Agency Disclosure Notice (ADN)

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

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ELIGIBILITY

1. In what Service were you on active duty on August XX, 2022?

Army Navy

Marine Corps

Air Force

None, you were separated or retired

2. Do you have any dependent(s) who are currently enrolled in the Exceptional Family Member Program (EFMP)?

Yes No

BACKGROUND INFORMATION

3. What is your current paygrade?

4. How many years of active duty service have you completed (including enlisted, warrant officer, and commissioned officer time)? To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35".

Years

5. How old are you?

Years Old

6. What is your marital status?

Married

Separated

Divorced

Widowed

Never married

7. [Ask if Q1 = "Army" AND Q6 = "Divorced" OR Q6 = "Widowed" OR Q6 = "Never married"] Do you have a significant other?

Yes

8. [Ask if Q1 = "Army" AND Q7 = "Yes"] Do you live full-time with your significant other?

X Yes
No

202	22 Exceptional Family Member Program Surve	y		
9.	[Ask if Q1 = "Army" AND Q6 = "Married" OR Q6 = "Separated" OR Q7 = "Yes"] Does your current spouse/significant other have any military experience? Spouse/significant other is currently active duty military Spouse/significant other is currently a Reserve component member Spouse/significant other is retired/former military Spouse/significant other has no military experience	1	[Match to state, territory, or possession in Q12] Please select your installation from the list below. [Match to region selected in Q11] Please write in the country where your current permanent duty station is located.	se
10.	[Ask if Q1 = "Army" AND Q6 = "Married" OR Q6 = "Separated" OR Q7 = "Yes"] What is your spouse/significant other's current paid employment status? Full-time employed (i.e., working for pay 40 hours or more per week) Part-time employed Not employed by choice Unemployed, looking for work Other		Where do you live at your permanent duty station? Aboard ship Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, on base Government-owned family housing, on base Government-owned or leased family housing, off base Privatized housing, on base, that you rent Privatized housing, off base, that you rent	
11.	Where is your current permanent duty station located? ☑ In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession ☑ Europe (e.g., Germany, Italy, Belgium, United Kingdom) ☑ Former Soviet Union/Eastern Europe (e.g., Russia,		Civilian/community housing, off base, that you own pay mortgage on Civilian/community housing, off base, that you rent Other Please tell us about your dependent(s) who are currently enrolled in the EFMP	
	 Tajikistan, Uzbekistan, Kazakhstan, Estonia, Latvia, Lithuania) East Asia and Pacific (e.g., Australia, Japan, Korea, Philippines, Thailand) North Africa, Near East, or South Asia (e.g., Bahrain, 		Relationship to you (child, spouse parent, other) Gender Gender Ag e IType of enrollment (medical, educational or both)	
	 Kuwait, Saudi Arabia, Diego Garcia) Sub-Saharan Africa (e.g., Djibouti, Kenya, Liberia, South Africa) Western Hemisphere (e.g., Cuba, Honduras, Peru) Other or not sure 	1. 2. 3. 4. 5.		_ _ _
12.	[Ask if Q11 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or	6. 7.	How long has your dependent(s) been	

D.C., Puerto Rico, or a U.S. territory or possession"] Please select from the list below your current permanent duty 16. How long has your dependent(s) been enrolled in the EFMP?

Less than 1 month

1 month–6 months

7–11 months

1–2 years

More than 2 years

territory or possession.

station location within one of the 50

states, D.C., Puerto Rico, or a U.S.

<u>17.</u>	[Ask if Q1 = "Army"] What was your rank when your family was first enrolled in the EFMP?	
	E1-E4 E5-E9 W1-W5 O1-O3 O4-O6 and above	
18.	[Ask if Q1 = "Army"] What circumstances led to your family's enrollment in the	
	EFMP? Your family was enrolled only because you were obligated to enroll in EFMP by Army leadership/Army policy	2
	Your family was enrolled partly because of Army leadership/policy and partly you wanted to be Your family was enrolled only because you wanted to be	
	Prefer not to answer	
	SATISFACTION	
	How often has your leadership provided the support to assist you with your family's needs?	
20.	Since enrolling in the EFMP, to what extent have the needs of your family member(s) enrolled in the program been met?	2
	Very large extent Large extent Moderate extent Small extent Not at all	
21.	Overall, how satisfied are you with the EFMP?	
	 ✓ Very satisfied ✓ Satisfied ✓ Neither satisfied nor dissatisfied ✓ Dissatisfied ✓ Very dissatisfied 	

