

## BACKGROUND INFORMATION

Spouse sex and age imputed from administrative record.

## 1. What is your marital status?

- Married
- Separated
- Divorced
- Widowed

## 2. Is your spouse currently serving as a member of the National Guard/Reserve?

- Yes
- No

## 3. Has your spouse previously served in a regular active duty Service (e.g., Army, Navy, Marine Corps, Air Force, Coast Guard) for 2 years or more?

- Yes
- No

[Ask if administrative data is not available in sample frame] How many years has your spouse spent in military service? *Do not count partial years. To indicate less than one year, enter "0".*

- a. National Guard/Reserve Service  Years
- b. Active Duty Service [Ask if (Q3 = "Yes")]  Years

4. How many years have you been a military spouse? *Do not count partial years. To indicate less than one year, enter "0".*
 Years
5. How close do you live to a military base/installation? *Mark one.*

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

6. What is the highest degree or level of school that you have completed? *Mark the one answer that describes the highest grade or degree that you have completed.*

- 12 years or less of school (no diploma)
- High school graduate—high school diploma or equivalent (e.g., GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate's degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's, doctoral, or professional school degree (e.g., MA, MS, MEd, MEng, MBA, MSW, PhD, MD, JD, DVM, EdD)

## 7. Are you Spanish/Hispanic/Latino?

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

8. 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

In this survey, the definition of “child, children, or other legal dependents” includes anyone in your family, except your spouse, who has, or is eligible to have, a Uniformed Services Identification and Privilege Card (also called a military ID card) or is eligible for military health care benefits, and is enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

9. Do you or your spouse have a child, children, or other legal dependents based on the definition above?

- Yes
- No

10. [Ask if Q12 = "Yes"] How many children or other dependents do you or your spouse have in each age group? To indicate none, enter “0”. To indicate nine or more, enter “9”.

	0	1	2	3	4	5	6	7	8	9
a. Less than 1 year old.....	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b. 1 year to under 2 years old.....	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. 2–5 years old.....	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d. 6–13 years old.....	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e. 14–17 years old.....	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f. 18–22 years old.....	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g. 23–64 years old.....	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h. 65 years old or older.....	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**YOUR SPOUSE'S ACTIVATIONS/ DEPLOYMENTS**

In this survey, the definition of “National Guard/Reserve duties” includes Inactive Duty Training (IDT drills), activations, and deployments.

11. In the **past 12 months**, how many **nights** has your spouse been away from home because of National Guard/Reserve duties? Add up **all nights away from home**. To indicate none, enter “0”.

 Nights

12. Has your spouse been activated (i.e., called to active duty) in the **past 24 months**? This includes activations that started more than 24 months ago and continued into the past 24 months.

- Yes, my spouse is currently activated
- Yes, my spouse has been activated in the past 24 months but is not currently activated
- No

13. [Ask if Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated"] Did any of your spouse's activations in the **past 24 months** result in deployment?

- Yes, my spouse is currently deployed
- Yes, my spouse has been deployed in the past 24 months but is not currently deployed
- No

14. How many times has your spouse been deployed for **more than 30 consecutive days** during your marriage? If your spouse has not been deployed for more than 30 consecutive days during your marriage, enter “0”.

 Times

15. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **In the past 24 months, how many times has your spouse been away from home for more than 30 consecutive days because of a deployment?**

Times

16. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **Were you employed at any point during your spouse's most recent activation/deployment?**

- Yes
- No

17. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed") AND Q16 = "Yes"] **Because of your spouse's most recent activation/deployment, did you have to... Mark "Yes" or "No" for each item.**

	Yes	No
a. Take time off work?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Reduce the number of hours you worked?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Leave your job?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

18. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **During your spouse's most recent activation/deployment, did you lose money or have any additional expenses because of the following? Mark one answer for each item.**

	Yes	No	Not applicable
a. Loss of my job.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Loss of my spouse's health insurance/dental coverage.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Increased phone/cell/internet usage bills due to communicating more with family/friends and/or deployed spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. New or increased need for child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Home/car repairs/maintenance or yard work.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Increased medical expenses.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed") AND Q18 g = "Yes"] **Please specify the other reason(s) that you have lost money or had additional expenses during your spouse's most recent activation/deployment. Do not include any personally identifiable information (PII) in your comments.**

19. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **Was your spouse's most recent deployment to a combat zone?**

- Yes, deployed to Iraq and/or Afghanistan
- Yes, deployed to a combat zone other than Iraq or Afghanistan
- No

20. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **During your spouse's most recent deployment, to what extent were each of the following a problem for you? Mark one answer for each item.**

	Not at all				
	Small extent				
	Moderate extent				
	Large extent				
	Very large extent				
a. Home/car repairs/maintenance or yard work.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Feelings of anxiety or depression.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Loneliness.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Managing child care/child schedules.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Increase in your stress level.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Difficulty sleeping.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Maintaining family routines (e.g., meals, sleep, recreation, study time).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

21. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **How important are each of the following to you in being able to cope with deployment(s)? Mark one answer for each item.**

	Very important	Important	Moderately important	Somewhat important	Not important
a. My ability to communicate with my spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Knowing the expected length of the deployment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Having no changes in the length of deployment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pre-deployment information.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Deployment pay.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Temporary reunions with my spouse (R&R time).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

22. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **Has your spouse returned home from a deployment in the past 24 months?**

- Yes
- No

23. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed") AND Q22 = "Yes"] **Overall, how well do you think your most recent readjustment is going for... Mark one answer for each item.**

	Very well	Well	Neither well nor poorly	Poorly	Very poorly
a. You?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Your spouse?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**EFFECT OF DEPLOYMENTS ON CHILDREN**

24. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **During your spouse's most recent deployment, did you have any children under the age of 18 living with you either part-time or full-time?**

- Yes, one child
- Yes, more than one child
- No

25. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed") AND (Q24 = "Yes, one child" OR Q24 = "Yes, more than one child")] **During your spouse's most recent deployment, were your children generally able to continue participating in normally scheduled activities (e.g., sports, music lessons, clubs)?**

- Does not apply
- Yes
- No

[Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed") AND (Q24 = "Yes, one child" OR Q24 = "Yes, more than one child") AND Q25 = "No"] **Please specify the reasons why your child has not been able to continue participating in their normally scheduled activities. Do not include any personally identifiable information (PII) in your comments.**

**ACTIVATION/DEPLOYMENT EXPECTATIONS**

26. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13= "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **In the past 24 months, has your spouse had... Mark "Yes" or "No" for each item.**

	Yes	No
a. The length of an activation/deployment extended?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. The length of an activation/deployment reduced?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. To leave for an activation/deployment sooner than expected?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Less time at home between activations/deployments than expected?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. An activation/deployment last longer than you expected?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

27. **Overall, how prepared are you for future deployments?**

- Very well prepared
- Well prepared
- Neither well nor poorly prepared
- Poorly prepared
- Very poorly prepared

28. Have you and/or your spouse taken the following steps to prepare for deployments? Mark one answer for each item.

	Yes	No	Don't know
a. Ensured I have money for rent (or mortgage), food, and living expenses (e.g., set up an allotment, joint accounts).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Developed a financial plan to meet emergencies.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Reviewed our finances together (e.g., bills, investments, bank/credit union accounts).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**FEELINGS ABOUT THE NATIONAL GUARD/RESERVE**

29. Overall, how satisfied are you with the National Guard/Reserve way of life?

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

30. Do you think your spouse should stay or leave the National Guard/Reserve? Mark one.

- I strongly favor staying
- I somewhat favor staying
- I have no opinion one way or the other
- I somewhat favor leaving
- I strongly favor leaving

31. How has your support for your spouse's decision about staying in the National Guard/Reserve changed in the past year?

- Greatly increased
- Somewhat increased
- Has not changed
- Somewhat decreased
- Greatly decreased

32. Which of the following has had the greatest impact on how you view your spouse's participation in the National Guard/Reserve? Mark one.

