

AGENCY DISCLOSURE NOTICE

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BACKGROUND

1. What is your marital status?

- Married
- Separated
- Divorced
- Widowed

2. [Ask if Q1 = "Married" OR "Separated"] How many years have you been married to your current spouse?

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3. Which of the following best describes where you live?

- Military housing, on base
- Military housing, off base
- Civilian housing

4. [Ask if Q3 = "Military housing, off base" OR "Civilian housing"] How close do you live to a military base/installation?

- Less than 30 minutes
- 30 minutes to less than 1 hour
- 1 to 2 hours
- More than 2 hours

5. Are you Spanish/Hispanic/Latino?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

6. What is your race? Mark one or more races to indicate what you consider yourself to be.

- American Indian or Alaska Native
- Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
- Black or African American
- Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)
- White

7. **Are you currently serving in the military?**
- Yes, on active duty (but not a member of the National Guard/Reserve)
 - Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)
 - Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)
 - No
 - No, but former active duty and/or former member of the National Guard or Reserve

8. **What is the highest degree or level of school that you have completed?**
- 12 years or less of school (no diploma)
 - High school graduate—high school diploma or equivalent (e.g., GED)
 - Vocational or technical diploma
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Doctoral or professional school degree

Per Section 1072(2) of Title 10, U.S. Code, a dependent child is defined as unmarried and under the age of 21; or physically or mentally incapable of self-support (regardless of age); or enrolled in full-time course of study at an institution of higher learning; dependent on the member for over one-half of their support; and under the age of 23)

9. **Do you or your spouse have any dependent children living at home either part-time or full-time?**
- Yes
 - No

10. **[Ask if Q9= "Yes"] What is the number of children/dependents living with you?**
- | | |
|--|--|
| | |
|--|--|

11. **What, if any, special medical and/or educational needs to you or your family members have? *Mark one answer in each row.***

	None
Medical only	
Educational only	
Both medical and educational	
a. Self.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
b. [Ask if Q1 = "Married" OR "Separated"] Spouse.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
c. [Ask if Q9 = "Yes"] Child(ren).....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
d. Other.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

[Type here]

12. Is your family enrolled in the Exceptional Family Member Program (EFMP)?

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

13. Overall, how satisfied are you with the military way of life?

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

14. Within the past 12 months, has your spouse been on deployment for more than 30 consecutive days?

- Yes
- No

15. [Ask if Q14 = "Yes"] During your spouse's most recent deployment cycle, how satisfied were you with the... Mark one answer in each row.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. Pre-deployment support you received?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Support you received during the deployment?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Post-deployment support you received?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

16. In the past 12 months did you relocate due to military orders (e.g. PCS move), or move to be closer to family/friends?

- Yes
- No

FINANCIAL ISSUES

17. Compared to 12 months ago, is your financial situation better, worse, or has it stayed the same?

- Much better
- Somewhat better
- Stayed the same
- Somewhat worse
- Much worse

18. Taking things altogether, how satisfied are you with your financial situation right now?

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

19. [Ask if Q17 = "Somewhat worse" OR "Much worse"] Which of the following are reasons why your financial situation is worse than it was 12 months ago?

- Changed related to your employment (e.g., lost job, between jobs, could not find job)
- Change related to your spouse's employment
- Change in your family situation
- Change in education-related situation (e.g., paying for your, your spouse's, or your children's education)
- Change in health-related situation (e.g., no health care coverage, illness)
- Increased debt (e.g., unplanned expenses, student loan deferment ended)
- Financial management problems (e.g., used savings, no budget)
- Increase in family size (e.g. new baby at home, or taking care of another family member)
- Change in childcare situation
- Other

[Type here]

20. From which of the following resources have you received information, training, or counseling on any financial topic? Mark "Yes" or "No" for each item.

	Yes	No
a. Military financial training, class, or seminar (online or classroom).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military financial counseling (in-person, by telephone, or virtually).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. On-base financial institution (e.g., bank or credit union).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Online military resource(s) (e.g., Office of Financial Readiness, Sen\$e app, Military OneSource, Service or installation financial readiness program).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Professional/certified financial counselor, planner, or advisor outside of the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Other off-base, non-military providers (e.g. off-base financial institutions, state and federal government resources, community service providers).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Family/friends/peers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Online non-military resources (e.g., online search, blogs, articles).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

21. In the past 12 months, did any of the following happen to you (and/or your spouse)? Mark "Yes" or "No" for each item.

