

Ask US Panel – DoD Topical Survey

Introduction

Thank you for participating in the Ask U.S. Panel. This survey will focus on a variety of topics and will take approximately 10 minutes to complete. You will receive a \$10 for completing this survey.

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Government Responsiveness

1. How much do you agree or disagree with the following statements?

5-point scale: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree

1. I have strong understanding of the political issues facing our country.
2. I have a role to play in the political process.
3. When policy issues or problems are being discussed, I always have something to say.
4. I'm better informed about politics and government than most people my age.
5. I'm well qualified to participate in the political process.

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2. Please answer how much you agree or disagree with the following statements.

5-point scale: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree

1. The government cares what people like me and my family think.
2. The government cares about us ordinary people.
3. People like me can rely on the police for protection.
4. The U.S. government is pretty much run for the rich, not for the average person.
5. The police are fair.
6. The government will do whatever it wants to do, no matter what people like us feel.

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Informal Resource Network

Many people experience personal issues and seek **emotional support** from family or friends.

3. If you needed support for a personal issue, who could you turn to for **emotional support**? *Please select all that apply.*

1. No one [EXCLUSIVE]
2. Parent (biological, adoptive, foster, step, in-law)
3. Brother(s)/Sister(s) (biological, adoptive, foster, step, in-law)
4. Girlfriend/Boyfriend/Fiancé/Partner/Spouse
5. Friend(s)
6. Grandparent(s)
7. Other(s) (please specify relationship, for example: aunt, uncle, cousin, neighbor; do not include any names in your response): _____

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These next questions are about providing or receiving **financial support** in the **last year**.

4A. In the past 12 months, that is since **[DATE (MONTH/YEAR)]**, did you provide **financial support** to anyone **other than your legal dependents**? *Consider support with money, food, clothing, housing, and/or transportation.*

1. Yes
2. No

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4B. [IF QUESTION 4A = YES] In the past 12 months, that is since **[DATE (MONTH/YEAR)]**, who did you **provide financial support** to **other than your legal dependents**? *Consider support with money, food, clothing, housing, and/or transportation. Please select all that apply.*

1. Only supported self and/or dependents
2. Parent (biological, adoptive, foster, step, in-law)
3. Brother(s)/Sister(s) (biological, adoptive, foster, step, in-law)
4. Girlfriend/Boyfriend/Fiancé/Partner
5. Friend(s)
6. Grandparent(s)
7. Other(s) (please specify relationship, for example: aunt, uncle, cousin, neighbor; do not include any names in your response): _____

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4C. In the past 12 months, that is since **[DATE (MONTH/YEAR)]**, how often did you **provide financial support** for the following people?

Always (e.g., every paycheck), Often, Sometimes, Rarely

[LOOP AND FILL WITH OPTIONS SELECTED IN 4B]

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5A. In the past 12 months, that is since **[DATE (MONTH/YEAR)]**, were there times when you **needed financial support** beyond what your income could provide? *Consider support with money, food, clothing, housing, and/or transportation.*

1. Yes
2. No

5B. In the past 12 months, that is since **[DATE (MONTH/YEAR)]**, did you **receive financial support** from **family or friends**? *Consider support with money, food, clothing, housing, and/or transportation.*

1. Yes
2. No

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5C. [IF Q5B = YES] In the past 12 months, that is since [DATE (MONTH/YEAR)], from whom among your family and friends did you **receive financial support**? Consider support with money, food, clothing, housing, and/or transportation. Please select all that apply.

1. Parent (biological/adoptive/foster/step)
2. Brother(s)/Sister(s) (biological, adoptive, foster, and step siblings)
3. Girlfriend/Boyfriend/Fiancé/Partner
4. Friend(s)
5. Grandparent(s)
6. Other(s) (please specify relationship, for example: aunt, uncle, cousin, neighbor; do not include any names in your response): _____

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5D. In the past 12 months, that is since [DATE (MONTH/YEAR)], how often did you **receive financial support** from the following people?

Always (e.g., every paycheck), Often, Sometimes, Rarely

[LOOP AND FILL WITH OPTIONS SELECTED IN 5C]

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6. If you **needed financial support** in the **next 12 months**, who could you turn to among your family and friends? Please select all that apply.

1. None of my family or friends would be appropriate [EXCLUSIVE]
2. Parent (biological/adoptive/foster/step)
3. Brother(s)/Sister(s) (include biological, adoptive, foster, and step siblings)
4. Girlfriend/Boyfriend/Fiancé/Partner
5. Friend
6. Grandparent(s)
7. Other(s) (please specify relationship, for example: aunt, uncle, cousin, neighbor; do not include any names in your response): _____

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7. How much does your income contribute to your total household income?

1. Less than half
2. Half
3. More than half

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Formal Resources

There are many resources and services available to support active-duty military members and their families, such as support with education, counseling, childcare, and spouse employment.