ENROLLMENT PROCESS

22. How long did it take for you (or your family) to complete the enrollment process?

\times	Less than 1 month
\times	1 month-3 months
\times	4 months-6 months
\times	7 months-9 months
\times	10 months-12 months
\times	More than 12 months

23. How satisfied are you (or your family) with the following aspects of the EFMP enrollment process? *Mark one answer for each item*.

	Very dissatisfie			ied		
			Diss	atisf	ied	
	Neither satisfied nor	diss	atisf	ied		
	S	atisf	ied			
	Very satisfi	ied				
a.	Directions received for the enrollment process		X	\boxtimes	X	\boxtimes
b.	Timeliness of the enrollment process		X		X	
C.	Notification of the enrollment outcome		X		X	\boxtimes
d.	Support from EFMP staff during the enrollment process		\boxtimes		\times	
e.	Information received about the EFMP during the enrollment process				\times	

24. [Ask if Q1 = "Army"] How did you (or your family) learn about the EFMP? Mark "Yes" or "No" for each item.

			No
	,	⁄es	
a.	Military medical/mental health professionals .	\times	\boxtimes
b.	Civilian medical/mental health professionals.	\times	\boxtimes
C.	Military educational professionals (e.g., DoDEA teacher, school administrator, school counselor)	\times	
d.	Civilian educational professionals (e.g., local teacher, school administrator, school counselor)	X	
e.	EFMP Family Support staff	\times	\boxtimes
f.	Other EFMP personnel	\times	\boxtimes
g.	Chaplain	\times	\boxtimes
h.	Military leaders/command	\times	X

			No
		Yes	
i.	Other soldiers, military friends, family or neighbors		
j. k.	EFMP & Me/Military OneSource Social media (e.g., Instagram, Twitter, Facebook)		
l.	Other	\times	\boxtimes

25. [Ask if Q1 = "Army" and Q24 a = "Yes"]
How satisfied were you (or your family)
with the information about the EFMP
provided by the following sources? Mark
one answer for each item.

Very dissatisfied						
		Diss	satisf	ied		
	Neither satisfied no	r dissatisf	ied			
	;	Satisfied				
	Very satis	fied				
a.	Military medical/mental health professionals			X	\boxtimes	
b.	Civilian medical/mental health professionals			\times		
c.	Military educational professionals (e.g., DoDEA teacher, school administrator, school					
d.	counselor) Civilian educational professionals (e.g., local teacher, school administrator, school counselor)					
e.	EFMP Family Support staff	$\square \boxtimes \square$	\boxtimes	\times	\boxtimes	
f.	Other EFMP personnel			\times	\boxtimes	
g.	Chaplain			\times		
h.	Military leaders/command	$$ \boxtimes $.\boxtimes$		X	\boxtimes	
i.	Other soldiers, military friends, family or neighbors			X		
j.	EFMP & Me/Military OneSource		\boxtimes	X		
k.	Social media (e.g., Instagram, Twitter, Facebook)			\boxtimes		
I.	Other			X	\times	

26. [Ask if Q1 = "Army"] How easy or difficult were each of the following aspects of your EFMP enrollment experiences?

Mark one answer for each item.

	Very difficult						
Difficult							
	Neither easy or difficult						
	Easy						
	Very e	asy					
a.	Finding information on available resources, in general				\times		
b.	Finding information on the specific resources your family needed		\boxtimes		\times		
C.	Connecting with EFMP Family Support staff for the first time		X		X		
d.	Deciding which services to use or access		X		X		
e.	Accessing relevant services for the first time		X	\boxtimes	X	\boxtimes	

27. [Ask if Q1 = "Army"] To what extent do you agree or disagree with the following statements about initiating your EFMP enrollment and services? *Mark one answer for each item*.