	Yes	No
a. Failed to make a monthly/minimum payment on your credit card, including the Military Star Card.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Failed to make a rent or mortgage payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Had one or more debts referred to a collection agency.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Had telephone, cable, or Internet shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Had water, heat, or electricity shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Failed to make a car payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Had a car repossessed.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Filed for personal bankruptcy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Had to pay overdraft fees to your bank or credit union two or more times.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Borrowed money from family and/or friends to pay bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Took money out of a retirement fund or investment to pay living expenses.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Had personal relationship problems with your partner due to finances.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Had your (or your spouse's) security clearance affected due to your financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Used a charitable organization's food pantry or food bank.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Had adverse personnel action due to financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Provided unplanned financial support to a family member who did not live with you.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CHILDCARE

22. [Ask if Q9 = "Yes"] Do you have child(ren) who routinely use child care arrangements so you and/or your spouse can work or attend school?

- Yes
- No

[Type here]

23. [Ask if Q9 = "Yes"] How satisfied are you with each of the following aspects of your child care? Mark one answer in each row.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. Availability of childcare.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Quality of childcare.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Affordability of childcare.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Location of childcare.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Operating hours of childcare.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

24. Taking things altogether, how satisfied are you with your childcare situation right now?

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

EMPLOYMENT

25. What is your current employment status?

- Not working, not looking for work
- Not working, looking for work
- Working part time (less than 35 hours per week)
- Working full-time (35 hours or more per week)

26. [Ask if Q25 = "Not working, looking for work"] What is the primary reason why you are still looking for work?

- I cannot find any work that matches my skills
- I lack the necessary schooling, training, or skills for the work that is available
- I lack the necessary work experience
- I cannot afford childcare
- I cannot find any work that provides a flexible work schedule
- I am overqualified for the work that is available
- The pay is not commensurate with my level of education and/or work experience
- I am unable to transfer my licensure, credentials, or other certificates to a new State or jurisdiction following a move

27. [Ask if Q25 = “Working part time (less than 35 hours per week)” OR “Working full-time (35 hours or more per week)”] **Taking things altogether, how satisfied are you with your employment situation right now?**

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

28. [Ask if Q25 = “Not working, not looking for work”] **Why have you not been looking for work in the last four weeks?**

- I cannot find any work that matches my skills
- I am preparing for/recovering from a PCS move
- I lack the necessary schooling, training, or skills
- I lack the necessary work experience
- Child care is too costly
- I do not have child care available to me
- I am not physically able to work due to illness or another physical or health concern
- I am pregnant and taking time off from work voluntarily
- I am pregnant and unable to find a job or employer that will make accommodations for me
- I am unable to work while my spouse is deployed
- There are no jobs in my career field where I currently live
- I am a caregiver to my spouse (e.g., wounded warrior)
- I am a caregiver to a family member other than my spouse
- I do not want or need to work

HELP-SEEKING

29. **How much do you agree or disagree with the following statements? Mark one answer in each row.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Very strongly agree
a. These days, I feel like I belong.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. These days, I feel that there are people I can turn to in times of need.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. These days, I think I make things worse for the people in my life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Type here]

30. [Ask if Q1 = "Married" OR "Separated"]
Taking things altogether, how satisfied are you with your marriage right now?

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

31. [Ask if Q1 = "Married" OR "Separated"] **How much do you agree or disagree with the following statements about your relationship with your spouse? Mark one answer in each row.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Very strongly agree
a. We have a good relationship.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. My relationship with my partner is very stable.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. My relationship with my partner is strong.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. My relationship with my partner makes me happy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I really feel like part of a team with my partner.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. I think my marriage might be in trouble.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. I or my spouse seriously suggested the idea of divorce within the past year..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. I discussed divorce or separation with a close friend.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. I thought of getting a divorce or separation crossed my mind in the past year.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. I talked about consulting an attorney about a divorce or separation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

32. What is your level of awareness of each of the following support services? *Mark one answer in each row.*

I have heard of this service, but I have not used because I am not in need of this support service	I have heard of this service and have used it in the past, but not within the past year	I have heard of this service and have used it within the past year	I have heard of this service, but I do not really know what it is	I have never heard of this service
a. Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Embedded Mental/Behavioral Health Provider (e.g. uniformed providers attached to a military unit).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Installation Community Counseling Center or Family Service Centers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Military and Family Life Counseling (MFLC) Program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Veterans Crisis Line/Military Crisis Line.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. National Suicide Prevention Lifeline.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Chaplain.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Family Support (e.g., Deployment/Family Readiness Coordination, Key Spouse).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Military treatment facility provider.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Civilian mental health provider.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

33. [Ask if Q32 a = "I have heard of this service and have used it within the past year"] You indicated that you used Military OneSource within the past year. Which of these would you consider to be the main issue or concern you addressed or sought help for?

