

Agency Disclosure Notice (ADN)

OMB CONTROL NUMBER: 0704-XXXX
OMB EXPIRATION DATE: XX/XX/XXXX

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ELIGIBILITY

1. In what Service were you on active duty on August XX, 2022?

- Army
- Navy
- Marine Corps
- Air Force
- None, you were separated or retired

2. Do you have any dependent(s) who are currently enrolled in the Exceptional Family Member Program (EFMP)?

- Yes
- No

BACKGROUND INFORMATION

3. 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 |

4. How long have you served on active duty? To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35".

Years

5. How old are you?

Years old

6. What is your marital status?

- Married
- Separated
- Divorced
- Widowed
- Never married

7. [Ask if Q6 = "Divorced" OR Q6 = "Widowed" OR Q6 = "Never married"] Do you have a significant other?

- Yes
- No

8. [Ask if Q1 = "Army" AND Q7 = "Yes"] Do you live full-time with your significant other?

- Yes
- No

9. [Ask if Q1 = "Army" AND Q6 = "Married" OR Q6 = "Separated" OR Q7 = "Yes"] Does your current spouse/partner have any military experience?

- Spouse/partner is currently active duty military
- Spouse/partner is currently a Reserve component member
- Spouse/partner is retired/former military
- Spouse/partner has no military experience

**10. [Ask if Q1 = "Army" AND Q6 = "Married" OR Q6 = "Separated" OR Q7 = "Yes"]
What is your spouse/partner's current paid employment status?**

- Full-time employed (i.e., working for pay 40 hours or more per week)
- Part-time employed
- Not employed by choice
- Unemployed, looking for work
- Other

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

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

12. Please tell us about your dependent(s) who are currently enrolled in the EFMP?

	Relationship to you (child, spouse parent, other)	Gender	Age	Type of enrollment (medical, educational or both)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

13. How long has your dependent(s) been enrolled in the EFMP?

- Less than a month
- 1 month–6 months
- 7–11 months
- 1–2 years
- More than 2 years

14. [Ask if Q1 = "Army"] What was your rank when your family was first enrolled in the EFMP?

- E1–E4
- E5–E9
- W1–W5
- O1–O3
- O4–O6 and above

15. [Ask if Q1 = "Army"] What circumstances led to your family's enrollment in the EFMP?

- Your family was enrolled only because you were obligated to enroll in EFMP by Army leadership/Army policy
- Your family was enrolled partly because because of Army leadership/policy and partly you wanted to be
- Your family was enrolled only because you wanted to be
- Prefer not to answer

SATISFACTION

16. How often has your leadership provided the support to assist you with your family's needs?

- Always
- Often
- Sometimes
- Rarely
- Never
- Does not apply

17. Since enrolling in the EFMP, to what extent have the needs of your family member(s) enrolled in the program been met?

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

18. Overall, how satisfied are you with the EFMP?

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

ENROLLMENT PROCESS

19. How long did it take for you (or your family) to complete the enrollment process?

- Less than a month
- 1 month–3 months
- 4 months–6 months
- 7 months–9 months
- 10 months–12 months
- More than 12 months

20. How satisfied are you (or your family) with the following aspects of the EFMP enrollment process? Mark one answer for each item.

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a. Directions received for the enrollment process.....	<input checked="" type="checkbox"/>				
b. Timeliness of the enrollment process.....	<input checked="" type="checkbox"/>				
c. Notification of the enrollment outcome.....	<input checked="" type="checkbox"/>				
d. Support from EFMP staff during the enrollment process.....	<input checked="" type="checkbox"/>				
e. Information received about the EFMP during the enrollment process.....	<input checked="" type="checkbox"/>				

21. How did you (or your family) learn about the EFMP? Mark "Yes" or "No" for each item.

	No	
	Yes	
a. Military medical/mental health professionals ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Civilian medical/mental health professionals.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Military educational professionals (e.g., DODEA teacher, school administrator, school counselor).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Civilian educational professionals (e.g., local teacher, school administrator, school counselor).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. EFMP Family Support Staff.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other EFMP personnel.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Chaplain.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Military leaders/command.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	No	
	Yes	
i. Other soldiers, military friends, family or neighbors.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. EFMP & Me/Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Social media (e.g., Instagram, Twitter, Facebook).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

22. [Ask if Q1 = "Army" and Q21 [Matching item] = "Yes"] How satisfied were you (or your family) with the information about the EFMP provided by the following sources? Mark one answer for each item.