8A. Have you ever received, heard of but never received, or never heard of the military offering support in the following areas? *Please select one response for each area.*

	Received military support (1)	Heard of military support, but never received (2)	Never heard of military support (3)
Education support [IF MEMBER FILL: and/or tuition assistance]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling (e.g., relationship, marriage, family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial counseling and/or training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[IF SPOUSE] Employment support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8B. [IF ANY IN QUESTION 8A = 1] Where did you receive this support? *Please select all that apply.*

1. Military OneSource
2. Military and Family Life Counselors (MFLCs)
3. TRICARE
4. Installation based Military & Family Support Center
5. Military chaplain/civilian religious or spiritual leader
6. Your (your spouse's) unit/command OR Unit commander
7. Child and Youth Services Programs
8. Spouse Education and Career Opportunities Program (SECO, MSEP, MyCAA, MySTeP)
9. Service Branch Aid Society
10. Another military resource
11. Another non-military resource

8C. [IF ANY IN QUESTION 8A = 2] Where did you hear about this support? *Please select all that apply.*

1. [IF SPOUSE] My spouse
2. Newsletters
3. Internet/websites
4. Installation based Military & Family Support Center
5. [IF MEMBER FILL: Your unit/command OR Unit commander] [IF SPOUSE FILL: Your spouse's unit/command]
6. Social media (e.g., Facebook, Twitter, LinkedIn)
7. Emails
8. Military OneSource
9. Word of mouth: Other service members or military spouses
10. Another military resource
11. Another non-military resource

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Discrimination

10. How often do you feel that you, personally, are discriminated against for any reason?

1. Never [SKIP TO QUESTION 12 - FOOD INSECURITY]
2. Rarely
3. Sometimes
4. Often
5. Always

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11. [IF QUESTION 10 ≠ 1] In what ways have you have been discriminated against? *Please select all that apply.*

1. Verbal (slurs, comments, jokes)
2. Physical (attacks)
3. Being avoided or not chosen for something
4. Being denied opportunities
5. Other (please specify) _____

12. [IF QUESTION 10 ≠ 1] For what reasons do you feel that you have been discriminated against? *Please select all that apply.*

1. For my disability (physical or mental)
2. For my age
3. For my sexual orientation
4. For my race or ethnicity
5. For my national origin
6. For my gender
7. For my religion
8. Other (please specify) _____

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13. [IF QUESTION 10 ≠ 1] How did you respond to the discrimination? *Please select all that apply.*

1. Accepted it as a fact of life and did nothing [EXCLUSIVE]
2. Worked harder to prove them wrong
3. Talked to someone about what I experienced
4. Expressed anger or got mad
5. Other (please specify) _____

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Food Security

14. Choose the statements that best represent your home/barracks/dorm/ship TODAY (where you are living now): *Please select all that apply.*

1. Kitchen with major appliances (e.g., refrigerator, stove, microwave) and food prep/cooking supplies.
2. Shared kitchen in building with major appliances and food prep/cooking supplies.
3. Shared kitchen in building with major appliances, without any food prep/cooking supplies.
4. No kitchen in building, but have mini-refrigerator and microwave in room.
5. Room/Rack without any food prep/cooking capability.

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15. In a typical week, how many meals do you get at the military dining facility (DFAC)/galley?

Meals

16. When you don't eat at the military dining facility (DFAC)/galley, what are the reasons? *Please select all that apply.*

1. Not applicable (I always go to the DFAC/galley)
2. No DFAC/galley available or closed
3. No transportation to get there
4. Lines are too long to wait
5. Not enough time
6. Don't like the food at the DFAC/galley
7. Eat at home or bring food from home
8. Prefer to eat at fast food or other local restaurant
9. Other

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17. Are you currently receiving support from any of the following nutrition assistance resources? *Please select all that apply.*

1. SNAP (Supplemental Nutrition Assistance Program/ Food Stamps)
2. Women, Infants, and Children program (WIC)
3. National School Lunch Program (children receive free or reduced meals at school)
4. Some other assistance resource
5. No, I am not using any nutrition assistant resource

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Debrief

In this last section, we would like to ask you about the questions that you just answered in this survey. There are no right or wrong answers - we are only interested in learning how you interpreted the questions, so that we can improve any questions that might be unclear.

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18. Earlier in the survey we asked, “If you needed support for a personal issue, who could you turn to for emotional support?”:

What comes to mind when you read the term “**emotional support**”? Please provide examples if any come to mind.

[OPEN-END]

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19. Earlier we asked, “In the last year, did you provide financial support to anyone other than your legal dependents?”:

What comes to mind when you when you read the term “**financial support**”? Please provide examples if any come to mind.

[OPEN-END]

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20. Earlier we asked: “How much does your income contribute to your total household income?”

What income sources did you include in “total household income” when deciding on your answer?

[OPEN-END]

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Outro

Thank you for completing this survey. You will receive \$10 **[FILL WITH PAYMENT MODE AND METHOD SELECTED IN BASELINE]**