Strongly disagree						
			D	isag	ree	
	Neither agree	nor d	lisagı	ree		
		Ag	ree			
	Strongly ag	ree				
a.	A medical or educational professional reached out to your family early in the EFMP enrollment process					
b.	A Family Support staff member reached out to your family early in the EFMP enrollment process				\boxtimes	
c.	Your family had to advocate for your Exceptional Family Member to get the services they need					

28. [Ask if Q1 = "Army"] How long after your most recent EFMP enrollment were you connected with a Family Support staff member? Within 1 month 1–6 months 7-12 months More than 12 months Never connected with Family Support staff Not sure 29. Overall, how satisfied are you with the **EFMP enrollment process?** X Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied

FAMILY SUPPORT SERVICES

30. In the <u>past 12 months</u>, have you (or your family) received assistance (e.g., information, referrals) from the local EFMP Family Support office?

\times	Yes
\times	No

31. [Ask if Q30 = "Yes"] In the <u>past 12</u> months, how often did you (or your family) use the EFMP Family Support services?

X	More than once a week
X	Once a week
X	Once a month
X	Once every few months
X	Once a vear

32. [Ask if Q30 = "Yes"] How satisfied have you (or your family) been with interactions with the EFMP Family Support providers in the past 12 months? Mark one answer for each item.

Very dissatisfied						ied
			Diss	atisf	ied	
	Neither satisfied no	or diss	atisf	ied		
		Satisf	ied			
	Very satis	sfied				
a.	Provider's familiarity with local resources		\times		X	\boxtimes
b.	Accuracy of the information provided		X		X	\boxtimes
C.	Availability of the providers t provide assistance and support	0			\times	
d.	Providers accurately acknowledged concerns		\times		X	\boxtimes
e.	Professionalism of the staff.		\times	\boxtimes	\times	\boxtimes
f.	Responsiveness of staff		\times		\times	X
g.	Providers tailored support to meet my needs		\times	\boxtimes	\times	\boxtimes

33. [Ask if Q1 = "Army" AND Q30 = "Yes"]

How much do you agree or disagree with the following statements about your interactions with the EFMP Family Support Staff in the past 12 months? Mark one answer for each item.

		9	Stron	gly d	lisag	ree
			D	isag	ree	
	Neither agree	nor d	lisag	ree		
		Ag	ree			
	Strongly ag	ree				
a.	You frequently attempt to communicate with your EFMP Family Support staff		\times		\times	
b.	Your EFMP Family Support staff responds quickly when you reach out (e.g., answers					
C.	the phone, replies to emails) Your EFMP Family Support staff helps enroll/sign up your					
ما	Exceptional Family Member for the care/services they need		\times		X	\boxtimes
d.	Your EFMP Family Support staff helps ensure your Exceptional Family Member receives the care/services they need					

	Strongly disagree			ree		
	Disagree					
	Neither agree	nor d	lisag	ree		
		Ag	ree			
	Strongly ag	ree				
e.	Your EFMP Family Support staff helps resolve problems as they arise		\boxtimes		\boxtimes	

34. [Ask if Q30 = "Yes"] Did the Family Support providers give you a link to the EFMP Family Support Feedback Tool during your most recent visit?

X	Yes, and I provided feedback
\times	Yes, but I did not provide feedback
\times	No, and I was not aware of this tool
X	No, but I am aware of this tool

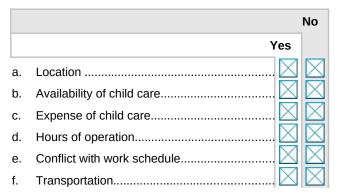
35. Have you used any *respite care* services offered through your Military Service Family Support Program in the <u>past two years</u>?

X	Yes
	No, but I was aware of this resource
X	No, and I am not aware of this resource

36. [Ask if Q35 = "Yes"] Overall, how satisfied were you with the *respite care* services you received through your Military Service Family Support Program in the <u>past two years</u>?

X	Very satisfied
X	Satisfied
\times	Neither satisfied nor dissatisfied
\times	Dissatisfied
X	Very dissatisfied

37. [Ask if Q30 = "No"] What are the reasons for not engaging with the EFMP Family Support office? *Mark "Yes" or "No" for each item*.