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a. Military medical/mental health professionals.....	<input checked="" type="checkbox"/>				
b. Civilian medical/mental health professionals.....	<input checked="" type="checkbox"/>				
c. Military educational professionals (e.g., DODEA teacher, school administrator, school counselor).....	<input checked="" type="checkbox"/>				
d. Civilian educational professionals (e.g., local teacher, school administrator, school counselor).....	<input checked="" type="checkbox"/>				
e. EFMP Family Support Staff.....	<input checked="" type="checkbox"/>				
f. Other EFMP personnel.....	<input checked="" type="checkbox"/>				
g. Chaplain.....	<input checked="" type="checkbox"/>				
h. Military leaders/command.....	<input checked="" type="checkbox"/>				
i. Other soldiers, military friends, family or neighbors.....	<input checked="" type="checkbox"/>				
j. EFMP & Me/Military OneSource.....	<input checked="" type="checkbox"/>				
k. Social media (e.g., Instagram, Twitter, Facebook).....	<input checked="" type="checkbox"/>				
l. Other.....	<input checked="" type="checkbox"/>				

23. [Ask if Q1 = "Army"] How easy or difficult were each of the following aspects of your EFMP enrollment experiences?

	Very easy	Easy	Neither easy or difficult	Difficult	Very difficult
a. Finding information on available resources, in general.....	<input checked="" type="checkbox"/>				
b. Finding information on the specific resources your family needed.....	<input checked="" type="checkbox"/>				
c. Connecting with EFMP Family Support Staff for the first time.....	<input checked="" type="checkbox"/>				
d. Deciding which services to use or access.....	<input checked="" type="checkbox"/>				
e. Accessing relevant services for the first time.....	<input checked="" type="checkbox"/>				

24. [Ask if Q1 = "Army"] To what extent do you agree or disagree with the following statements about initiating your EFMP enrollment and services? *Mark one answer for each item.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. A medical or educational professional reached out to your family early in the EFMP enrollment process.....	<input checked="" type="checkbox"/>				
b. A Family Support Staff member reached out to your family early in the EFMP enrollment process.....	<input checked="" type="checkbox"/>				
c. Your family had to advocate for your Exceptional Family Member to get the services they need.....	<input checked="" type="checkbox"/>				

25. [Ask if Q1 = "Army"] How long after your most recent EFMP enrollment were you connected with a Family Support Staff member?

- Within 1 month
- 1-6 months
- 7-12 months
- More than 12 months
- Never connected with Family Support Staff
- Not sure

26. Overall, how satisfied are you with the EFMP enrollment process?

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

FAMILY SUPPORT SERVICES

27. In the past 12 months, have you (or your family) received assistance (e.g., information, referrals) from the local EFMP Family Support office?

- Yes
- No

28. [Ask if Q27 = "Yes"] In the past 12 months, how often did you (or your family) use the Exceptional Family Members Program Family Support services?

- More than once a week
- Once a week
- Once a month
- Once every few months
- Once a year

29. [Ask if Q27 = "Yes"] How satisfied have you (or your family) been with interactions with the EFMP Family Support providers in the past 12 months?

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied			Satisfied	
	Very satisfied				
a. Provider's familiarity with local resources.....	<input checked="" type="checkbox"/>				
b. Accuracy of the information provided.....	<input checked="" type="checkbox"/>				
c. Availability of the providers to provide assistance and support.....	<input checked="" type="checkbox"/>				
d. Providers accurately acknowledged concerns.....	<input checked="" type="checkbox"/>				
e. Professionalism of the staff.....	<input checked="" type="checkbox"/>				
f. Responsiveness of staff.....	<input checked="" type="checkbox"/>				
g. Providers tailored support to meet my needs.....	<input checked="" type="checkbox"/>				

30. [Ask if Q1 = "Army" AND Q27 = "Yes"] How much do you agree or disagree with the following statements about your interactions with the EFMP Family Support Staff in the past 12 months?

	Strongly disagree				
	Disagree				
	Neither agree nor disagree			Agree	
	Strongly agree				
a. You frequently attempt to communicate with your EFMP Family Support Staff.....	<input checked="" type="checkbox"/>				
b. Your EFMP Family Support Staff responds quickly when you reach out (e.g., answers the phone, replies to emails).....	<input checked="" type="checkbox"/>				
c. Your EFMP Family Support Staff helps enroll/sign up your Exceptional Family Member for the care/services they need.....	<input checked="" type="checkbox"/>				
d. Your EFMP Family Support Staff helps ensure your Exceptional Family Member receives the care/services they need.....	<input checked="" type="checkbox"/>				
e. Your EFMP Family Support Staff helps resolve problems as they arise.....	<input checked="" type="checkbox"/>				

31. [Ask if Q27 = "Yes"] Did the Family Support providers give you a link to the Exceptional Family Members Program Family Support Feedback Tool during your most recent visit?