- Coping with stress
- Identifying and using problem-solving skills
- Dealing with family separations
- Deployment and reunion
- Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Dealing with family/interpersonal conflicts
- Something else

[Type here]

34. [Ask if Q32 b = “I have heard of this service and have used it within the past year”] You indicated that you used Embedded Mental/Behavioral Health Provider (e.g. uniformed providers attached to a military unit) within the past year. Which of these would you consider to be the main issue or concern you addressed or sought help for?

- Coping with stress
- Identifying and using problem-solving skills
- Dealing with family separations
- Deployment and reunion
- Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Dealing with family/interpersonal conflicts
- Something else

35. [Ask if Q32 c = “I have heard of this service and have used it within the past year”] You indicated that you used Installation Community Counseling Center or Family Service Centers within the past year. Which of these would you consider to be the main issue or concern you addressed or sought help for?

- Coping with stress
- Identifying and using problem-solving skills
- Dealing with family separations
- Deployment and reunion
- Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Dealing with family/interpersonal conflicts
- Something else

36. [Ask if Q32 d = "I have heard of this service and have used it within the past year"] You indicated that you used **Military and Family Life Counseling (MFLC) Program** within the past year. Which of these would you consider to be the main issue or concern you addressed or sought help for?

- Coping with stress
- Identifying and using problem-solving skills
- Dealing with family separations
- Deployment and reunion
- Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Dealing with family/interpersonal conflicts
- Something else

37. [Ask if Q32 e = "I have heard of this service and have used it within the past year"] You indicated that you used **Veterans Crisis Line/Military Crisis Line** within the past year. Which of these would you consider to be the main issue or concern you addressed or sought help for?

- Coping with stress
- Identifying and using problem-solving skills
- Dealing with family separations
- Deployment and reunion
- Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Dealing with family/interpersonal conflicts
- Something else

[Type here]

38. [Ask if Q32 f = “I have heard of this service and have used it within the past year”] You indicated that you used National Suicide Prevention Lifeline within the past year. Which of these would you consider to be the main issue or concern you addressed or sought help for?

- Coping with stress
- Identifying and using problem-solving skills
- Dealing with family separations
- Deployment and reunion
- Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Dealing with family/interpersonal conflicts
- Something else

39. [Ask if Q32 g = “I have heard of this service and have used it within the past year”] You indicated that you used Chaplain within the past year. Which of these would you consider to be the main issue or concern you addressed or sought help for?

- Coping with stress
- Identifying and using problem-solving skills
- Dealing with family separations
- Deployment and reunion
- Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Dealing with family/interpersonal conflicts
- Something else

40. [Ask if Q32 h = “I have heard of this service and have used it within the past year”] You indicated that you used Family Support (e.g., Deployment/Family Readiness Coordination, Key Spouse) within the past year. Which of these would you consider to be the main issue or concern you addressed or sought help for?

- Coping with stress
- Identifying and using problem-solving skills
- Dealing with family separations
- Deployment and reunion
- Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Dealing with family/interpersonal conflicts
- Something else

41. [Ask if Q32 i = “I have heard of this service and have used it within the past year”] You indicated that you used Military treatment facility provider within the past year. Which of these would you consider to be the main issue or concern you addressed or sought help for?

- Coping with stress
- Identifying and using problem-solving skills
- Dealing with family separations
- Deployment and reunion
- Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
- Dealing with family/interpersonal conflicts
- Something else

[Type here]

42. [Ask if Q32 j = “I have heard of this service and have used it within the past year”] You indicated that you used **Civilian mental health provider within the past year**. Which of these would you consider to be the main issue or concern you addressed or sought help for?
- Coping with stress
 - Identifying and using problem-solving skills
 - Dealing with family separations
 - Deployment and reunion
 - Mental health concerns for self (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
 - Mental health concerns for family member (e.g., PTSD, depression, anxiety, alcohol or substance use, suicidal thoughts)
 - Dealing with family/interpersonal conflicts
 - Something else
43. [Ask if Q32 a = “I have heard of this service and have used it within the past year”] You indicated that you used **Military OneSource within the past year**. How helpful was this resource in addressing your needs?
- Extremely helpful
 - Very helpful
 - Somewhat helpful
 - Slightly helpful
 - Not at all helpful
44. [Ask if Q32 b = “I have heard of this service and have used it within the past year”] You indicated that you used **Embedded Mental/Behavioral Health Provider (e.g. uniformed providers attached to a military unit) within the past year**. How helpful was this resource in addressing your needs?
- Extremely helpful
 - Very helpful
 - Somewhat helpful
 - Slightly helpful
 - Not at all helpful
45. [Ask if Q32 c = “I have heard of this service and have used it within the past year”] You indicated that you used **Installation Community Counseling Center or Family Service Centers within the past year**. How helpful was this resource in addressing your needs?
- Extremely helpful
 - Very helpful
 - Somewhat helpful
 - Slightly helpful
 - Not at all helpful