		No
	Yes	
g.	Unaware of Family Support services	\boxtimes
h.	Unable to reach Family Support provider	\boxtimes
i.	Did not need support in the past 12 months	\boxtimes
j.	Other	$ \times $

ASSIGNMENT COORDINATION DURING PCS MOVE

38. Since enrolling in the EFMP, how many times have you (or your family) relocated because of a PCS move?

\times	Never
\times	Once
X	Twice
X	Three or more times

39. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] How many months has it been since your last PCS move? To indicate less than one month, enter "0". To indicate more than 99 months, enter "99."

	Months
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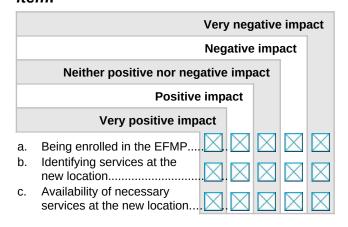
40. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] How many times did you PCS without your family due to the needs of your family member(s) enrolled in the EFMP?

\times	Never
X	1-2 times
\times	3-5 times
X	6-11 times
\times	12+ times

41. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] How satisfied were you (or your family) with the following aspects of the assignment coordination process during your most recent PCS move? Mark one answer for each item.

			Very	diss	atisf	ied
			Diss	atisf	ied	
	Neither satisfied no	diss	atisf	ied		
	S	atisf	ied			
	Very satisf	ied				
a.	Availability of staff to provide assistance or answer questions		\times		\times	
b.	Usefulness of the information shared		\times		\times	
C.	Directions received on the assignment coordination process		\times		\times	
d.	Notification of the assignment recommendation.		X		X	
e.	Timeliness of the process	\boxtimes	X	\boxtimes	X	\boxtimes
f.	Notification of the option to request a second review of the assignment decision		\times		\times	
g.	Overall assignment coordination process	\boxtimes	\times	\boxtimes	X	\boxtimes

42. [Ask if Q1 = "Army" AND Q38 = "Once" or "Twice" or "Three or more times"] During your most recent PCS move, how did the following aspects impact your experience during assignment coordination? Mark one answer for each item.



BEFORE YOUR MOST RECENT PCS MOVE

43. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] How much do you agree or disagree with the following statements about the EFMP family support provider at your previous location? The provider... Mark one answer for each item.

		9	Stron	gly d	lisag	ree
			D	isag	ree	
	Neither agree	nor d	lisag	ree		
		Ag	ree			
	Strongly ag	ree				
a.	Connected you to the EFMP family support office at the new location		\times		\times	
b.	Initiated the transition to the new location in a timely manner		\times		\times	
C.	Was responsive when handling the move		X		\times	\boxtimes
d.	Was available to address concerns about the PCS move				\boxtimes	
e.	Was helpful during the move.		\times	\boxtimes	\times	\boxtimes
f.	Reached out to you (or your new Family Support staff) to follow-up				\times	

44. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] Before your most recent PCS move, to what extent did Military Treatment Facility (MTF) staff assist with the coordination of medical services at the new location?

\times	Very large extent
X	Large extent
X	Moderate extent
X	Small extent
X	Not at all

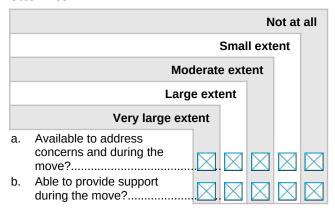
45. [Ask if Q1 = "Army" AND Q38 = "Once" or "Twice" or "Three or more times"]

Overall, how satisfied were you with the availability of services at your *previous* location?

X	Very satisfied
X	Satisfied
X	Neither satisfied nor dissatisfied
X	Dissatisfied
X	Very dissatisfied

DURING YOUR MOST RECENT PCS MOVE

46. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] During your most recent PCS move, to what extent was the EFMP family support provider at your previous location... Mark one answer for each item.



47. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] During your most recent PCS move, to what extent was the EFMP family support provider at your new location... Mark one answer for each item.

Not at all								
	Small extent							
Moderate extent								
	L	arge ext	ent					
	Very large	extent						
a.	Available to address concerns and during the move?				\boxtimes			
b.	Able to provide support during the move?		\times		X	\boxtimes		

48. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] During your most recent PCS move, to what extent... Mark one answer for each item.

