly Agree |
| These days, I feel like I belong (Connectedness) |  |  |  |  |  |
| These days, I feel that there are people I can turn to in times of need (Connectedness) |  |  |  |  |  |
| Sailors in my unit work together to get the job done. (UC)  |  |  |  |  |  |
| I feel like I’m part of the Navy family. (AC) |  |  |  |  |  |
| I would be very happy to spend the rest of my career in the Navy. (AC) |  |  |  |  |  |
| I am confident that I can trust and depend on the Sailors in my unit. (UC) |  |  |  |  |  |
| My unit’s leaders foster teamwork and cooperation. (UC) |  |  |  |  |  |
| Help is available from my co-workers when I have a problem. (UC) |  |  |  |  |  |
| The Navy has a great deal of personal meaning for me. (AC) |  |  |  |  |  |
| I do not consider the Navy’s problems as my own. (AC) |  |  |  |  |  |

1. **To what extent do you agree or disagree with the following statements about your career in the Navy?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Job/Career Satisfaction Component Measures* | Strongly Disagree | Disagree | Neither  | Agree | Strongly Agree |
| I am generally satisfied with the type of work I do in my job |  |  |  |  |  |
| I feel a great sense of personal satisfaction when I do this job well |  |  |  |  |  |
| I have a good understanding of what is expected of me at work |  |  |  |  |  |
| I have a clear set of goals and aims to enable me to do my job |  |  |  |  |  |
| My future here seems dark to me (Connectedness) |  |  |  |  |  |
| These days I think I make things worse for the people in my life (Connectedness) |  |  |  |  |  |

**DEI Questions**

1. **Please indicate the extent to which you agree or disagree with the following statements.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
| Racism is not a problem in the Navy |  |  |  |  |  |
| Sailors who report racial harassment and/or discrimination do not have to worry about retaliation |    |    |    |    |    |
| Sexism is not a problem in the Navy |    |    |    |    |    |
| Sailors who report sexual harassment and/or discrimination do not have to worry about retaliation |    |    |    |    |    |
| The Navy has an authentic commitment to inclusion |    |    |    |    |    |
| Even subtle forms of discrimination are not tolerated at my command |    |    |    |    |    |
| Diverse backgrounds and perspectives are accepted and respected at my command |    |    |    |    |    |

1. **To what extent do you agree with the following statements?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Inclusion Model Component Measures* | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
| People I work with treat me with respect |  |  |  |  |  |
| I have the same opportunities for professional success as my colleagues |  |  |  |  |  |
| I feel encouraged to bring my whole and authentic self to work |  |  |  |  |  |
| I feel like I belong in the Navy |  |  |  |  |  |
| I feel comfortable speaking up when I see intolerance, mistreatment or bias in action |  |  |  |  |  |
| My opinion is valued by the Navy |  |  |  |  |  |
| The Navy is a place where I am able to perform up to my full potential |  |  |  |  |  |
| I feel recognized for my contributions to the Navy |  |  |  |  |  |

**Career Plans & Influences**

1. **Which of the following best reflects your Navy career plans?**

  I plan to remain in the Navy until retirement *>>Skip next question*

  I plan to remain in the Navy for the foreseeable future but maybe not until retirement

  I plan to get out of the Navy at my next opportunity

  I’m not sure

  I’m getting out of the Navy but it’s not my choice *>>Skip next 2 questions*

1. **Please review the list and identify up to five factors influencing, or that might influence, you to leave the Navy.** *If we have failed to include a factor that is likely to influence you to leave, please select “Other” and explain in the space provided.*

  Childcare Issues

  Civilian Career Opportunities

  Concerns about Ability to Have/Adopt Children in Navy

  Current Command Climate

  Don’t Feel Like I Belong

  Focus on Family

  Geographic Instability (Frequency of PCS Moves)

  Health related concerns (physical or mental)

  Leadership at Current Command

  Leadership in the Navy

  Limited Promotion/Advancement Opportunities

  Proximity to Extended Family

  Recent Sea Duty Experiences (if applicable)

  Salary/Pay

  Schedule Changes/Lack of Predictability

  Treated Differently Because of Race, Ethnicity, Gender, or Sexual Orientation

  Too Much Time Away from Home

  To Use GI Benefits/Pursue Education

  Work/Life Balance Issues

  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please review the following list and identify up to five factors influencing, or that might influence, you to stay in the Navy.** *If we have failed to include an important influence to stay in the Navy, please select “Other” and explain in the space provided.*

  Ability to Balance Work and Personal Life

  Ability to Have/Adopt Children While in Navy

  Childcare Availability

  Command Climate

  Healthcare Benefits

  Job Security/Stability

  Leadership in the Navy

  Leadership at Current Command

  Navy Community/Sense of Belonging

  Opportunity to Travel

  Patriotism/Desire to Serve

  Promotion/Advancement Opportunities

  Salary/Pay

  Support/Benefits for Family

  Retirement Benefits

  Family History of Military Service

  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please use the space provided below to share any additional thoughts or concerns with Navy leadership.** Do not include any personally identifiable information

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**This completes the survey. Thank you for participating and for your continuing service to our nation.**