**Agency Disclosure Notice (ADN)**

OMB CONTROL NUMBER: 0704-EFMS

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ELIGIBILITY

SRSVC

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Army |
| 2 | BlueSurveyBox | Navy |
| 3 | BlueSurveyBox | Marine Corps |
| 4 | BlueSurveyBox | Air Force |
| 5 | BlueSurveyBox | None, you were separated or retired |

ENRLEFMP

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

|  |  |  |
| --- | --- | --- |
| 2 | BlueSurveyBox | Yes |
| 1 | BlueSurveyBox | No |

BACKGROUND INFORMATION

SRGRADE

3. What is your current paygrade?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | BlueSurveyBox | E-1 | 6 | BlueSurveyBox | E-6 | 11 | BlueSurveyBox | W-1 | 21 | BlueSurveyBox | O-1/​O-1E |
| 2 | BlueSurveyBox | E-2 | 7 | BlueSurveyBox | E-7 | 12 | BlueSurveyBox | W-2 | 22 | BlueSurveyBox | O-2/​O-2E |
| 3 | BlueSurveyBox | E-3 | 8 | BlueSurveyBox | E-8 | 13 | BlueSurveyBox | W-3 | 23 | BlueSurveyBox | O-3/​O-3E |
| 4 | BlueSurveyBox | E-4 | 9 | BlueSurveyBox | E-9 | 14 | BlueSurveyBox | W-4 | 24 | BlueSurveyBox | O-4 |
| 5 | BlueSurveyBox | E-5 |  |  |  | 15 | BlueSurveyBox | W-5 | 25 | BlueSurveyBox | O-5 |
|  |  |  |  |  |  |  |  |  | 26 | BlueSurveyBox | O-6 or above |

YRSONAD

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Years |

HOWOLD

5. How old are you?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Years Old |

SRMARST

6. What is your marital status?

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Married |
| 2 | BlueSurveyBox | Separated |
| 3 | BlueSurveyBox | Divorced |
| 4 | BlueSurveyBox | Widowed |
| 5 | BlueSurveyBox | Never married |

SIGOT

7. [Ask if Q1 = "Army" AND Q6 = "Divorced" OR Q6 = "Widowed" OR Q6 = "Never married"] Do you have a significant other?

|  |  |  |
| --- | --- | --- |
| 2 | BlueSurveyBox | Yes |
| 1 | BlueSurveyBox | No |

LIVEWSO

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

|  |  |  |
| --- | --- | --- |
| 2 | BlueSurveyBox | Yes |
| 1 | BlueSurveyBox | No |

SPSEMIL

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Spouse/​significant other is currently active duty military |
| 2 | BlueSurveyBox | Spouse/​significant other is currently a Reserve component member |
| 3 | BlueSurveyBox | Spouse/​significant other is retired/​former military |
| 4 | BlueSurveyBox | Spouse/​significant other has no military experience |

SPSEEMP

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Full-time employed (i.e., working for pay 40 hours or more per week) |
| 2 | BlueSurveyBox | Part-time employed |
| 3 | BlueSurveyBox | Not employed by choice |
| 4 | BlueSurveyBox | Unemployed, looking for work |
| 5 | BlueSurveyBox | Other |

NOT\_ASSIGNED

11. Where is your current permanent duty station located?

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession |
| 2 | BlueSurveyBox | Europe (e.g., Germany, Italy, Belgium, United Kingdom) |
| 3 | BlueSurveyBox | Former Soviet Union/​Eastern Europe (e.g., Russia, Tajikistan, Uzbekistan, Kazakhstan, Estonia, Latvia, Lithuania) |
| 4 | BlueSurveyBox | East Asia and Pacific (e.g., Australia, Japan, Korea, Philippines, Thailand) |
| 5 | BlueSurveyBox | North Africa, Near East, or South Asia (e.g., Bahrain, Kuwait, Saudi Arabia, Diego Garcia) |
| 6 | BlueSurveyBox | Sub-Saharan Africa (e.g., Djibouti, Kenya, Liberia, South Africa) |
| 7 | BlueSurveyBox | Western Hemisphere (e.g., Cuba, Honduras, Peru) |
| 8 | BlueSurveyBox | Other or not sure |

NOT\_ASSIGNED

12. [Ask if Q11 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession"] Please select from the list below your current permanent duty station location within one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession.