	Not at							
	Small extent							
	Moderate extent							
	Large extent							
	Very large extent							
a.	Did the MTF staff assist with the coordination of medical services at the new location?	\times		\boxtimes				

Not at al						all	
Small extent							
	Mod	derate	e ext	ent			
	Large extent						
	Very large ext	ent					
b.	Were you able to access medical services during the move?		\times		\times		
C.	Did you receive medical care at the new location in a timely manner?		\times	\boxtimes	\times	\boxtimes	

AFTER YOUR MOST RECENT PCS MOVE

49. [Ask if Q38 = "Once" or "Twice" or "Three or more times"] After your most recent PCS move, to what extent did the EFMP family support provider at your new location... Mark one answer for each item.

Not at al						all
			Sma	ll ext	ent	
	Mod	derat	e ext	ent		
	Larg	e ext	ent			
	Very large ext	ent				
a.	Contact you, if requested, in a timely manner?		X	\boxtimes	X	\boxtimes
b.	Be responsive when handling the move?		X		X	\boxtimes
C.	Help you access services at the new location with ease?		X		X	
d.	Be helpful during the transition?		X		X	\boxtimes

50. [Ask if Q1 = "Army" AND Q38 = "Once" or "Twice" or "Three or more times"]

Overall, how satisfied are you with the availability of services at your *new* location?

\times	Very satisfied
X	Satisfied
X	Neither satisfied nor dissatisfied
X	Dissatisfied
X	Very dissatisfied

		Exceptional Family Member Program Survey
51.	[Ask if Q38 = "Once" or "Twice" or	Never
	"Three or more times"] Overall, to what	Almost never
	extent did the EFMP support make your	
	PCS move smoother?	Sometimes
	Very large extent	Fairly often
		Very often
	Moderate extent	j. Did you feel that difficulties
	Small extent	were piling up so high that
	Not at all	you could not overcome them?
52.	[Ask if Q1 = "Army" AND Q38 = "Once" or	
	"Twice" or "Three or more times"] Did	MEDICAL SERVICES
	you or your family have a designated	54 Bid a service of the service of the l
	EFMP Family Support staff member?	54. Did you receive <i>primary</i> care medical services in the <u>past 12 months</u> ?
	Yes, at your previous location only Yes, at your new location only	Yes, only at a Military Medical Treatment Facility
	Yes, at both locations	Yes, only at a Military Medical Treatment Facility Yes, only at a Civilian (non-military) Medical Provider
	No	Yes, at both
		No
53.	[Ask if Q1 = "Army" AND Q38 = "Once" or	140
	"Twice" or "Three or more times"]	55. [Ask if Q54 = "Yes, only at a Military
	Thinking about the overall experience of	Medical Treatment Facility " or "Yes, only
	your most recent PCS move (e.g.,	at a Civilian (non military) Madical
	•	at a Civilian (non-military) Medical
	assignment coordination, packing and	Provider" or "Yes, at both"] Overall, how
	assignment coordination, packing and preparing, transport/moving, getting	Provider" or "Yes, at both"] Overall, how satisfied were you with the <i>primary</i> care
	assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often	Provider" or "Yes, at both"] Overall, how satisfied were you with the <i>primary</i> care medical services you received in the <u>past</u>
	assignment coordination, packing and preparing, transport/moving, getting	Provider" or "Yes, at both"] Overall, how satisfied were you with the <i>primary</i> care
	assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often	Provider" or "Yes, at both"] Overall, how satisfied were you with the <i>primary</i> care medical services you received in the <u>past 12 months</u> ? Very satisfied
	assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often Mark one answer for each item.	Provider" or "Yes, at both"] Overall, how satisfied were you with the <i>primary</i> care medical services you received in the <u>past 12 months</u> ? Very satisfied Satisfied
	assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often Mark one answer for each item. Never	Provider" or "Yes, at both"] Overall, how satisfied were you with the primary care medical services you received in the past 12 months? Very satisfied Satisfied Neither satisfied nor dissatisfied
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	assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often Mark one answer for each item. Never Almost never Sometimes Fairly often Very often a. Were you upset because of	Provider" or "Yes, at both"] Overall, how satisfied were you with the primary care medical services you received in the past 12 months? Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied
	assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often Mark one answer for each item. Never Almost never Sometimes Fairly often Very often a. Were you upset because of something that happened	Provider" or "Yes, at both"] Overall, how satisfied were you with the primary care medical services you received in the past 12 months? Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied Very dissatisfied services in the past 12 months?
	assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often Mark one answer for each item. Never Almost never Sometimes Fairly often Very often a. Were you upset because of something that happened unexpectedly?	Provider" or "Yes, at both"] Overall, how satisfied were you with the primary care medical services you received in the past 12 months? Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied Very dissatisfied
	assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often Mark one answer for each item. Never Almost never Sometimes Fairly often Very often a. Were you upset because of something that happened unexpectedly?	Provider" or "Yes, at both"] Overall, how satisfied were you with the <i>primary</i> care medical services you received in the past 12 months? Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied Very dissatisfied To bid you receive specialty care medical services in the past 12 months? Yes, only at a Military Medical Treatment Facility
	assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often Mark one answer for each item. Never Almost never Sometimes Fairly often Very often a. Were you upset because of something that happened unexpectedly?	Provider" or "Yes, at both"] Overall, how satisfied were you with the primary care medical services you received in the past 12 months? Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied Very dissatisfied Very dissatisfied Yes, only at a Military Medical Treatment Facility Yes, only at a Civilian (non-military) Medical Provider
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57.	[Ask if Q56 = "Yes, only at a Military
	Medical Treatment Facility " or "Yes, only
	at a Civilian (non-military) Medical
	Provider" or "Yes, at both"] Overall, how
	satisfied were you with the specialty care
	medical services you received in the past
	12 months?