- Yes, and I provided feedback
- Yes, but I did not provide feedback
- No, and I was not aware of this tool
- No, but I am aware of this tool

32. Have you used any *respite care* services offered through your Military Service Family Support Program in the past two years?

- Yes
- No, but I was aware of this resource
- No, and I am not aware of this resource

33. [Ask if Q32 = "Yes"] Overall, how satisfied were you with the *respite care* services you received through your Military Service Family Support Program in the past two years?

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

34. [Ask if Q27 = "No"] What are the reasons for not engaging with the EFMP Family Support?

	No	
	Yes	No
a. Location	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Expense of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Hours of operation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Conflict with work schedule.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Transportation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Unaware of Family Support services.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Unable to reach Family Support provider.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Did not need support in the past 12 months.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ASSIGNMENT COORDINATION DURING PCS MOVE

35. Since enrolling in the Exceptional Family Members Program, how many times have you (or your family) relocated because of a PCS move?

- Never
- Once
- Twice
- Three or more times

36. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] How many months has it been since your last PCS move? To indicate less than one month, enter "0". To indicate more than 99 months, enter "99."

Months

36. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] How satisfied were you (or your family) with the following aspects of the assignment coordination process during your most recent PCS move?

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied			Satisfied	
	Satisfied		Very satisfied		
a. Availability of staff to provide assistance or answer questions.....	<input checked="" type="checkbox"/>				
b. Usefulness of the information shared.....	<input checked="" type="checkbox"/>				
c. Directions received on the assignment coordination process.....	<input checked="" type="checkbox"/>				
d. Notification of the assignment recommendation.....	<input checked="" type="checkbox"/>				
e. Timeliness of the process.....	<input checked="" type="checkbox"/>				
f. Notification of the option to request a second review of the assignment decision.....	<input checked="" type="checkbox"/>				
g. Overall assignment coordination process.....	<input checked="" type="checkbox"/>				

38. [Ask if Q1 = "Army" AND Q33 = "Once" or "Twice" or "Three or more times"] During your most recent PCS move, how did the following aspects impact your experience during assignment coordination? Mark one answer for each item.

	Very negative impact				
	Negative impact				
	Neither positive nor negative impact			Positive impact	
	Positive impact		Very positive impact		
a. Being enrolled in the EFMP.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Identifying services at the new location.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Availability of necessary services at the new location.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

BEFORE YOUR MOST RECENT PCS MOVE

39. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] How much do you agree or disagree with the following statements about the EFMP family support provider at your previous location? The provider... Mark one answer for each item.

	Strongly disagree				
	Disagree				
	Neither agree nor disagree			Agree	
	Agree		Strongly agree		
a. Connected you to the EFMP family support office at the new location?.....	<input checked="" type="checkbox"/>				
b. Initiated the transition to the new location in a timely manner?.....	<input checked="" type="checkbox"/>				
c. Was responsive when handling the move?.....	<input checked="" type="checkbox"/>				
d. Was available to address concerns about the PCS move?.....	<input checked="" type="checkbox"/>				
e. Was helpful during the move?.....	<input checked="" type="checkbox"/>				
f. Reached out to you (or your new family support staff) to follow-up?.....	<input checked="" type="checkbox"/>				

40. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] Before your **most recent PCS move**, to what extent did Military Treatment Facility (MTF) staff assist with the coordination of medical services at the *new* location?

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

41. [Ask if Q1 = "Army" AND Q35 = "Once" or "Twice" or "Three or more times"] Overall, how satisfied were you with the availability of services at your *previous* location?