NOT\_ASSIGNED

13. [Match to state, territory, or possession in Q12] Please select your installation from the list below.



[Match to region selected in Q11] Please write in the country where your current permanent duty station is located .

|  |  |
| --- | --- |
|  |  |

SRBAH

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Aboard ship |
| 2 | BlueSurveyBox | Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, on base |
| 3 | BlueSurveyBox | Government-owned family housing, on base |
| 4 | BlueSurveyBox | Government-owned or leased family housing, off base |
| 5 | BlueSurveyBox | Privatized housing, on base, that you rent |
| 6 | BlueSurveyBox | Privatized housing, off base, that you rent |
| 7 | BlueSurveyBox | Civilian/​community housing, off base, that you own or pay mortgage on |
| 8 | BlueSurveyBox | Civilian/​community housing, off base, that you rent |
| 9 | BlueSurveyBox | Other |

DEPEFMP

15. 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. |  |  |  |  |

EFMPMOS

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Less than 1 month |
| 2 | BlueSurveyBox | 1 month–6 months |
| 3 | BlueSurveyBox | 7–11 months |
| 4 | BlueSurveyBox | 1–2 years |
| 5 | BlueSurveyBox | More than 2 years |

EFMPRANK

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | E1–E4 |
| 2 | BlueSurveyBox | E5–E9 |
| 3 | BlueSurveyBox | W1–W5 |
| 4 | BlueSurveyBox | O1–O3 |
| 5 | BlueSurveyBox | O4–O6 and above |

EFMPCIRC

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Your family was enrolled only because you were obligated to enroll in EFMP by Army leadership/​Army policy |
| 2 | BlueSurveyBox | Your family was enrolled partly because of Army leadership/​policy and partly you wanted to be |
| 3 | BlueSurveyBox | Your family was enrolled only because you wanted to be |
| 4 | BlueSurveyBox | Prefer not to answer |

SATISFACTION

LDRSUPP

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

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Always |
| 4 | BlueSurveyBox | Often |
| 3 | BlueSurveyBox | Sometimes |
| 2 | BlueSurveyBox | Rarely |
| 1 | BlueSurveyBox | Never |
| 6 | BlueSurveyBox | Does not apply |

METNEEDS

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

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very large extent |
| 4 | BlueSurveyBox | Large extent |
| 3 | BlueSurveyBox | Moderate extent |
| 2 | BlueSurveyBox | Small extent |
| 1 | BlueSurveyBox | Not at all |

EFMPSATOVER

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

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very satisfied |
| 4 | BlueSurveyBox | Satisfied |
| 3 | BlueSurveyBox | Neither satisfied nor dissatisfied |
| 2 | BlueSurveyBox | Dissatisfied |
| 1 | BlueSurveyBox | Very dissatisfied |

ENROLLMENT PROCESS

ENRLPROC

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Less than 1 month |
| 2 | BlueSurveyBox | 1 month–3 months |
| 3 | BlueSurveyBox | 4 months–6 months |
| 4 | BlueSurveyBox | 7 months–9 months |
| 5 | BlueSurveyBox | 10 months–12 months |
| 6 | BlueSurveyBox | More than 12 months |

ENRLSATA ENRLSATB ENRLSATC ENRLSATD ENRLSATE

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

|  | 1 Very dissatisfied | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Dissatisfied | | | | |  |
|  | 3 Neither satisfied nor dissatisfied | | | |  |  |
|  | 4 Satisfied | | |  |  |  |
|  | 5 Very satisfied | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Directions received for the enrollment process | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Timeliness of the enrollment process | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Notification of the enrollment outcome | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Support from EFMP staff during the enrollment process | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Information received about the EFMP during the enrollment process | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

HOWLEARNA HOWLEARNB HOWLEARNC HOWLEARND HOWLEARNE HOWLEARNF HOWLEARNG HOWLEARNH HOWLEARNI HOWLEARNJ HOWLEARNK HOWLEARNL

24. [Ask if Q1 = "Army"] How did you (or your family) learn about the EFMP? Mark “Yes” or “No” for each item.