✓ Very satisfied✓ Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

Very dissatisfied

58. Have you used any *respite care* services offered through TRICARE ECHO in the past two years?

X Yes

No, but I was aware of this resource

No, and I am not aware of this resource

59. [Ask if Q58 = "Yes"] Overall, how satisfied were you with the *respite care* services you received through TRICARE ECHO in the <u>past two years</u>?

Very satisfied

Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

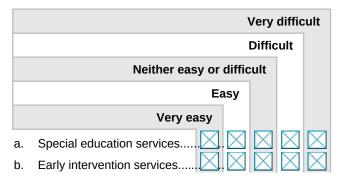
Very dissatisfied

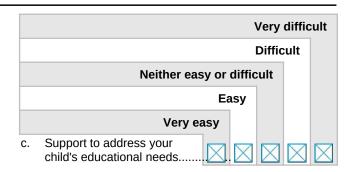
EDUCATIONAL SERVICES

60. Were you provided educational services (e.g., EIS, DoDEA, public) in the <u>past 12</u> months?

Yes No

61. [Ask if Q60 = "Yes"] How easy or difficult was it to receive the following? *Mark one answer for each item.*





LEGAL SERVICES

62. Did you request assistance from your local Military Legal office related to special education concerns in the <u>past 12</u> months?

Yes

No, but I was aware of this resource

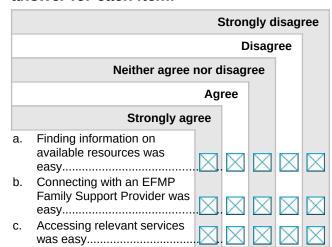
No, and I am not aware of this resource

63. [Ask if Q62 = "Yes"] Overall, how satisfied were you with the legal assistance you received in the past 12 months?

Very satisfied
Satisfied
Neither satisfied nor dissatisfied
Dissatisfied
Very dissatisfied

USE OF PROGRAMS AND SERVICES

64. To what extent do you agree or disagree with the following statements? *Mark one answer for each item.*



65. [Ask if Q1 = "Army"] How satisfied are you (or your family) with the following aspects of the EFMP? *Mark one answer for each item*.

