

AGENCY DISCLOSURE NOTICE

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Primary Next of Kin Interview Script

This script is expected to be read verbatim by the call center agents, except for the following:

(FILL-IN: _____) = information that will automatically be filled in by web server

{ } – tentatively planned to be automatically filled in by web server

Side notes to explain to approval personnel (only for the Word version included in approval submissions) – most are what will be pre-programmed skip patterns

Directions for call center agents; extra answers that can be marked but will not be read

 = separates web pages (within the interview itself, these are approximate)

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Prior to phone call:

Interviewer password _____ (required of all web surveys, to ensure that only people who should be accessing the survey are doing so; call center will be given useable passwords)

Respondent ID _____(call center given a list of IDs already assigned to each respondent)

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Please confirm the following information is correct for the respondent ID you provided:
NOTE: Other information being passed into system to autodirect the questions, this just being used to authenticate that this is the right respondent)

Deceased's name: (Auto fill)

Verify

Next of kin's name: (Auto fill)

Deceased is the PNOK's _____ (Auto fill: Spouse, Child, Parent, Sibling, Grandchild)

Deceased's gender: (Auto fill: Male, Female)

Deceased's service: (Auto fill: Army, Navy, Marine Corps, Air Force/Space Force)

Month of death: (Auto fill)

Year of death: (Auto fill)

If the information is incorrect, go back to previous page and retype.

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Has respondent already started answering interview questions?

- Yes (will automatically redirect to where respondent left off, based on respondent ID. If respondent has begun the interview it will redirect to section q1a)
- No – (redirects to section q1a1)

Dial phone number.

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Q1a1: Hello, my name is _____ and I am calling on behalf of the Department of Defense. May I please speak to {MR./MRS. LAST NAME}?

- Respondent answers (redirect to section A)
- Answer - Respondent not available (redirect to section B)
- Answer – different language (redirect to section L)
- No answer (completion of process, system saves and returns to interview login page)

Dial phone number and receive a voicemail or answering machine.

Q1a2: Hello, this message is for {MR./MRS. LAST NAME}, My name is _____ and I am calling on behalf of the Department of Defense about the casualty assistance received from the (SERVICE FROM FILL IN). Please contact me at your convenience at _____ to schedule an interview.

Dial phone number.

Q1a: My name is _____ and I am calling for {name to call} to continue the interview we started. Is {NAME TO CALL} available? Pause. If yes...Are you ready to continue?

- Yes (will automatically redirect to where respondent left off, based on respondent ID)
- No – (redirect to section C)

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SECTION A:

Hello {MR./MRS. LAST NAME}. My name is _____ (or can be filled-in from interviewer password) and I'm calling about the casualty assistance you received from the (SERVICE FROM FILL IN) when your (RELATIONSHIP FROM FILL IN) {deceased's name} passed away.

I will spend a few minutes talking to you about the purpose of this call, and then ask you a series of questions that should take about 30 minutes. Is this a good time for you?

- Yes (redirect to interview questions)
- No, call later (redirect to section C)
- Don't want to participate, but give general comments on support received (redirect to section D)
- Don't want to participate (redirect to section E)

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SECTION B:

When would be a good time to call {MR./MRS. LAST NAME} back?

- Call back scheduled

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SECTION C

When would be a good time to call back?

- Call back scheduled

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SECTION D

I can record that comment and add it to our general comments if you would prefer to do that than do the complete interview. Please do not provide any Personally Identifiable Information (PII).

Redirect to Section E

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SECTION E

Are there any lingering issues with which I can assist you? Please do not provide any Personally Identifiable Information (PII).

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SECTION L

Are you able to complete this survey in English?

- Yes (redirect to Section M)
- No (redirect to Section N)

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SECTION M

I have questions for {PNOK NAME} regarding assistance received when {deceased's name} died. Would you be able to translate for us?

- Yes
- No (redirect to Section N)

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SECTION N

Thank you for your time. Goodbye. (HANG UP, CONTACT COMPLETE – NO FURTHER CALLS REQUIRED)

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BEGINNING OF INTERVIEW

Before we get started, let me tell you a little more about what we are asking you to do. The telephone interview will take about XXXX minutes of your time and will focus on your experiences with the (SERVICE FILL IN) Casualty Assistance Program. I will ask you questions about your (CAO/CACO/CAR, BASED ON SERVICE FILL IN) and any assistance you were provided since you were notified of {deceased}'s death. The answers you provide regarding the survey will be kept confidential. Your name, your (RELATIONSHIP FILL IN)'s name, and any uniquely identifying information will not be recorded with your answers. Information you provide will be grouped with other interviews we do and used to improve the services provided to families of other service members. You may choose to participate or not, and you can refuse to answer any of the interview questions that you don't want to answer. Just tell me and we will skip to the next one. If, after we start the interview, you need to take a break or need to stop the interview for any reason, just let me know.

Do you have any questions before we start?

- Yes (answer based on FAQ)
- No

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NOTE: This is the beginning of the second website. Casualty info from the provided database are passed in for use here and will be dropped out of data when analyzed (except for the service, month, and year).