|  | 1 No | | |
| --- | --- | --- | --- |
|  | 2 Yes | |  |
|  |  |  |  |
|  | a. Military medical/​mental health professionals | SurveyBox | SurveyBox |
|  | b. Civilian medical/​mental health professionals | SurveyBox | SurveyBox |
|  | c. Military educational professionals (e.g., DoDEA teacher, school administrator, school counselor) | SurveyBox | SurveyBox |
|  | d. Civilian educational professionals (e.g., local teacher, school administrator, school counselor) | SurveyBox | SurveyBox |
|  | e. EFMP Family Support staff | SurveyBox | SurveyBox |
|  | f. Other EFMP personnel | SurveyBox | SurveyBox |
|  | g. Chaplain | SurveyBox | SurveyBox |
|  | h. Military leaders/​command | SurveyBox | SurveyBox |
|  | i. Other soldiers, military friends, family or neighbors | SurveyBox | SurveyBox |
|  | j. EFMP & Me/​Military OneSource | SurveyBox | SurveyBox |
|  | k. Social media (e.g., Instagram, Twitter, Facebook) | SurveyBox | SurveyBox |
|  | l. Other | SurveyBox | SurveyBox |

SATINFOA SATINFOB SATINFOC SATINFOD SATINFOE SATINFOF SATINFOG SATINFOH SATINFOI SATINFOJ SATINFOK SATINFOL

25. [Ask if Q1 = "Army" and Q24 a = "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.

|  | 1 Very dissatisfied | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Dissatisfied | | | | |  |
|  | 3 Neither satisfied nor dissatisfied | | | |  |  |
|  | 4 Satisfied | | |  |  |  |
|  | 5 Very satisfied | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Military medical/​mental health professionals | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Civilian medical/​mental health professionals | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Military educational professionals (e.g., DoDEA teacher, school administrator, school counselor) | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Civilian educational professionals (e.g., local teacher, school administrator, school counselor) | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. EFMP Family Support staff | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | f. Other EFMP personnel | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | g. Chaplain | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | h. Military leaders/​command | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | i. Other soldiers, military friends, family or neighbors | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | j. EFMP & Me/​Military OneSource | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | k. Social media (e.g., Instagram, Twitter, Facebook) | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | l. Other | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

ENRLDIFFA ENRLDIFFB ENRLDIFFC ENRLDIFFD ENRLDIFFE

26. [Ask if Q1 = "Army"] How easy or difficult were each of the following aspects of your EFMP enrollment experiences? Mark one answer for each item.

|  | 1 Very difficult | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Difficult | | | | |  |
|  | 3 Neither easy or difficult | | | |  |  |
|  | 4 Easy | | |  |  |  |
|  | 5 Very easy | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Finding information on available resources, in general | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Finding information on the specific resources your family needed | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Connecting with EFMP Family Support staff for the first time | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Deciding which services to use or access | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Accessing relevant services for the first time | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

INITENRLA INITENRLB INITENRLC

27. [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.

|  | 1 Strongly disagree | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Disagree | | | | |  |
|  | 3 Neither agree nor disagree | | | |  |  |
|  | 4 Agree | | |  |  |  |
|  | 5 Strongly agree | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. A medical or educational professional reached out to your family early in the EFMP enrollment process. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. A Family Support staff member reached out to your family early in the EFMP enrollment process. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Your family had to advocate for your Exceptional Family Member to get the services they need. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

CONWSTAFF

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Within 1 month |
| 2 | BlueSurveyBox | 1–6 months |
| 3 | BlueSurveyBox | 7–12 months |
| 4 | BlueSurveyBox | More than 12 months |
| 5 | BlueSurveyBox | Never connected with Family Support staff |
| 6 | BlueSurveyBox | Not sure |

SATOVERENRL

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

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very satisfied |
| 4 | BlueSurveyBox | Satisfied |
| 3 | BlueSurveyBox | Neither satisfied nor dissatisfied |
| 2 | BlueSurveyBox | Dissatisfied |
| 1 | BlueSurveyBox | Very dissatisfied |

FAMILY SUPPORT SERVICES

FAMSUP12MO

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

|  |  |  |
| --- | --- | --- |
| 2 | BlueSurveyBox | Yes |
| 1 | BlueSurveyBox | No |

FSFREQ12MO

31. [Ask if Q30 = "Yes"] In the past 12 months, how often did you (or your family) use the EFMP Family Support services?

