

## Sexual Violence Survivor Experience Study (SVSES) Follow-up Questionnaire

**GREEN** highlighting: “Base Items” asked on every followup survey

*OMB Review Draft as of August 3, 2022*

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**SVSES Follow-up surveys will occur every 90 days, after the initial survey is completed, and are designed to require about 10 minutes to complete.** The base items for the follow-up survey (i.e., questions on every survey) are highlighted in green and include the following sections:

- Demographics (2 questions)
- Status changes (1 question)
- Experiences with the military justice process and sexual assault response systems (2 questions)
- Health and Well-being (5 items)
- Career outcomes (3 items)
- Journal (1 item)

The SVSES follow-up surveys also include respondent-specific items. Respondent-specific items are determined based on responses to the initial or previous surveys and responses to the follow-up survey. For example, for each follow-up survey, individuals who previously indicated they have never reported a sexual assault will see the base questions and additional questions regarding their current reporting status.

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

### **AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-SVSS, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## BACKGROUND INFORMATION

Thank you for agreeing to participate in this important study.

Please answer each question thoughtfully and truthfully. This will allow us to provide a clearer picture of the different experiences that military members have. **If you prefer not to answer a specific question for any reason, just leave it blank.**

Some of the questions in this survey will be personal. For your privacy, you may want to take this survey where other people won't see your screen.

You may also want to have a pen and paper available as you complete the survey. At the end of the survey you will be given a chance to expand upon your responses or share more about your experiences.

### 1. Are you currently serving in the military?

- Yes
- No, I'm retired or separated (NOT a member of the Active, Reserve, or National Guard)

### 2. What is your current relationship status? Mark one.

- Married
- Living with a romantic partner (for example, a boyfriend or girlfriend)
- In a committed romantic relationship, but not living together
- Divorced and not currently in a relationship
- Widowed and not currently in a relationship
- Never married and not currently in a relationship
- Other or prefer not to say

### 3. [Ask if Q1 = 2] Suppose that you have to decide whether to stay in the military. Assuming you could stay, how likely is it you would choose to do so?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

## EXPERIENCES SINCE JOINING THE MILITARY

DoD provides two types of sexual assault reports.

- **Restricted** reports allow people to get information, collect evidence, and receive medical treatment and counseling *without starting an official criminal investigation of the sexual assault allegations.*
- **Unrestricted** reports *start an official criminal investigation* of sexual assault allegations in addition to providing people with the services available in restricted reporting.

### ##. Have you reported your most recent or a new unwanted experience to military authorities? This could have been either a restricted or unrestricted report. Mark one.

- I have not had another unwanted experience
- Yes, an unrestricted report
- Yes, a restricted report that **remained restricted**
- Yes, a restricted report that **I chose to convert to an unrestricted report**
- Yes, a restricted report that I did not convert to an unrestricted report, **but a military criminal investigation occurred anyway**
- No, I did not report **BUT a military criminal investigation occurred anyway** (for example, because someone else reported it or my sexual harassment complaint was converted to a sexual assault)
- No, I did not report **and there was no military criminal investigation**
- I'm **unsure** what kind of report I made, **but there was a military criminal investigation**

### ##. [If RESFLAG = "True"] You previously indicated that you made a restricted report, has your reporting status changed? Mark one.

- Yes, I chose to convert to an unrestricted report
- No, my restricted report has remained restricted **AND there has been no military criminal investigation.**
- No, I did not convert to an unrestricted report, **BUT a military criminal investigation occurred anyway**

**CHARACTERISTICS OF THE EXPERIENCE**

The following questions ask for additional information about your **most recent** [sexual assault incident that you reported to military authorities] [sexual assault incident that was **investigated by a military criminal investigative organization**]. Please focus on the one **most recent** [sexual assault that you reported] [sexual assault investigation].

4. [Ask if RPTFLAG= "True" OR RESFLAG= "True"] What was the date of your **[most recent] report** to military authorities? *If you do not remember the exact date, please provide your best estimate.*

Month  
  
 Year

The Catch a Serial Offender (CATCH) Program gives people making a sexual assault report (where the name of the suspect is not known by law enforcement) an opportunity to anonymously submit suspect information to help DoD identify alleged serial offenders. Service members who experience sexual assault can make a CATCH entry by contacting their Sexual Assault Response Coordinator (SARC) or Victim Advocate (VA).

5. [Ask if RESFLAG= "True" OR NRPTFLAG= "True" ]Have you submitted the name of the offender(s), or any other identifying information about the offender(s), to the CATCH Program?