46. [Ask if Q32 d = “I have heard of this service and have used it within the past year”] You indicated that you used **Military and Family Life Counseling (MFLC) Program** within the past year. How helpful was this resource in addressing your needs?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

47. [Ask if Q32 e = “I have heard of this service and have used it within the past year”] You indicated that you used **Veterans Crisis Line/Military Crisis Line** within the past year. How helpful was this resource in addressing your needs?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

48. [Ask if Q32 f = “I have heard of this service and have used it within the past year”] You indicated that you used **National Suicide Prevention Lifeline** within the past year. How helpful was this resource in addressing your needs?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

49. [Ask if Q32 g = “I have heard of this service and have used it within the past year”] You indicated that you used **Chaplain** within the past year. How helpful was this resource in addressing your needs?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

[Type here]

50. [Ask if Q32 h = “I have heard of this service and have used it within the past year”] You indicated that you used **Family Support (e.g., Deployment/Family Readiness Coordination, Key Spouse)** within the past year. How helpful was this resource in addressing your needs?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

51. [Ask if Q32 i = “I have heard of this service and have used it within the past year”] You indicated that you used **Military treatment facility provider** within the past year. How helpful was this resource in addressing your needs?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

52. [Ask if Q32 j = “I have heard of this service and have used it within the past year”] You indicated that you used **Civilian mental health provider** within the past year. How helpful was this resource in addressing your needs?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

53. Suppose you found yourself in a situation where you thought you needed help with personal problems, how likely or unlikely is it that you would use each of the following? Mark one answer in each row.

	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
a. Veterans Crisis Line (VCL)/Military Crisis Line (MCL).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. National Suicide Prevention Lifeline.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Embedded Mental/Behavioral Health Provider (e.g. uniformed providers attached to a military unit).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Installation Community Counseling Center or Family Service Centers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Military and Family Life Counseling (MFLC) Program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Chaplain.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Family Support (e.g., Deployment/Family Readiness Coordination, Key Spouse).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Your spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Military treatment facility provider.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Civilian mental health provider.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Another military spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Non-military family/friends.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Type here]

54. Please indicate whether, in the past year, any of the following concerns prevented you from seeking, or made it hard for you to access, support for personal problems (e.g. relationship, financial, mental health, or other stresses). *Mark all that apply.*

- I feared a negative impact on my career
- I feared a negative impact on my spouse's career
- I feared loss of privacy/confidentiality
- I was worried about being perceived as broken by others
- I was worried about being stigmatized for seeking help within the military community
- I was not sure my situation can be helped with the resources available
- My spouse/partner refused or was unwilling to seek help
- I didn't know who to turn to
- I wasn't sure what resources exist
- I did not think it would help
- I did not know where to get help
- It was too difficult to schedule an appointment
- It was too difficult to get time off work
- It was too difficult to get childcare
- It was too difficult to reach the location where the services are offered
- Not applicable. I did not have concerns that prevented me from seeking help

SUICIDE ATTITUDES AND BELIEFS

55. How much do you agree with each of the following statements? *Mark one answer in each row.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Firearms should be stored in a firearm safe.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Firearms should be stored locked and unloaded with ammunition stored separately when they are not in use.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Having a firearm in the house makes it a safer place to be.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Service members and their families who live on a military installation should be required to register their firearms.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. If somebody wants to die by suicide and you prevent them from using a firearm they will simply find another way to die	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Having a firearm in the home increases the risk of suicide.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Suicide risk is related to how a firearm is stored.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

56. In general, the hazards in my living space that may be deliberately or accidentally used to harm others or myself, such as poisons, medications, and firearms, are safely stored (for example, locked in a cabinet, unloaded).

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

[Type here]

57. Suppose you felt trapped or stuck in a stressful situation. How likely or unlikely is it that you would use each of the following ways to deal with or cope with the situation? Mark one answer in each row.

	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
a. Ignore the situation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Avoid the situation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Deal with the situation on your own to try and fix it.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Ask someone to help you try and fix the situation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Seek out self-help resources via the Internet or books.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Use alcohol or another harmful substance to cope with the situation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Seek help from a support service (e.g. Military OneSource).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Seek help from a family member or friend.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

58. Have you ever received training on suicide prevention (i.e., identifying warning signs, what support services to turn to for help, or how to intervene more effectively, etc.)? Mark one.