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | More than once a week |
| 2 | BlueSurveyBox | Once a week |
| 3 | BlueSurveyBox | Once a month |
| 4 | BlueSurveyBox | Once every few months |
| 5 | BlueSurveyBox | Once a year |

FSSAT12MOA FSSAT12MOB FSSAT12MOC FSSAT12MOD FSSAT12MOE FSSAT12MOF FSSAT12MOG

32. [Ask if Q30 = "Yes"] How satisfied have you (or your family) been with interactions with the EFMP Family Support providers in the past 12 months? Mark one answer for each item.

|  | 1 Very dissatisfied | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Dissatisfied | | | | |  |
|  | 3 Neither satisfied nor dissatisfied | | | |  |  |
|  | 4 Satisfied | | |  |  |  |
|  | 5 Very satisfied | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Provider's familiarity with local resources | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Accuracy of the information provided | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Availability of the providers to provide assistance and support | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Providers accurately acknowledged concerns | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Professionalism of the staff | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | f. Responsiveness of staff | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | g. Providers tailored support to meet my needs | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

FSSTAFF12MOA FSSTAFF12MOB FSSTAFF12MOC FSSTAFF12MOD FSSTAFF12MOE

33. [Ask if Q1 = "Army" AND Q30 = "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? Mark one answer for each item.

|  | 1 Strongly disagree | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Disagree | | | | |  |
|  | 3 Neither agree nor disagree | | | |  |  |
|  | 4 Agree | | |  |  |  |
|  | 5 Strongly agree | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. You frequently attempt to communicate with your EFMP Family Support staff. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Your EFMP Family Support staff responds quickly when you reach out (e.g., answers the phone, replies to emails). | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Your EFMP Family Support staff helps enroll/​sign up your Exceptional Family Member for the care/​services they need. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Your EFMP Family Support staff helps ensure your Exceptional Family Member receives the care/​services they need. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Your EFMP Family Support staff helps resolve problems as they arise. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

FEEDBACK

34. [Ask if Q30 = "Yes"] Did the Family Support providers give you a link to the EFMP Family Support Feedback Tool during your most recent visit?

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Yes, and I provided feedback |
| 2 | BlueSurveyBox | Yes, but I did not provide feedback |
| 3 | BlueSurveyBox | No, and I was not aware of this tool |
| 4 | BlueSurveyBox | No, but I am aware of this tool |

FSRESP

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Yes |
| 2 | BlueSurveyBox | No, but I was aware of this resource |
| 3 | BlueSurveyBox | No, and I am not aware of this resource |

FSRESPSAT

36. [Ask if Q35 = "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?

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very satisfied |
| 4 | BlueSurveyBox | Satisfied |
| 3 | BlueSurveyBox | Neither satisfied nor dissatisfied |
| 2 | BlueSurveyBox | Dissatisfied |
| 1 | BlueSurveyBox | Very dissatisfied |

WHYNOFSA WHYNOFSB WHYNOFSC WHYNOFSD WHYNOFSE WHYNOFSF WHYNOFSG WHYNOFSH WHYNOFSI WHYNOFSJ

37. [Ask if Q30 = "No"] What are the reasons for not engaging with the EFMP Family Support office? Mark “Yes” or “No” for each item.

|  | 1 No | | |
| --- | --- | --- | --- |
|  | 2 Yes | |  |
|  |  |  |  |
|  | a. Location | SurveyBox | SurveyBox |
|  | b. Availability of child care | SurveyBox | SurveyBox |
|  | c. Expense of child care | SurveyBox | SurveyBox |
|  | d. Hours of operation | SurveyBox | SurveyBox |
|  | e. Conflict with work schedule | SurveyBox | SurveyBox |
|  | f. Transportation | SurveyBox | SurveyBox |
|  | g. Unaware of Family Support services | SurveyBox | SurveyBox |
|  | h. Unable to reach Family Support provider | SurveyBox | SurveyBox |
|  | i. Did not need support in the past 12 months | SurveyBox | SurveyBox |
|  | j. Other | SurveyBox | SurveyBox |