- Yes
- No
- I do not know
- Not applicable/not eligible, the suspect was already identified to military authorities

6. [Ask if Q10= 'No'] Please share your reasons for not using the CATCH program? *Please do not include any personally identifiable information.*

7. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] Which of the following experiences happened during the [most recent] event [that you reported] [that was investigated]? *Mark "Yes" or "No" for each item.*

	Yes	No
a. <b>Sexually touched you</b> (for example, intentional touching of genitalia, breasts, or buttocks) <b>or made you sexually touch them</b> .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. <b>Attempted</b> to make you have sexual intercourse, but was not successful.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. <b>Made you</b> have sexual intercourse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. <b>Attempted</b> to make you perform or receive oral sex, anal sex, or penetration by a finger or object, but was not successful.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. <b>Made you</b> perform or receive oral sex, anal sex, or penetration by a finger or object.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Some other <b>unwanted contact</b> .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

8. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] How many people did this to you?

- One person
- More than one person
- Not sure

9. [Ask if RPTFLAG = "True" OR INVFLAG= "True"] Was/Were the person(s) who did this to you...

- All men?
- All women?
- Another gender identity (for example, trans, gender queer, or nonbinary)
- A mix of genders (men, women, and/or another gender identity)?
- Not sure

10. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] Was/Were any of the person(s) who did this to you a military member?

- Yes, they all were
- Yes, some were, but not all
- No, none were military
- Not sure

11. [Ask if RPTFLAG = "True" OR INVFLAG= "True"] At the time of the sexual assault, was/were the person(s) who did this to you... *Mark all that apply.*

- Military member of the same rank as you in your unit?
- Military member of the same rank as you **NOT** in your unit?
- Your immediate military supervisor?
- Someone else in your chain of command (excluding your immediate military supervisor)?
- Some other higher ranking military member in your unit?
- Some other higher ranking military member **NOT** in your unit?
- A lower ranking military member in your unit?
- A lower ranking military member **NOT** in your unit?
- DoD/Government civilian(s) working for the military?
- Contractor(s) working for the military?
- None of the above
- Not sure

12. [Ask if RPTFLAG= "True" OR INVFLAG = "True"] At the time of the sexual assault, was/were the person(s) who did this to you... *Mark all that apply.*

- Your current spouse?
- Your former spouse?
- Someone you have a child with?
- A romantic partner **you were living with** (for example, a boyfriend or girlfriend)?
- Someone you were in a committed romantic relationship with, **but not living together**
- A person you were casually intimate with, but not in an exclusive relationship with?
- A friend or acquaintance?
- A family member or relative?
- A stranger?
- Someone from your military workplace?
- Someone you met on a dating application or website?
- None of the above
- Not sure

13. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] Did your **most recent sexual assault investigation occur while...** ? *Mark one*

	Yes	No
a.....Assigned to your current duty location/installation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.....Assigned to a prior duty location/installation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.....Assigned to your current u	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.....Assigned to a previous u	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**EXPERIENCE WITH THE MILITARY JUSTICE PROCESS**

For the following questions, please continue to focus on your **most recent** [sexual assault that you reported to military authorities] [sexual assault incident that was investigated by a military criminal investigative organization].

14. [Ask if [Q#=3] OR [Q# = 3]] You indicated that you converted your report from restricted to unrestricted. What led you to convert your initial report? *Please do not include any personally identifiable information.*

##. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] What is the current status of your case? *Mark one*

- An investigation by military and/or civilian law enforcement is currently underway.
- The military criminal investigation is complete and the case is now with a senior military officer to decide how to proceed.
- Court martial proceedings for the subject(s) involved in the sexual assault were initiated or are currently underway.
- Non-judicial punishment proceedings for the subject(s) involved in the sexual assault were initiated or are currently underway.
- The military criminal investigation is complete, but I don't know what's next.
- The military criminal investigation is complete and the case is closed.
- I do not know the status of my case.
- None of the above.

15. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q## = 1, 2, 7, OR 8]] Do you plan to, or are you currently, participating in the **military** criminal investigation? *For example, being interviewed by law enforcement or providing a statement.*

- Yes, I plan to participate
- Yes, I am currently participating in the process
- No
- Not sure

Does not apply (for example, the case only involves civilian law enforcement)

16. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q## = 3, 4, 5 OR 6]] Did you choose to...?

Does not apply (for example, the case only involved civilian authorities)		
	Yes	No
a.....Participate in the military criminal investigation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.....Participate in the military justice proceedings (for example, testifying at a hearing)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

17. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q## = 3 OR Q##A=1 OR Q##B=1]] What are/were your reasons for declining to participate in the military criminal investigation and/or the military justice proceedings? *Mark all that apply.*

- The investigation was/would have been too emotionally difficult.
- The investigation took too much time.
- I did not want to appear in court (for example, being in the courtroom or testifying).
- The court process took too much time.
- I was not given the choice to file a restricted report (for example, someone else reported the assault).
- Other reason

[Ask if [RPTFLAG= "True" OR INVFLAG = "True"] AND [Q## = 7]] Please provide your other reason(s) for not participating in the investigation and/or military justice proceedings. *Please do not include any personally identifiable information.*

18. [Ask if [RPTFLAG= "True" OR INVFLAG = "True"] AND [Q## = 3, 4, OR 6]] Were the charges that were preferred against the offender(s) consistent with your expectations?