- No
- Yes, I have received suicide prevention training, but not within the past two years
- Yes, I have received suicide prevention training within the last two years, but the none of the training I received was offered through the military community (for example, you had training through your employer, school, church, or another non-military resource)
- Yes, I have received suicide prevention training within the last two years, and it included (but may not have been limited to) training offered through the military community (for example, you might have received training from a family readiness program, military community counseling center, or other military program)

59. [Ask if 58 = “Yes, I have received suicide prevention training, but not in the last year” OR “Yes, I have received suicide prevention training within the last two years, but the none of the training I received was offered through the military community” OR “Yes, I have received suicide prevention training within the last two years, and it included (but may not have been limited to) training offered through the military community”]

How helpful was the training you received on suicide prevention?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

[Type here]

60. Please indicate how much you agree with the following statements: *Mark one answer in each row.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Very strongly agree
a. I am familiar with local emergency/crisis resources available for people who might be at an increased risk for suicide or self-harm (for example: local crisis line, psychiatric emergency response team contact information, or location of local emergency departments).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I am familiar with national/international emergency/crisis resources available for people who might be at an increased risk for suicide or self-harm (for example: Military/Veterans Crisis line, National Suicide Prevention Lifeline, OCONUS/overseas crisis lines).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I am confident that I can identify when someone is at an increased risk for suicide or self-harm.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. I am confident that I can help identify, and steer someone who might be at an increased risk for suicide or self-harm toward appropriate helping resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I feel comfortable utilizing the helping resources available to me and my family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

POSTVENTION SUPPORT

61. In your lifetime, have you known someone (family member, friend, coworker) who died by suicide?

- Yes
- No

62. [Ask if Q61 = "Yes"] What was your relationship with the person(s) who died? Mark all that apply.

- Parent
- Child
- Sibling
- Spouse/Partner
- Other relative/family
- Friend
- Coworker
- Classmate
- Other

[Ask if Q62 = "Other"] Please specify the other type of relationship with the person(s) who died.

63. [Ask if Q61 = "Yes"] Did this person's death by suicide occur within the past year?

- Yes
- No

64. [Ask if Q61 = "Yes"] Did you receive support or counseling to help you with this loss?

- No
- Yes, from someone outside the military community
- Yes, from someone within the military community (for example, a Chaplain, Casualty Assistance Officer, Unit Commander or Leader, military mental health provider, Military and Family Life Counseling (MFLC), or other counselor)

65. [Ask if Q64 = "Yes, from someone outside the military community"] How helpful was the support or counseling you received?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

66. In the past 12 months, did any of your children know someone who died by suicide?

- Yes
- No
- Don't know

[Type here]

67. [Ask if Q66= "Yes"] **How helpful was the support or counseling your child received?**

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

68. **Have you ever wished you were dead or wished you could go to sleep and never wake up?**

- Yes, within the last year
- Yes, not within the last year
- No

69. **Have you actually had any thoughts of killing yourself?**

- Yes, within the last year
- Yes, not within the last year
- No

70. [Ask if Q69= "Yes"] **Have you thought about how you might do this?**

- Yes, within the last year
- Yes, not within the last year
- No

71. [Ask if Q69= "Yes"] **Have you had any intention of acting these thoughts of killing yourself, as opposed to you have the thoughts, but you definitely would not act on them?**

- Yes, within the last year
- Yes, not within the last year
- No

72. [Ask if Q69= "Yes"] **Have you started to work out, or actually worked out, the specific details of how to kill yourself, and did you actually intend to carry out the details of this plan?**

- Yes, within the last year
- Yes, not within the last year
- No

73. **Have you ever done anything, started to do anything, or prepared to do anything to end your life?**

- Yes, within the last year
- Yes, not within the last year
- No

74. [Ask if Q9= "Yes"] **Have any of your children under age 18 living at home expressed any thoughts of killing themselves, wanting to die, or wanting to go to sleep and never wake up?**

- Yes, within the last year
- Yes, not within the last year
- No

75. [Ask if Q9= "Yes"] **Have any of your children under age 18 living at home attempted suicide?**

- Yes, within the last year
- Yes, not within the last year
- No
- Not sure

76. **Have you ever intentionally hurt yourself (e.g., cut or hit yourself) to relieve stress, feel better, or get something else to happen without any intention of killing yourself?**

- Yes, within the last year
- Yes, not within the last year
- No
- Not sure

77. [Ask if Q9= "Yes"] **Have any of your children ever intentionally hurt themselves to relieve stress, feel better, or get something else to happen without any intention of killing themselves?**

- Yes, within the last year
- Yes, not within the last year
- No
- Not sure