ASSIGNMENT COORDINATION DURING PCS MOVE

NUMPCS

38. Since enrolling in the EFMP, how many times have you (or your family) relocated because of a PCS move?

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Never |
| 2 | BlueSurveyBox | Once |
| 3 | BlueSurveyBox | Twice |
| 4 | BlueSurveyBox | Three or more times |

PCSLAST

39. [Ask if Q38 = "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 |

NOT\_ASSIGNED

40. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] How many times did you PCS without your family due to the needs of your family member(s) enrolled in the EFMP?

|  |  |  |
| --- | --- | --- |
|  | BlueSurveyBox | Never |
| 1 | BlueSurveyBox | 1-2 times |
| 2 | BlueSurveyBox | 3-5 times |
| 3 | BlueSurveyBox | 6-11 times |
| 4 | BlueSurveyBox | 12+ times |

SATPCSA SATPCSB SATPCSC SATPCSD SATPCSE SATPCSF SATPCSG

41. [Ask if Q38 = "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? Mark one answer for each item.

|  | 1 Very dissatisfied | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Dissatisfied | | | | |  |
|  | 3 Neither satisfied nor dissatisfied | | | |  |  |
|  | 4 Satisfied | | |  |  |  |
|  | 5 Very satisfied | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Availability of staff to provide assistance or answer questions | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Usefulness of the information shared | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Directions received on the assignment coordination process | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Notification of the assignment recommendation | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Timeliness of the process | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | f. Notification of the option to request a second review of the assignment decision | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | g. Overall assignment coordination process | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

PCSIMPCTA PCSIMPCTB PCSIMPCTC

42. [Ask if Q1 = "Army" AND Q38 = "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.

|  | 1 Very negative impact | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Negative impact | | | | |  |
|  | 3 Neither positive nor negative impact | | | |  |  |
|  | 4 Positive impact | | |  |  |  |
|  | 5 Very positive impact | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Being enrolled in the EFMP | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Identifying services at the new location | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Availability of necessary services at the new location | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

BEFORE YOUR MOST RECENT PCS MOVE

PREVFSA PREVFSB PREVFSC PREVFSD PREVFSE PREVFSF

43. [Ask if Q38 = "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.

|  | 1 Strongly disagree | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Disagree | | | | |  |
|  | 3 Neither agree nor disagree | | | |  |  |
|  | 4 Agree | | |  |  |  |
|  | 5 Strongly agree | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Connected you to the EFMP family support office at the new location. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Initiated the transition to the new location in a timely manner. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Was responsive when handling the move. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Was available to address concerns about the PCS move. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Was helpful during the move. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | f. Reached out to you (or your new Family Support staff) to follow-up. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

MTFASST

44. [Ask if Q38 = "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?

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very large extent |
| 4 | BlueSurveyBox | Large extent |
| 3 | BlueSurveyBox | Moderate extent |
| 2 | BlueSurveyBox | Small extent |
| 1 | BlueSurveyBox | Not at all |

PREVLOCSAT

45. [Ask if Q1 = "Army" AND Q38 = "Once" or "Twice" or "Three or more times"] Overall, how satisfied were you with the availability of services at your previous location?

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very satisfied |
| 4 | BlueSurveyBox | Satisfied |
| 3 | BlueSurveyBox | Neither satisfied nor dissatisfied |
| 2 | BlueSurveyBox | Dissatisfied |
| 1 | BlueSurveyBox | Very dissatisfied |

DURING YOUR MOST RECENT PCS MOVE

PCSPREVFSA PCSPREVFSB

46. [Ask if Q38 = "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.

|  | 1 Not at all | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Small extent | | | | |  |
|  | 3 Moderate extent | | | |  |  |
|  | 4 Large extent | | |  |  |  |
|  | 5 Very large extent | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Available to address concerns and during the move? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Able to provide support during the move? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