- Yes, they were what I expected
- No, they were less severe than I expected
- No, they were more severe than I expected
- Not sure, I did not know what to expect

19. [Ask if [RPTFLAG= "True" OR INVFLAG = "True"] AND [Q## = 3, 4, OR 6]] How satisfied or dissatisfied are you with the charges that were preferred against the offender(s)?

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

20. [Ask if RPTFLAG= "True" OR INVFLAG= "True"] How satisfied or dissatisfied are you with the following aspects of the reporting and military justice process?

Does Not Apply

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
a. Your access to a SARC or SAPR VA as your point of contact for coordinating your care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Your ability to have immediate and comprehensive medical and/or psychological treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Your ability to request a temporary or permanent expedited transfer.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
d. Your access to legal representation (SVC/MLC/VC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. The expedited transfer process itself	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Your notification regarding your rights	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Your ability to request a military protective order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Your ability to request a civilian restraining order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Your protection from retaliation and/or reprisal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Your updates on the progress of the investigation to include notification about hearings or court proceedings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

21. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [CLSDFLAG= "True"]] When was your sexual assault case closed (the investigation, and all legal actions involving the offender(s), was completed)? If you do not remember the exact date, please provide your best estimate.

Month

Year

22. [Ask if RPTFLAG= "True" OR INVFLAG= "True"] Were you informed about the following rights? Mark one

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I do not recall		
No, I was not told of my rights		
Yes, I was informed but my wishes were not followed		
Yes, I was informed and my wishes were followed		
a.....Your right to express a preference for military or civilian prosecution?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.....Your right to provide input on referral of charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.....Your right to provide input on pre-trial agreements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.....Your right to provide input on alternate dispositions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

30. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [CLSDFLAG= "True"]] To your knowledge, what official actions were taken against the offender(s) as a result of the legal proceedings? *Mark all that apply.*

- There were no actions taken against the offender(s)
- An administrative action (for example, a Letter of Reprimand or Letter of Counseling)
- Non-judicial punishment (for example, loss of pay, rank, or privileges)
- Administrative separation
- Discharge or resignation **in lieu of court-martial**
- Court-martial conviction for sexual assault offense
- Court-martial conviction for some other offense (not sexual assault)
- Court-martial acquittal for all offenses
- I don't know what official action was taken against the offender(s)
- Some other action

31. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [CLSDFLAG= "True"] AND [Q## DOES NOT EQUAL 9]] How satisfied or dissatisfied were you with the official action(s) taken against the offender?

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

32. [Ask if RPTFLAG = "True" OR INVFLAG = "True"] What outcome(s) are/were you **hoping** to see as a result of the military justice process? *Please do not include any personally identifiable information.*

33. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"]] Are/Were you the subject of an investigation **for something you allegedly did** at the time of the sexual assault incident (for example, drinking underage, adultery, or fraternization)?

- Yes, I was the subject of an investigation that was completed
- Yes, I'm the subject of an ongoing investigation
- No

34. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q## = 1 OR 2 ]] What was/were the allegation(s) made in the investigation? *Mark all that apply.*

- Underage drinking
- Adultery
- Fraternization
- Curfew violation
- Other

[Ask if Q34 = 5] You selected "Other". Please tell us about the allegation. *Please do not include any personally identifiable information.*

35. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"] AND [Q## = 1]] Did you receive any of the following types of **non-judicial punishment** (Captain's Mast, Office Hours, or Article 15) for something you allegedly did **at the time of the sexual assault incident**? *Mark all that apply*

- Reprimand (for example, a Letter of Reprimand)
- Reduction in rank
- Loss of pay
- Confinement
- Restriction
- Extra Duty
- No, I did not receive non-judicial punishment

36. [Ask if [RPTFLAG = "True" OR INVFLAG = "True"]] Since your most recent [reporting experience] [investigation experience], to what extent did you experience any...? *Mark one answer for each item.*

	Not at all	Very small extent	Small extent	Moderate extent	Large extent	Very large extent
a.....Retaliation by a person in a position of leadership or authority over you (for example, loss of privileges, denied promotion/training, transferred to less favorable job).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
b.....Social retaliation (for example, being ignored by coworkers or being blamed for the situation in an effort to deter you or intimidate you from participating in the military justice process).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

