Air Force Families Forever Annual Survivor Survey

2023

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# Goal

The goal of the annual Air Force Families Forever (AFFF) survey is to measure the customer perspective of the program’s implementation and usefulness.

The mission and vision of the AFFF program are:

Mission: To link families of fallen Airmen and Guardians to their Air Force and Space Force Family promoting Survivor *resilience*, thereby fostering *well-being* and *connectedness*

Vision: Remembering, Honoring, Connecting…*Always* part of the *Air Force Family*

Based on the mission and vision of the program, the AFFF annual survey seeks to answer the following questions (See [Appendix A: AFFF Metrics](#_Appendix_A:_AFFF) for additional details on all metrics for AFFF):

1. Do AFFF families feel connected to the Department of the Air Force?
2. Do AFFF families believe the program contributed to their resilience and wellbeing?
3. Do AFFF families feel connected to other military survivors?
4. Are AFFF family issues satisfactorily resolved (timeliness and accuracy)?

# AUDIENCE

The audience for this survey is the Air Force Families Forever survivors, as defined in DAFI 36-3009, *Airman and Family Readiness Centers*.

*4.2.2.1. Next of kin family members of deceased Regular Air Force, Space Force, and Reserve Component members who died in an active duty, inactive duty for training, or annual training status and whose relationship was established prior to the member’s death.*

*4.2.2.2. Air Force Families Forever supports next of kin family members regardless of cause of death.*

*4.2.2.3. Next of kin is defined as the following relationships which were established prior to the death of the member: widow (remarried or not), widower (remarried or not), each parent (mother, father, stepmother, stepfather, mother through adoption, father through adoption, and foster parents who stood in loco parentis (as defined in AFI 36-3002, Casualty Services)), each child, each brother, each sister, each half-brother, each half-sister, each stepchild, and each adopted child.*

# Implementation

The AFFF survey will be conducted annually in February to all AFFF families (initial rollout in 2023). The survey will be hosted by the Air Force Survey Office or in Survey Monkey (paid subscription version) (we will work with the Air Force Survey Office to determine the best option) and disseminated through multiple channels such as:

* Emails and/or letters from Military & Family Readiness Centers (M&FRCs) to AFFF families
* Posted on the AFFF website: <https://www.afpc.af.mil/Airman-and-Family/Air-Force-Families-Forever/>
* Shared on M&FRC social media
* Shared with non-federal entities to disseminate with their survivor base

The responses to the survey will not be connected to individuals and will only be reported in the aggregate.

*NOTE: All information provided up to this point and in Appendix A is provided for context as part of the review of this survey. This information will not be provided as part of the survey administration.*

# Survey Questions

*Survey Title*: Air Force Families Forever Annual Survey

***Introduction text:***

The Department of the Air Force is seeking input from survivors on the Air and Space Force’s long-term support is meeting your needs. If you are eligible for the Air Force Families Forever (AFFF) program (see below for eligibility details), please consider taking the survey--even if you are not engaged with AFFF. AFFF started in 2010 with significant changes over the years, the latest in 2019. Your participation in the survey will help the Department of the Air Force better understand your needs and ensure that Air Force Families Forever fulfills its mission: To connect families of fallen Airmen and Guardians to their Air Force and Space Force Family, thereby promoting Survivor *resilience* and fostering *well-being* and *connectedness.* **The responses you provide to this voluntary survey will remain confidential and be reported only in the aggregate.**

Eligibility to take this survey:

The spouse, children, parents, and siblings of a deceased Airman or Guardian who died in an active duty, inactive duty for training, or annual training status are eligible to take this survey. The relationship must have been established prior to the Airman or Guardian’s death. Family members of Guard or Reserve Airmen who died in a duty status are eligible. Family members of veterans or retirees who passed away are not eligible.

For any problems or issues regarding the survey please contact AF.A1SAA@us.af.mil.

Link to the AF Portal list of approved surveys - <https://www.my.af.mil/gcss-af/USAF/content/valid>

***SCREENING ITEMS***

**S1.** Are you the family member of a deceased servicemember of one or more of the following: Regular Air Force, Space Force, Air Reserve Component (Guard and Reserve)?

* Yes
* No

***[If yes to S1, participant proceeds to S2. If no to S1, participant proceeds to S4.]***

**S2.** Please select the military status of this deceased servicemember when they died. *Select one.*

* Active duty
* Inactive duty for training
* Annual training
* Other
* None of the above

***[If Active duty, Inactive duty for training, or Annual training to S2, participant proceeds to S3. If Other or None of the above to S2, participant proceeds to S4.]***

**S3.** Please select your relationship to the deceased servicemember. *Select all that apply.*

* Widow or Widower (remarried or not)
* Parent (mother, father, stepmother, stepfather, mother through adoption, father through adoption, foster parents who stood in loco parentis)
* Child, Stepchild, Adopted child
* Sibling (Brother, Half-brother, Sister, Half-sister)
* Parent or Guardian of surviving child
* Other
* None of the above

***[If Other or None of the above to S3, participant proceeds to S4. All others proceed to Q1.]***

**S4.** Thank you for your interest in completing this survey. At this time, this survey is reserved for those eligible for Air Force Family Forever services. We appreciate your assistance and understanding.