- Effect on family life
- Effect on work life (i.e., civilian employment)
- Time spent on National Guard/Reserve duties/activities
- Effect on my spouse's outlook on life
- Image attached to the military
- Income change
- Activations/deployments
- Support programs/resources available to Reserve component members
- Other

[Ask if Q32 = "Other"] Please specify what had the greatest impact on how you view your spouse's participation in the National Guard/Reserve. Do not include any personally identifiable information (PII) in your comments.

[Empty text box for comments]



33. Compared to what you would expect for an average year, has your spouse spent more or less time away from home because of National Guard/Reserve duties, during the past 12 months?

- Much more than expected
- More than expected
- Neither more nor less than expected
- Less than expected
- Much less than expected

34. What impact has your spouse's time away (or lack thereof) from home in the past 12 months had on your support for your spouse's National Guard/Reserve career?

- Greatly increased my support
- Somewhat increased my support
- Neither increased nor decreased my support
- Somewhat decreased my support
- Greatly decreased my support

35. [Ask if (Q12 = "Yes, my spouse is currently activated" OR Q12 = "Yes, my spouse has been activated in the past 24 months but is not currently activated") AND (Q13 = "Yes, my spouse is currently deployed" OR Q13 = "Yes, my spouse has been deployed in the past 24 months but is not currently deployed")] **During the past 24 months**, has your spouse deployed on a domestic mission to address any of the following? Mark all.

	Yes	No
a. Natural disaster.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. U.S. border security.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Civil/Social unrest in the U.S.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. COVID-19 response.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q35 = "Other"] Please specify what other domestic missions your spouse deployed to in the past 24 months. Do not include any personally identifiable information (PII) in your comments.

36. If your spouse's future military participation requires long or frequent activations/deployments, how likely is it that you will support your spouse staying in the National Guard/Reserve (assuming that he/she can stay)?

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

**FOOD SECURITY**

These next questions are about the food eaten in your household in the last 12 months, since %%currentmonth%% of last year, and whether you were able to afford the food you need.

37. The following are statements that people have made about their food situation. How often were each of the following statements true for you and your household in the past 12 months—that is, since the last %%%currentmonth%%? **Mark one answer for each item.**

	Never true	Sometimes true	Often true	Don't know
a. The food that I/we bought just didn't last, and I/we didn't have money to get more.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



	Don't know
	Often true
	Sometimes true
	Never true

b. I/We couldn't afford to eat balanced meals.....

38. In the past 12 months, since last %currentmonth%, did you or other adults in your household ever cut the size of your meals or skip meals because there was not enough money for food?

- Yes
- No
- Don't know

39. [Ask if Q38 = "Yes"] In the past 12 months, how often did you or other adults in your household cut the size of your meals or skip meals because there was not enough money for food?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know

40. In the past 12 months, did you ever eat less than you felt you should because there was not enough money for food?

- Yes
- No
- Don't know

41. In the past 12 months, were you ever hungry but did not eat because there was not enough money for food?

- Yes
- No
- Don't know

42. Are you currently receiving support from any of the following nutrition assistance resources? *Mark all that apply.*

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

**WELL-BEING**

43. Overall, how would you rate the current level of stress in your personal life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual
- Much more than usual

44. Over the last two weeks, how often have you been bothered by any of the following problems? *Mark one answer for each item*

	Nearly every day
	More than half the days
	Several days
	Not at all

a. Little interest or pleasure in doing things.....

b. Feeling down, depressed, or hopeless.....

c. Feeling nervous, anxious, or on edge.....

d. Not being able to stop or control worrying.....

45. Compared to **12 months ago**, how often do you and your spouse have problems in your personal relationship?

- Much more often
- More often
- About the same
- Less often
- Much less often

46. Taking things altogether, how satisfied are you with your marriage right now?

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

48. How well does each statement describe you or your situation? *Mark one answer for each item.*

	Completely				
	Very well				
	Somewhat				
	Very little				
	Not at all				
a. Because of my money situation, I feel like I will never have the things I want in life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I am just getting by financially.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I am concerned that the money I have, or will save, won't last.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**FINANCIAL CONDITION**

47. Which of the following best describes the financial condition of you and your spouse?

- Very comfortable and secure
- Able to make ends meet without much difficulty
- Occasionally have some difficulty making ends meet
- Tough to make ends meet but keeping your head above water
- In over your head