PCSNEWFSA PCSNEWFSB

47. [Ask if Q38 = "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.

|  | 1 Not at all | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Small extent | | | | |  |
|  | 3 Moderate extent | | | |  |  |
|  | 4 Large extent | | |  |  |  |
|  | 5 Very large extent | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Available to address concerns and during the move? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Able to provide support during the move? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

PCSMEDA PCSMEDB PCSMEDC

48. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] During your most recent PCS move, to what extent… Mark one answer for each item.

|  | 1 Not at all | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Small extent | | | | |  |
|  | 3 Moderate extent | | | |  |  |
|  | 4 Large extent | | |  |  |  |
|  | 5 Very large extent | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Did the MTF staff assist with the coordination of medical services at the new location? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Were you able to access medical services during the move? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Did you receive medical care at the new location in a timely manner? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

AFTER YOUR MOST RECENT PCS MOVE

NEWFSHELPA NEWFSHELPB NEWFSHELPC NEWFSHELPD

49. [Ask if Q38 = "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.

|  | 1 Not at all | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Small extent | | | | |  |
|  | 3 Moderate extent | | | |  |  |
|  | 4 Large extent | | |  |  |  |
|  | 5 Very large extent | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Contact you, if requested, in a timely manner? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Be responsive when handling the move? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Help you access services at the new location with ease? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Be helpful during the transition? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

NEWLOCSAT

50. [Ask if Q1 = "Army" AND Q38 = "Once" or "Twice" or "Three or more times"] Overall, how satisfied are you with the availability of services at your new location?

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very satisfied |
| 4 | BlueSurveyBox | Satisfied |
| 3 | BlueSurveyBox | Neither satisfied nor dissatisfied |
| 2 | BlueSurveyBox | Dissatisfied |
| 1 | BlueSurveyBox | Very dissatisfied |

SMOOTHPCS

51. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] Overall, to what extent did the EFMP support make your PCS move smoother?

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very large extent |
| 4 | BlueSurveyBox | Large extent |
| 3 | BlueSurveyBox | Moderate extent |
| 2 | BlueSurveyBox | Small extent |
| 1 | BlueSurveyBox | Not at all |

DESIGFS

52. [Ask if Q1 = "Army" AND Q38 = "Once" or "Twice" or "Three or more times"] Did you or your family have a designated EFMP Family Support staff member…?

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Yes, at your previous location only |
| 2 | BlueSurveyBox | Yes, at your new location only |
| 3 | BlueSurveyBox | Yes, at both locations |
| 4 | BlueSurveyBox | No |

PCSEXPA PCSEXPB PCSEXPC PCSEXPD PCSEXPE PCSEXPF PCSEXPG PCSEXPH PCSEXPI PCSEXPJ

53. [Ask if Q1 = "Army" AND Q38 = "Once" or "Twice" or "Three or more times"] 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.

|  | 1 Never | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Almost never | | | | |  |
|  | 3 Sometimes | | | |  |  |
|  | 4 Fairly often | | |  |  |  |
|  | 5 Very often | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Were you upset because of something that happened unexpectedly? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Did you feel that you were unable to control the important things in your life? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Did you feel nervous and “stressed”? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Did you feel confident about your ability to handle your personal problems? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Did you feel that things were going your way? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | f. Did you find that you could not cope with all the things that you had to do? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | g. Were you able to control irritations in your life? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | h. Did you feel that you were on top of things? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | i. Were you angered by things outside of your control? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | j. Did you feel that difficulties were piling up so high that you could not overcome them? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

MEDICAL SERVICES

PRIMCARE

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Yes, only at a Military Medical Treatment Facility |
| 2 | BlueSurveyBox | Yes, only at a Civilian (non-military) Medical Provider |
| 3 | BlueSurveyBox | Yes, at both |
| 4 | BlueSurveyBox | No |

PRIMCARESAT

55. [Ask if Q54 = "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?