***BACKGROUND***

**Q1.** Which branch of Service was your servicemember a part of? *Select one.*

* US Air Force
* US Space Force
* I don’t know

***[If US Air Force to Q1, participant proceeds to Q2. All others proceed to Q3.]***

**Q2.** What component was your servicemember in? *Select one.*

* Regular Air Force (sometimes referred to as “active duty”)
* National Guard
* Reserves
* I don’t know

**Q3.** What was your servicemember’s rank? *Select one.*

* Airman Basic
* Airman
* Airman First Class (A1C)
* Senior Airman (SrA)
* Staff Sergeant (SSgt)
* Technical Sergeant (TSgt)
* Master Sergeant (MSgt)
* Senior Master Sergeant (SMSgt)
* Chief Master Sergeant (CMSgt)
* Second Lieutenant (2LT)
* First Lieutenant (1LT)
* Captain (Capt)
* Major (Maj)
* Lieutenant Colonel (Lt Col)
* Colonel (Col)
* Brigadier General (Brig Gen)
* Major General (Maj Gen)
* Lieutenant General (Lt Gen)
* General (Gen)
* Specialist 1 (Spc1)
* Specialist 2 (Spc2)
* Specialist 3 (Spc3)
* Specialist 4 (Spc4)
* Sergeant (Sgt)
* Cadet
* I do not know

**Q4.** When did your Airman or Guardian serve in the military? Check a box for EACH period served, even if they served just for part of the period. *Select all that apply.*

* September 2001 or later
* August 1990 to August 2001 (including Persian Gulf War)
* September 1980 to July 1990
* May 1975 to August 1980
* Vietnam era (August 1964 to April 1975)
* March 1961 to July 1964
* February 1955 to February 1961
* Korean War (July 1950 to January 1955)
* January 1947 to June 1950
* World War II (December 1941 to December 1946)
* November 1941 or earlier
* I don’t know

**Q5.**  What is your age?

* 18-24 years old
* 25-34 years old
* 35-44 years old
* 45-54 years old
* 55 – 64 years old
* 65 or over

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **I do not know** |
| **Q6.** Are you a DoD ID card holder? A DoD ID card is for military family members and military retirees to access service benefits and privileges. For family members, this typically only applies to spouses or children of the military member, but there are exceptions. |  |  |  |
| **Q7.** Do you have a Defense Biometrics Identification System (DBIDS) card? (A DBIDS card provides installation access but is not the same as a DoD ID.)  |  |  |  |

***AIR FORCE FAMILIES FOREVER***

**Q8.** Are you aware of Air Force Families Forever? This program provides long-term support to survivors of Airmen and Guardians through information and referral, remembrance and honor, and installation access. For more information: <https://www.afpc.af.mil/Airman-and-Family/Air-Force-Families-Forever/>)

* Yes
* No

***[If “Yes” to Q8, participant proceeds to Q9. All others proceed to Q12.]***

**Q9.** Are you connected with Air Force Families Forever?

* Yes
* No
* I do not know

***[If “No” or “I do not know” to Q9, participant proceeds to Q28. If “Yes” to Q9, participant proceeds to Q10.]***

**Q10.** What installation are you assigned to for Air Force Families Forever?

* Installation drop down
* I do not know

**Q11*.*** Do you know how to contact your Air Force Families Forever program?

* Yes
* No

**Q12**. Have you received communication from Air Force Families Forever?

* Yes
* No
* I do not know

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very satisfied | Satisfied | Neither satisfied or dissatisfied | Dissatisfied | Very dissatisfied |
| **Q13**. Overall, how satisfied or dissatisfied with the Air Force Families Forever program? |  |  |  |  |  |
| **Q14**. How satisfied or dissatisfied are you with the **frequency of communication** from Air Force Families Forever program? |  |  |  |  |  |

***[If “Parent or Guardian of child” selected for S3, proceed to Q15. If not, skip to Q16]***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very satisfied | Satisfied | Neither satisfied or dissatisfied | Dissatisfied | Very dissatisfied |
| **Q15**. How satisfied or dissatisfied are you with the support from Air Force Families Forever **for your minor child(ren)**?  |  |  |  |  |  |

**Q16**

Would you recommend Air Force Families Forever to other surviving families of deceased members seeking support services?