37. [Ask if Q36A OR Q36B DOES NOT EQUAL 1] Please describe the retaliation you experienced. *Please do not include any personally identifiable information.*

### EXPERIENCE WITH THE SEXUAL ASSAULT RESPONSE SYSTEM

38. [In the past three months have] [Have] you used or interacted with the following resources **regarding the unwanted sexual contact or sexual assault you experienced**? *Mark one answer for each item.*

	I did not have access to this resource					
	No, not at all		Yes, daily		Yes, weekly	
			Yes, a couple times		Yes, once	
a. Your unit's commanding officer/director.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Your senior enlisted advisor (for example, First or Master Sergeant, Sergeant Major, Command Master/Senior Chief).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Your immediate military supervisor.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. A Sexual Assault Response Coordinator (SARC).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. A Uniformed Victim Advocate (UVA) or Victim Advocate (VA).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. DoD Safe Helpline (877-995-5247).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. A medical provider from a <b>military medical treatment facility</b> .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. A medical provider from a <b>civilian treatment facility</b> .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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	I did not have access to this resource					
	No, not at all					
	Yes, daily					
	Yes, weekly					
	Yes, a couple times					
	Yes, once					
i.	A behavioral health provider (for example, a therapist or social worker)					
j.	Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or Victims' Counsel (VC)					
k.	A chaplain					
l.	[Ask if RPTFLAG = "True" or INVFLAG = "True"] Military law enforcement personnel					
m.	Family Advocacy Program (FAP) counselor					

39. [Ask if Q38a-m DOES NOT EQUAL 1 OR 60] How satisfied or dissatisfied are you with the following resources you interacted with? Mark one answer for each item.

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied or dissatisfied				
	Satisfied				
	Very satisfied				
d.	A Sexual Assault Response Coordinator (SARC).....				
e.	A Uniformed Victim Advocate (UVA) or Victim Advocate (VA).....				
f.	DoD Safe Helpline (877-995-5247).....				
g.	A medical provider from a <b>military medical treatment facility</b> .....				
h.	A medical provider from a <b>civilian treatment facility</b> .....				
i.	A behavioral health provider (for example, a therapist or social worker)				
j.	Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or Victims' Counsel (VC).....				
k.	A chaplain.....				
l.	Military law enforcement personnel.....				
m.	Family Advocacy Program (FAP) counselor				

HEALTH AND WELLBEING

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied or dissatisfied				
	Satisfied				
	Very satisfied				
a.	Your unit's commanding officer/director.....				
b.	Your senior enlisted advisor (for example, First or Master Sergeant, Sergeant Major, Command Master/Senior Chief).....				
c.	Your immediate military supervisor.....				

40. In general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

41. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Days

42. Thinking about your psychological health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your psychological health not good?

Days

43. During the past 30 days, for about how many days did poor physical or psychological health keep you from doing your usual activities, such as self-care, work, or recreation?

Days

If you need immediate help, contact one of the 24-hour crisis hotlines listed below:

Veterans Crisis/Military Crisis Line: 1-800-273-8255 (press 1)  
 Suicide and Crisis Lifeline: Dial or SMS 988

44. [Ask if Q1 = 2] Please indicate how much you agree or disagree with the following statements about military personnel in your current unit. Mark one answer for each item.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. My unit is like family to me.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. People in my unit are trustworthy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. My fellow unit members appreciate my efforts.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. I feel valued by my fellow unit members.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Members of my unit are interested in my well-being.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. My fellow unit members are interested in what I think and how I feel about things.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**ADDITIONAL BACKGROUND INFORMATION**

45. In the past three months, have you experienced any of the following... Select all that apply.

	Yes	No
a. A new incident of unwanted sexual contact or sexual assault?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Promotion to a higher rank or paygrade?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Reduction in rank or paygrade?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Relocation to a new base or installation (a Permanent Change of Station [PCS])?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Transfer to a new unit?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

46. [Ask if Q1 = 2] Are you in the process of being separated or retiring from the military?

- Yes, my contract ended and I will not re-enlist
- Yes, I am in the process of an administrative separation

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- Yes, I am in the process of a medical separation
- Yes, I am in the process of retiring
- No

47. **[Ask if [Q1 = 2] AND [Q46 = 2 OR 3]] Are you being separated from the military against your will?**

- Yes
- No

48. **In the space below you are invited to share more about your experiences and encounters with the response system and military justice process, including any comments or concerns that you were not able to express elsewhere in the survey. Please do not enter personally identifiable information.**

**To reach the DoD Safe Helpline 24/7 for secure, confidential, and anonymous crisis support service, Call a hotline number:**

Toll-Free: 1-877-995-5247

DSN: 877-995-5247

Other: 202-540-5962

**Worldwide:** <https://www.safehelpline.org/>

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DRAFT ONLY