The following questions ask about your (auto-fill: Casualty Assistance Officer or Casualty Assistance Calls Officer, Casualty Assistance Representative or Mortuary Officer). If you interacted with more than one, please answer thinking about the one you were in contact with the most.

1. Did your (auto-fill: Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer) provide you with his/her contact information when you first met?

- Yes
- No
- Don't remember
- Refused to answer

2. Usually when you tried to contact your (auto-fill: Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer), did he or she respond within a 24-hour period?

- I never needed to contact anyone
- They always answered when I called
- Yes, within 24 hours
- No
- Refused to answer

3. (ONLY FOR THOSE WHO SAID NO) Without including any personally identifiable information (such as names), did your (auto-fill: Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer) explain why?

(also used for comments from q1 and q2)

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4. How satisfied or dissatisfied were you with the effort of your (auto-fill: Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer) in resolving your issues? Would you say you were Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, or Very dissatisfied?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Not applicable, didn't have any issues
- Refused to answer

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5. Was your (auto-fill:Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer) available as long as you needed assistance?

- Yes
- No
- Refused to answer

6. Only read if answered No above Without including any personally identifiable information (such as names), were you told why not?

(also for q4 and q5)

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7. Did your (auto-fill:Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer) provide you with accurate information?

- Yes
- No
- Don't know
- Refused to answer

8. How satisfied or dissatisfied were you overall with your (auto-fill:Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer)? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

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- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Refused to answer

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9. Without including any personally identifiable information (such as names), can you tell me what did they do, or not do, that made you (previous answer)?

(also for q7)

.Without including any personally identifiable information (such as names), do you have any additional comments regarding your (auto-fill:Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer) and/or your (auto-fill:Service) Casualty Office?

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Now about the Notification Process...

11. How satisfied or dissatisfied were you with the professionalism of the notification team? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Refused to answer

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12. If dissatisfied Do you have any recommendations you would like considered to improve the notification process? Please do not provide any Personally Identifiable Information (PII).

(also for q11)

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13. Was there a chaplain present when you were notified?

- Yes
- No
- Don't remember
- Refused to answer

14. (If yes) Was the presence of the chaplain beneficial, and why? (If no) Would you have benefited from the presence of a chaplain, and why or why not? Please do not provide any Personally Identifiable Information (PII).

15. When you were notified, were you provided basic information about the circumstances surrounding {name}'s death?

- Yes
- No
- Unsure/Don't remember
- Refused to answer

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Dignified Transfer (Section only presented to those who are indicated in data to have a combat related death)

16. Did you travel to Dover AFB to observe the dignified transfer of your loved one?

- Yes
- No (Skip to 21)
- Refused to answer (Skip to 21)

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17. How satisfied or satisfied were you with the travel arrangements made for you to observe the dignified transfer? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Refused to answer

18. (for those answering dissatisfied or very dissatisfied) Without including any personally identifiable information (such as names), why were you dissatisfied?

(also for q16-q17)

19. Would you recommend that other families attend the dignified transfer of their loved one?

- Yes
- No
- Refused to answer

20. Why or why not?

Please do not provide any Personally Identifiable Information (PII).

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Now, a few questions about the Funeral or Memorial Service.

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21. Did you have a clear understanding of the mortuary services available to you?
(Question only asked of the PADD, info which will be passed into the system.)

- Yes
- No
- Refused to answer

22. (If No to previous) Without including any personally identifiable information (such as names), what mortuary services did you not understand or want more information about? (Question only asked of the PADD, info which will be passed into the system.)

23. Were you kept informed about the status of your loved one's return?

- Yes
- No
- Not applicable
- Refused to answer

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24. Did the explanation of funeral options provided by the (auto fill-in based on service: Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer) help you make informed decisions?
(Question only asked of the PADD, info which will be passed into the system. Renumbering of questions and skips will have to occur to reflect that previous question was deleted)

- Yes
- No

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- Don't know/don't remember
- Refused to answer

25. Was payment for the funeral/memorial services made within 30 days of submitting the claim? (Question only asked of the PADD, info which will be passed into the system.)

- Yes
- No
- Refused to answer

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26. Did you attend the funeral service?

- Yes
- No (skip to 31)
- Refused to answer

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27. How satisfied or dissatisfied were you with the military funeral honors presented in honor of your loved one? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Refused to answer

28. (For those who answered dissatisfied or very dissatisfied) Without including any personally identifiable information (such as names), why were you dissatisfied?

29. Were you assisted in arranging travel to the funeral/memorial service?

- Yes
- No
- Refused to answer

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30. (if yes) Were your travel claims processed within 30 days from when you submitted all the appropriate documents?

- Yes
- No
- Refused to answer

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Benefits (Section only presented to those who are indicated in data to be receiving benefits)

31. The next few questions deal with monetary benefits. Did someone review your benefits with you and explain what you are/were entitled to?