49. How often does each of the following statements apply to you? *Mark one answer for each item.*

	Always				
	Often				
	Sometimes				
	Rarely				
	Never				
a. I have money left over at the end of the month.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. My finances control my life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## EMPLOYMENT

50. Are you currently serving in the military?

**Mark one.**

- Yes, on active duty (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

51. [Ask if Q50 = "No" or Q50 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" or Q50 = Not answered] **Last week, did you do any work for pay or profit? Mark "Yes" even if you worked only one hour, or helped without pay in a family business or farm for 15 hours or more.**

- Yes
- No

52. [Ask if (Q50 = "No" or Q50 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" or Q50 = Not answered) AND Q51="No"] **Last week, were you temporarily absent from a job or business?**

- Yes, on vacation, temporary illness, labor dispute, etc.
- No

53. [Ask if (Q50 = "No" or Q50 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" or Q50 = Not answered) AND Q51= "No" AND Q52 = "No"] **Have you been looking for work during the last four weeks?**

- Yes
- No

54. [Ask if (Q50 = "No" OR Q50 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q50 = Not answered) AND (Q51 = "Yes" OR (Q51 = "No" AND Q52= "Yes, on vacation, temporary illness, labor dispute, etc."))] **On average, how many hours a week do you spend working for pay (including hours worked for a family business or farm)?**

Hours

55. [Ask if (Q50 = "No" or Q50 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" or Q50 = Not answered AND (Q51= "No" AND Q52 = "Yes, on vacation, temporary illness, labor dispute, etc.")) AND (Q54 < 35 and Q54>1)] **What is your main reason for working part-time (i.e., fewer than 35 hours a week) instead of full-time? Mark one.**

- Business is slow
- Could only find part-time work
- Seasonal work
- Want to spend time with children
- Child care problems
- Other family/personal obligations
- Health/medical limitations
- Do not have required license or credential in my occupational field
- I do not want to work full-time
- I am self-employed
- I am a caregiver to my spouse (e.g., wounded warrior)
- I am a caregiver to a family member other than my spouse
- I am attending school or training
- Other

56. [Ask if (Q50 = "No" OR Q50 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q50 = Not answered) AND (Q51 = "Yes" OR (Q51 = "No" AND Q52= "Yes, on vacation, temporary illness, labor dispute, etc."))] **Please indicate how much you agree or disagree with the following statements. Mark one answer for each item.**

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. I am paid less than those with similar credentials.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Given my credentials, I should have a higher position at work.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I need to find a job that allows me to work more hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. I work in temporary positions, but I would prefer not to.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I had to take a job outside of my field.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. My pay is not enough to live on.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**HEALTH RELATED QUALITY OF LIFE MEASURE (HRQOL)**

57. **Would you say that in general your health is... Mark one.**

- Excellent?
- Very good?
- Good?
- Fair?
- Poor?

58. **Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your health not good? To indicate none, enter "0".**

 Days

59. **Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? To indicate none, enter "0".**

 Days

60. **During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? To indicate none, enter "0".**

 Days

**COMMENTS**

61. **Please share what the military could do to improve support for you and your family. Do not provide any personally identifiable information.**

**62. Please describe the top issue(s) impacting the quality of life for you and your family. Do not provide any personally identifiable information.**

Comments you make on this questionnaire will help improve military programs. If you answer any items and indicate distress, being upset, etc., you will not be contacted for follow-up purposes. For resources and information, you may contact Military OneSource at [www.MilitaryOneSource.mil](http://www.MilitaryOneSource.mil) or by calling 1-800-342-9647. If overseas, call 800-342-9647 (Dial country access code; do not dial "1").

**999.[Ask if Q1 = "Widowed" OR Q1 = "Divorced" OR Q2 = "No"] Based on your answers to the previous questions, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answers. If you have any additional comments or concerns, please enter them below. Do not include any personally identifiable information (PII) in your comments. To submit your answers click *Submit*. For further help, please call our Survey Processing Center toll-free at 1-800-881-5307, e-mail [RCS-Survey@mail.mil](mailto:RCS-Survey@mail.mil), or send a fax to 1-763-268-3002.**