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very satisfied |
| 4 | BlueSurveyBox | Satisfied |
| 3 | BlueSurveyBox | Neither satisfied nor dissatisfied |
| 2 | BlueSurveyBox | Dissatisfied |
| 1 | BlueSurveyBox | Very dissatisfied |

SPECCARE

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Yes, only at a Military Medical Treatment Facility |
| 2 | BlueSurveyBox | Yes, only at a Civilian (non-military) Medical Provider |
| 3 | BlueSurveyBox | Yes, at both |
| 4 | BlueSurveyBox | No |

SPECCARESAT

57. [Ask if Q56 = "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?

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very satisfied |
| 4 | BlueSurveyBox | Satisfied |
| 3 | BlueSurveyBox | Neither satisfied nor dissatisfied |
| 2 | BlueSurveyBox | Dissatisfied |
| 1 | BlueSurveyBox | Very dissatisfied |

ECHORESP

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Yes |
| 2 | BlueSurveyBox | No, but I was aware of this resource |
| 3 | BlueSurveyBox | No, and I am not aware of this resource |

ECHORESPSAT

59. [Ask if Q58 = "Yes"] Overall, how satisfied were you with the respite care services you received through TRICARE ECHO in the past two years?

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very satisfied |
| 4 | BlueSurveyBox | Satisfied |
| 3 | BlueSurveyBox | Neither satisfied nor dissatisfied |
| 2 | BlueSurveyBox | Dissatisfied |
| 1 | BlueSurveyBox | Very dissatisfied |

EDUCATIONAL SERVICES

EDUCSERV

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

|  |  |  |
| --- | --- | --- |
| 2 | BlueSurveyBox | Yes |
| 1 | BlueSurveyBox | No |

RECEDSERVA RECEDSERVB RECEDSERVC

61. [Ask if Q60 = "Yes"] How easy or difficult was it to receive the following? Mark one answer for each item.

|  | 1 Very difficult | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Difficult | | | | |  |
|  | 3 Neither easy or difficult | | | |  |  |
|  | 4 Easy | | |  |  |  |
|  | 5 Very easy | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Special education services | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Early intervention services | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Support to address your child's educational needs | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

LEGAL SERVICES

REQLEGAL

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Yes |
| 2 | BlueSurveyBox | No, but I was aware of this resource |
| 3 | BlueSurveyBox | No, and I am not aware of this resource |

SATLEGAL

63. [Ask if Q62 = "Yes"] Overall, how satisfied were you with the legal assistance you received in the past 12 months?

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Very satisfied |
| 4 | BlueSurveyBox | Satisfied |
| 3 | BlueSurveyBox | Neither satisfied nor dissatisfied |
| 2 | BlueSurveyBox | Dissatisfied |
| 1 | BlueSurveyBox | Very dissatisfied |

USE OF PROGRAMS AND SERVICES

EFMPACCESSA EFMPACCESSB EFMPACCESSC

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

|  | 1 Strongly disagree | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Disagree | | | | |  |
|  | 3 Neither agree nor disagree | | | |  |  |
|  | 4 Agree | | |  |  |  |
|  | 5 Strongly agree | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Finding information on available resources was easy. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Connecting with an EFMP Family Support Provider was easy. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Accessing relevant services was easy. | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

EFMPASPCTSA EFMPASPCTSB EFMPASPCTSC EFMPASPCTSD EFMPASPCTSE EFMPASPCTSF

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

|  | 1 Very dissatisfied | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Dissatisfied | | | | |  |
|  | 3 Neither satisfied nor dissatisfied | | | |  |  |
|  | 4 Satisfied | | |  |  |  |
|  | 5 Very satisfied | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. The coordination of your family's services | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. The ability of EFMP Family Support staff to coordinate your services | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. How quickly EFMP Family Support staff respond to your family | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. The overall support given by EFMP Family Support staff | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. The accessibility of services your family receives | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | f. The quality of services your family receives | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

RESRCEUSED

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

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Local EFMP Family Support Office |
| 2 | BlueSurveyBox | Social media (e.g., Instagram, Twitter, Facebook) |
| 3 | BlueSurveyBox | EFMP & Me/​Military OneSource |
| 4 | BlueSurveyBox | Installation websites |
| 5 | BlueSurveyBox | Other |