- Yes
- No
- Don't remember/Unsure
- Refused to answer

32. Did you receive assistance in filing for your benefits?

- Yes
- No
- Refused to answer

33. Did you receive a print out from {service} outlining your benefits and entitlements? (Question only presented to appropriate spouses or guardians of minors, based on passed in information.)

- Yes
- No

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- Don't remember/Unsure
- Refused to answer

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34. Do you know how to access the Online Survivor's Benefit Report? (Question only presented to appropriate spouses or guardians of minors, based on passed in information.)

- Yes
- No
- Unsure
- Refused to answer

35. If not, do you have a Department of Defense Self-Service, or DS, Logon? (Question only presented to appropriate spouses or guardians of minors, based on passed in information.)

- Yes
- No
- Don't remember/Unsure
- Refused to answer

36. Did you receive any payouts from Servicemembers' Group Life Insurance (SGLI)? (Question only presented SGLI beneficiaries, based on passed in information.)

- Yes
- No (skip to 40)
- Don't remember (skip to 40)
- Refused to answer (skip to 40)

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37. Are you aware of the financial planning services offered by SGLI? (Question only presented SGLI beneficiaries, based on passed in information.)

- Yes
- No
- Refused to answer

38. (if yes to previous) Did you use the SGLI financial planning services? (Question only presented SGLI beneficiaries, based on passed in information.)

- Yes
- No
- Refused to answer

39. If no, why did you opt to not use this service? (Question only presented SGLI beneficiaries, based on passed in information.) Please do not provide any Personally Identifiable Information (PII).

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{deceased}'s Personal Effects (Only presented to those who are indicated in data to be PERE)

40. Were you provided an inventory list of {the deceased}'s personal effects?

- Yes
- No
- Refused to answer

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41. To your knowledge, was the inventory list accurate? (Question only presented to Person Entitled to Receive Effects, based on passed in information.)

- Yes
- No
- Don't know
- Refused to answer

42. Were all items on the list returned to you?

- Yes
- No
- Refused to answer

42a. IF NO Were you told why they were not returned?

- Yes
- No
- Refused to answer

42b. IF NO TO Q41 Did you make a claim for missing personal effects?

- Yes
- No
- Refused to answer

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42c. IF YES Were you provided assistance with your claim?

- Yes
- No
- Refused to answer

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Long Term Care

The Services provide long term care. (fill-in based on service: The Army's long term care is provided through their Survivors Outreach Services Program; The Air Force's program (which includes Space Force) is called Families Forever; The Marine Corps has a long term care assistance program that partners with the Tragedy Assistance Program for Survivors (a non-profit organization); The Navy has a long term assistance program.) These programs have resources that include Support Coordinators, Financial Counselors, and Benefits Counselors.

43. Have you received support offered by your Service's long term care program?

- Yes
- No (skip to 45)
- Don't remember/Unsure (skip to 45)
- Refused to answer (skip to 45)

44. How satisfied or dissatisfied were you with the long-term support you received? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very satisfied
- Somewhat satisfied

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- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very Dissatisfied
- Refused to answer

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A few last general questions

45. Were you provided “The Days Ahead Binder?”

- Yes
- No
- Don’t remember
- Refused to answer

46. (if yes) did you find it helpful?

- Yes
- No
- Have not had a chance to review it
- Refused to answer

47. (if yes to q46) What did you find helpful about it? Please do not provide any Personally Identifiable Information (PII).

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48. Is there anything you think should be changed? Please do not provide any Personally Identifiable Information (PII).

49. Is there anything you think should not be changed? Please do not provide any Personally Identifiable Information (PII).

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50. Were you made aware of free bereavement counseling services offered by the {service} and Military OneSource? (Question only asked of spouses and guardians of minors, based on passed in information.)

- Yes
- No
- Refused to answer

51. Were you made aware of free bereavement counseling services offered by the Department of Veterans Affairs?

- Yes
- No
- Refused to answer

52. Were you made aware of education benefits provided by the Department of Veterans Affairs and other non-government agencies?

- Yes
- No
- Unsure
- Refused to answer

53. Overall, how satisfied or dissatisfied were you with the assistance provided by the (service auto fill-in)? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very Dissatisfied

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- Refused to answer

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54. If you had to pick something for us to improve so we can better support the next family in need, what would it be? Please do not provide any Personally Identifiable Information (PII).

55. Is there anything we should NOT change when we support the next family in need? Please do not provide any Personally Identifiable Information (PII).

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56. Were you made aware that if you had a complaint concerning casualty assistance or receipt of benefits you could contact your Service's Gold Star Advocate?

- Yes
- No
- Refused to answer

57. (if yes to q56) How did you learn about it? (select as many answers that apply)

- (auto fill-in based on service: Casualty Assistance Officer or Casualty Assistance Calls Officer or Casualty Assistance Representative or Mortuary Officer)
- The Days Ahead Binder
- Military OneSource
- Other:

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That completes the formal interview...

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SECTION E

Are there any lingering issues with which I can assist you?

(fill in, warm-hand off and provide contact numbers as appropriate; annotate here)

Thank you very much for your time. Goodbye. Hang up

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