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

DURING YOUR MOST RECENT PCS MOVE

42. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] During your **most recent PCS move**, to what extent was the EFMP family support provider at your *previous* location... *Mark one answer for each item.*

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. Available to address concerns and during the move?.....	<input checked="" type="checkbox"/>				
b. Able to provide support during the move?.....	<input checked="" type="checkbox"/>				

43. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] During your **most recent PCS move**, to what extent was the EFMP family support provider at your *new* location... *Mark one answer for each item.*

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. Available to address concerns and during the move?.....	<input checked="" type="checkbox"/>				
b. Able to provide support during the move?.....	<input checked="" type="checkbox"/>				

44. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] During your **most recent PCS move**, to what extent... *Mark one answer for each item.*

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. Did the MTF staff assist with the coordination of medical services at the new location?..	<input checked="" type="checkbox"/>				
b. Were you able to access medical services during the move?.....	<input checked="" type="checkbox"/>				
c. Did you receive medical care at the new location in a timely manner?.....	<input checked="" type="checkbox"/>				

AFTER YOUR MOST RECENT PCS MOVE

45. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] After your most recent PCS move, to what extent did the EFMP family support provider at your new location... Mark one answer for each item.

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. Contact you, if requested, in a timely manner?.....	<input checked="" type="checkbox"/>				
b. Be responsive when handling the move?.....	<input checked="" type="checkbox"/>				
c. Help you access services at the new location with ease?.....	<input checked="" type="checkbox"/>				
d. Be helpful during the transition?.....	<input checked="" type="checkbox"/>				

46. [Ask if Q1 = "Army" AND Q35 = "Once" or "Twice" or "Three or more times"] Overall, how satisfied are you with the availability of services at your new location?

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

47. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] Overall, to what extent did the EFMP support make your PCS move smoother?

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

48. [Ask if Q1 = "Army"] Did you or your family have a designated EFMP family support staff member...?

- Yes, at your old location only
- Yes, at your new location only
- Yes, at both locations
- No

49. [Ask if Q1 = "Army"] Thinking about the overall experience of your most recent PCS move (e.g., assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often... Mark one answer for each item.

	Very often	Fairly often	Sometimes	Almost never	Never
a. Were you upset because of something that happened unexpectedly?.....	<input checked="" type="checkbox"/>				
b. Did you feel that you were unable to control the important things in your life?.....	<input checked="" type="checkbox"/>				
c. Did you feel nervous and "stressed"?.....	<input checked="" type="checkbox"/>				
d. Did you feel confident about your ability to handle your personal problems?.....	<input checked="" type="checkbox"/>				
e. Did you feel that things were going your way?.....	<input checked="" type="checkbox"/>				
f. Did you find that you could not cope with all the things that you had to do?.....	<input checked="" type="checkbox"/>				
g. Were you able to control irritations in your life?.....	<input checked="" type="checkbox"/>				
h. Did you feel that you were on top of things?.....	<input checked="" type="checkbox"/>				
i. Were you angered by things outside of your control?.....	<input checked="" type="checkbox"/>				
j. Did you feel that difficulties were piling up so high that you could not overcome them?.....	<input checked="" type="checkbox"/>				

MEDICAL SERVICES

50. Did you receive *primary care* medical services in the past 12 months?

- Yes, only at a Military Medical Treatment Facility
- Yes, only at a Civilian (non-military) Medical Provider
- Yes, at both
- No

51. [Ask if Q50 = "Yes, only at a Military Medical Treatment Facility " or "Yes, only at a Civilian (non-military) Medical Provider" or "Yes, at both"] Overall, how satisfied were you with the *primary care* medical services you received in the past 12 months?

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

52. Did you receive *specialty care* medical services in the past 12 months?

- Yes, only at a Military Medical Treatment Facility
- Yes, only at a Civilian (non-military) Medical Provider
- Yes, at both
- No

53. [Ask if Q52 = "Yes, only at a Military Medical Treatment Facility " or "Yes, only at a Civilian (non-military) Medical Provider" or "Yes, at both"] Overall, how satisfied were you with the *specialty care* medical services you received in the past 12 months?

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

54. Have you used any *respite care* services offered through TRICARE ECHO in the past two years?

- Yes
- No, but I was aware of this resource
- No, and I am not aware of this resource

55. [Ask if Q54 = "Yes"] Overall, how satisfied were you with the *respite care* services you received through TRICARE ECHO in the past two years?

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

EDUCATIONAL SERVICES

56. Were you provided educational services (i.e., EIS, DoDEA, public) in the past 12 months?

- Yes
- No

57. [Ask if Q56 = "Yes"] How easy or difficult was it to receive the following? *Mark one answer for each item.*

		Very easy	Easy	Neither easy or difficult	Difficult	Very difficult
a. Special education services.....	<input checked="" type="checkbox"/>					
b. Early intervention services.....	<input checked="" type="checkbox"/>					
c. Support to address your child's educational needs.....	<input checked="" type="checkbox"/>					

LEGAL SERVICES

58. Did you request assistance from your local Military Legal office related to special education concerns in the past 12 months?