ADDSERVA ADDSERVB ADDSERVC ADDSERVD ADDSERVE ADDSERVF ADDSERVG

67. Did you or your family use any of the following additional services? Mark “Yes” or “No” for each item.

|  | 1 No | | |
| --- | --- | --- | --- |
|  | 2 Yes | |  |
|  |  |  |  |
|  | a. Housing assistance | SurveyBox | SurveyBox |
|  | b. Child care services | SurveyBox | SurveyBox |
|  | c. Non-medical counseling | SurveyBox | SurveyBox |
|  | d. School Liaison Program | SurveyBox | SurveyBox |
|  | e. Military and Family Support Center | SurveyBox | SurveyBox |
|  | f. Education support services | SurveyBox | SurveyBox |
|  | g. Other federal, state, and local resources | SurveyBox | SurveyBox |

MEETNEEDSA MEETNEEDSB MEETNEEDSC MEETNEEDSD MEETNEEDSE MEETNEEDSF MEETNEEDSG

68. [Ask if Q67 a = "Yes"] How helpful were the services in meeting your family's needs? Mark one answer for each item.

|  | 1 Not at all helpful | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Slightly helpful | | | | |  |
|  | 3 Somewhat helpful | | | |  |  |
|  | 4 Very helpful | | |  |  |  |
|  | 5 Extremely helpful | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Housing assistance | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Child care services | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Non-medical counseling | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. School Liaison Program | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Military and Family Support Center | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | f. Education support services | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | g. Other federal, state, and local resources | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

SERVACCESSA SERVACCESSB SERVACCESSC SERVACCESSD SERVACCESSE SERVACCESSF SERVACCESSG

69. [Ask if Q67 a = "Yes"] How accessible were the following additional services? Mark one answer for each item.

|  | 1 Very inaccessible | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Somewhat inaccessible | | | | |  |
|  | 3 Neither accessible nor inaccessible | | | |  |  |
|  | 4 Somewhat accessible | | |  |  |  |
|  | 5 Very accessible | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Housing assistance | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Child care services | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Non-medical counseling | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. School Liaison Program | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Military and Family Support Center | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | f. Education support services | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | g. Other federal, state, and local resources | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

DAYSOFFWRK

70. In the past 12 months, how many days off work have you or your spouse/​significant other taken to address issues related to your family member's special needs?

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | 0 days |
| 2 | BlueSurveyBox | 1 day–2 days |
| 3 | BlueSurveyBox | 3 days–4 days |
| 4 | BlueSurveyBox | 5 days or more |

RETENTION

POSNEGIMPA POSNEGIMPB POSNEGIMPC POSNEGIMPD POSNEGIMPE

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

|  | 1 Very negative | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Negative | | | | |  |
|  | 3 Neither positive nor negative | | | |  |  |
|  | 4 Positive | | |  |  |  |
|  | 5 Very positive | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | a. Your job/​career options in the military? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | b. Your military career progress so far? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | c. Your future military career progress? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | d. Your spouse/​significant other's ability to work a full-time job? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |
|  | e. Your spouse/​partner's job/​career options? | SurveyBox | SurveyBox | SurveyBox | SurveyBox | SurveyBox |

EFMPSTAYAD

72. Suppose you have to decide whether to stay on active duty. Will your EFMP enrollment impact your decision to stay?

|  |  |  |
| --- | --- | --- |
| 1 | BlueSurveyBox | Yes, it will have a positive impact |
| 2 | BlueSurveyBox | Yes, it will have a negative impact |
| 3 | BlueSurveyBox | No, it will not have an impact |

FAMSTAYAD

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

|  |  |  |
| --- | --- | --- |
| 5 | BlueSurveyBox | Strongly favors staying |
| 4 | BlueSurveyBox | Somewhat favors staying |
| 3 | BlueSurveyBox | Has no opinion one way or the other |
| 2 | BlueSurveyBox | Somewhat favors leaving |
| 1 | BlueSurveyBox | Strongly favors leaving |

TAKING THE SURVEY

COMMENT

74. 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.

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| --- | --- | --- | --- |
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|  |  |  |  |
|  |  |  |  |

INELIGNODATA

INELIGDATA

75. 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.

|  |  |  |  |
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|  |  |  |  |

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.