Very dissatisfie						ied
			Diss	atisf	ied	
	Neither satisfied nor	diss	atisf	ied		
	S	atisf	ied			
	Very satisf	ied				
a.	The coordination of your family's services		X		X	\boxtimes
b.	The ability of EFMP Family Support staff to coordinate your services		\times		\boxtimes	
C.	How quickly EFMP Family Support staff respond to your family		\times		\times	
d.	The overall support given by EFMP Family Support staff		X		X	\boxtimes
e.	The accessibility of services your family receives		X		X	
f.	The quality of services your family receives	\boxtimes	X	\boxtimes	X	\boxtimes

66. Which resource do you use <u>most often</u> to access information about the EFMP? *Mark one*.

\times	Local EFMP Family Support Office
X	Social media (e.g., Instagram, Twitter, Facebook EFMP & Me/Military OneSource
X	EFMP & Me/Military OneSource
\times	Installation websites

Other

67. Did you or your family use any of the following additional services? *Mark* "Yes" or "No" for each item.

			No
	,	⁄es	
a.	Housing assistance	\times	\boxtimes
b.	Child care services		\boxtimes
c.	Non-medical counseling	\times	\boxtimes
d.	School Liaison Program	\times	\boxtimes
e.	Military and Family Support Center	\times	\boxtimes
f.	Education support services	\times	\boxtimes
a.	Other federal, state, and local resources		X

68. [Ask if Q67 a = "Yes"] How helpful were the services in meeting your family's needs? *Mark one answer for each item*.

Not at all helpful						
Slightly helpful						
	Somewhat helpful					
	Very helpful					
	Extremely helpful					
a.	Housing assistance	X				
b.	Child care services	\leq				
c.	Non-medical counseling	\leq				
d.	School Liaison Program	\times				
e.	Military and Family Support Center	\times				
f.	Education support services	\times				
g.	Other federal, state, and local resources	X				

69. [Ask if Q67 a = "Yes"] How accessible were the following additional services? *Mark one answer for each item*.

	Very inaccessible					
Somewhat inaccessible						
Neither accessible nor inaccessible						
	Somewhat accessible					
	Very accessible					
a.	Housing assistance	\boxtimes	\times	\boxtimes		
b.	Child care services		\times	\boxtimes		
c.	Non-medical counseling		\times	\boxtimes		
d.	School Liaison Program		\times	\boxtimes		
e.	Military and Family Support Center		X	\boxtimes		

Very inaccessible					
	Somewhat inaccessible				
Neither accessible nor inaccessible					
	Somewhat accessible				
	Very accessible				
f.	Education support services		\times		
g.	Other federal, state, and local resources	\boxtimes	\times	\boxtimes	

70. In the <u>past 12 months</u>, how many days off work have you or your spouse! significant other taken to address issues related to your family member's special needs?

X	0 days
X	1 day–2 days
X	3 days-4 days
X	5 days or more

RETENTION

71. To what extent has being enrolled in the EFMP had a positive or negative impact on... *Mark one answer for each item.*

	Very negative					ive
Negative						
Neither positive nor negative						
	1	Posit	ive			
	Very posit	ive				
a.	Your job/career options in the military?		X		X	
b.	Your military career progress so far?	\boxtimes	X		X	
C.	Your <u>future</u> military career progress?	\boxtimes	X		X	
d.	Your spouse/significant other's ability to work a full-time job?		\times		\times	
e.	Your spouse/partner's job/	\boxtimes	\times	\boxtimes	\times	\boxtimes

72. Suppose you have to decide whether to stay on active duty. Will your EFMP enrollment impact your decision to stay?

X	Yes, it will have a positive impact
X	Yes, it will have a negative impact
\times	No, it will not have an impact

73.	Based on the services received through
	the EFMP, does your family favor you
	staying or leaving active duty?

\times	Strongly favors staying
X	Somewhat favors staying
X	Has no opinion one way or the other
X	Somewhat favors leaving
X	Strongly favors leaving

TAKING THE SURVEY

74. Thank you for participating in the survey. There are no more questions on this survey. If you have comments or concerns that you were not able to express in answering this survey, please enter them in the space provided. Your comments will be viewed and considered as policy deliberations take place. Any comments you make on this questionnaire will be kept confidential. Do not include any personally identifiable information (PII) in your comments. However, if OPA or its data collection contractor perceives comments as a direct threat to yourself or others, out of concern for your welfare, OPA may contact an office in your area for appropriate action. Your feedback is useful and appreciated.

75. Based on your answer to the previous question, 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 answer(s).

If you have any additional comments or concerns, please enter them below.

To submit your answers click Submit.
For further help, please call our Survey
Processing Center toll-free at 1-800-8815307 or e-mail [EMAIL]@mail.mil.