- Yes
- No, but I am aware of this resource
- No, and I am not aware of this resource

59. [Ask if Q58 = "Yes"] Overall, how satisfied were you with the legal assistance you received in the past 12 months?

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

USE OF PROGRAMS AND SERVICES

60. To what extent do you agree or disagree with the following statements? *Mark one answer for each item.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Finding information on available resources was easy.....	<input checked="" type="checkbox"/>				
b. Connecting with a EFMP Family Support Provider was easy.....	<input checked="" type="checkbox"/>				
c. Accessing relevant services was easy.....	<input checked="" type="checkbox"/>				

61. [Ask if Q1 = "Army"] How satisfied are you (or your family) with the following aspects of the EFMP? *Mark one answer for each item.*

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. The coordination of your family's services.....	<input checked="" type="checkbox"/>				
b. The ability of EFMP family support staff to coordinate your services.....	<input checked="" type="checkbox"/>				
c. How quickly EFMP family support staff respond to your family.....	<input checked="" type="checkbox"/>				
d. The overall support given by EFMP family support staff.....	<input checked="" type="checkbox"/>				
e. The accessibility of services your family receives.....	<input checked="" type="checkbox"/>				
f. The quality of services your family receives.....	<input checked="" type="checkbox"/>				

62. Which resource do you use most often to access information about the EFMP? *Mark one.*

- Local EFMP Family Support Office
- Social media (i.e., Instagram, Twitter, Facebook)
- EFMP & Me/Military OneSource
- Installation websites
- Other

63. Did you or your family use any of the following additional services? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Housing assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Child care services.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Non-medical counseling.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. School Liaison Program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Military and Family Support Center.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Education support services.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Other federal, state, and local resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

64. [Ask if Q63 [Matching item] = "Yes"] How helpful were the services in meeting your family's needs?

	Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
a. Housing assistance.....	<input checked="" type="checkbox"/>				
b. Child care services.....	<input checked="" type="checkbox"/>				
c. Non-medical counseling.....	<input checked="" type="checkbox"/>				
d. School Liaison Program.....	<input checked="" type="checkbox"/>				
e. Military and Family Support Center.....	<input checked="" type="checkbox"/>				
f. Education support services.....	<input checked="" type="checkbox"/>				
g. Other federal, state, and local resources.....	<input checked="" type="checkbox"/>				

65. [Ask if Q63 [Matching item] = "Yes"] How accessible were the following additional services?

	Very accessible	Somewhat accessible	Neither accessible nor inaccessible	Somewhat inaccessible	Very inaccessible
a. Housing assistance.....	<input checked="" type="checkbox"/>				
b. Child care services.....	<input checked="" type="checkbox"/>				
c. Non-medical counseling.....	<input checked="" type="checkbox"/>				
d. School Liaison Program.....	<input checked="" type="checkbox"/>				
e. Military and Family Support Center.....	<input checked="" type="checkbox"/>				

	Very inaccessible				
	Somewhat inaccessible				
	Neither accessible nor inaccessible				
	Somewhat accessible				
	Very accessible				
f.	Education support services.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g.	Other federal, state, and local resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

66. In the past 12 months, how many days off work have you or your spouse/partner taken to address issues related to your family member's special needs?
- 0 days
 - 1 day–2 days
 - 3 days–4 days
 - 5 days or more

RETENTION

67. To what extent has being enrolled in the EFMP had a positive or negative impact on... *Mark one answer for each item.*

	Very negative				
	Negative				
	Neither positive nor negative				
	Positive				
	Very positive				
a.	Your job/career options in the military?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Your military career progress so far?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Your <u>future</u> military career progress?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Your spouse/partner's ability to work a full-time job?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Your spouse/partner's job/ career options?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

68. Suppose you have to decide whether to stay on active duty. Will your EFMP enrollment impact your decision to stay?
- Yes, it will have a positive impact
 - Yes, it will have a negative impact
 - No, it will not have an impact

69. Based on the services received through the EFMP, does your family favor you staying or leaving active duty?

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

TAKING THE SURVEY

70. 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. Any comments you make on this questionnaire will be kept confidential. Do not include any personally identifiable information (PII) in your comments. However, 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.

71. Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer(s).

**To submit your answers click *Submit*.
For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail [EMAIL]@mail.mil.**

72. Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer(s).

If you have any additional comments or concerns, please enter them below.

**To submit your answers click *Submit*.
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