* Yes
* No

***[If “Yes” to Q16, participant proceeds to Q17. If “No” to Q16, participant proceeds to Q18.]***

**Q17.** Please explain why you would recommend Air Force Families Forever to other surviving families of deceased members seeking support services. (Choose all that apply)

* Keep me connected to the Air and Space Force community
* Connection to resources
* Connection to survivors
* Honor and remember my loved one
* Other (specify) (add instructional text: Please do not include personally identifiable information such as names or locations in the response. Please understand Operational Security guidance and do not discuss or comment on classified or operationally sensitive information. We cannot provide confidentiality to a participant regarding comments involving criminal activity/behavior, or statements that pose a threat to yourself or others.)

***[After responding to Q17, participant skips Q18 and proceeds to Q19]***

**Q18.** Please explain why you would not recommend Air Force Families Forever to other surviving families of deceased members seeking support services. Please do not include personally identifiable information such as names or locations in the response. Please understand Operational Security guidance and do not discuss or comment on classified or operationally sensitive information. We cannot provide confidentiality to a participant regarding comments involving criminal activity/behavior, or statements that pose a threat to yourself or others. (Free text)

**Q19.** How close is the nearest Air or Space Force installation to where you live? *Select one.*

* 25 miles or less
* 26 to 50 miles
* 51 to 75 miles
* 76 to 100 miles
* More than 100 miles
* I do not know

**Q20.** Does the Air or Space Force installation closest to you allow survivors access to Morale, Welfare, and Recreation activities on base? (Examples: golf course, bowling alley, arts and crafts center, aero club, fitness center, etc.)

* Yes
* No
* I do not know

***[If “Yes” to Q20, participant proceeds to Q21. If “No” or “I do not know” to Q20, participant proceeds to Q22.]***

***Q21.*** Please select all of the Morale, Welfare, and Recreation activities that you have used on base within the past 12 months. *Select all that apply.*

* Aero Club
* Arts and Crafts
* Auto Hobby
* Bowling
* Clubs
* Community Center
* Fitness Center
* Golf
* Information, Ticket, and Travel (ITT)
* Gaming (overseas only)
* Library
* Lodging
* Outdoor Recreation
* I did not use any of the above activities

***[After responding to Q21, participant skips Q22 and proceeds to Q23]***

**Q22*.*** Please select all of the Morale, Welfare, and Recreation activities on base for which you would like to have access. *Select all that apply.*

* Aero Club
* Arts and Crafts
* Auto Hobby
* Bowling
* Clubs
* Community Center
* Fitness Center
* Golf
* Information, Ticket, and Travel (ITT)
* Gaming (overseas only)
* Library
* Lodging
* Outdoor Recreation
* I do not care to have access to any of the above activities

**Q23**. How, if at all, has Air Force Families Forever facilitated your connection with other military survivors? *Select all that apply.*

* It has allowed me to connect with other military survivors through events
* It has allowed me to connect with other military survivors through connections to resources
* Although I would like to be connected, it has **not** helped me connect with other military survivors
* I do not wish to be connected to other military survivors through Air Force Families Forever

**Q24*.*** Are you connected to other surviving military families through means other than Air Force Families Forever?

* Yes
* No

***[If “Yes” to Q24, participant proceeds to Q25. If “No” to Q24, participant proceeds to Q26.]***

**Q25*.*** Please describe how you are connected. Do NOT provide names of individuals, units, or locations. Please understand Operational Security guidance and do not discuss or comment on classified or operationally sensitive information. We cannot provide confidentiality to a participant regarding comments involving criminal activity/behavior, or statements that pose a threat to yourself or others. (Free text)

**Q26**. In the past 12 months, have you requested assistance through Air Force Families Forever?

* Yes
* No

***[If “Yes” to Q26, participant proceeds to Q27. If “No” to Q26, participant proceeds to Q29.]***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very satisfied | Satisfied | Neither satisfied or dissatisfied | Dissatisfied | Very dissatisfied |
| **Q27**. How satisfied or dissatisfied are you with the **timeliness** of the Air Force Families Forever assistance?  |  |  |  |  |  |
| **Q28**. How satisfied or dissatisfied are you with the **usefulness** of the Air Force Families Forever assistance? |  |  |  |  |  |

**Q29**. Please add any additional comments regarding the Air Force Families Forever program in the space provided. Do NOT provide names of individuals, units, or locations. Please understand Operational Security guidance and do not discuss or comment on classified or operationally sensitive information. We cannot provide confidentiality to a participant regarding comments involving criminal activity/behavior, or statements that pose a threat to yourself or others. (Free text)

***GENERAL SURVIVOR SUPPORT***

**Q30**. How satisfied or dissatisfied are you with how the Department of Air Force (US Air Force and US Space Force) honors and remembers your servicemember? *Select one.*

* Very satisfied
* Somewhat satisfied
* Neither satisfied nor dissatisfied
* Somewhat dissatisfied
* Very dissatisfied

**Q31**. Are you aware of the Department of the Air Force Survivor Advocacy Council?

* Yes
* No

***[If “Yes” to Q31, participant proceeds to Q32. If “No” to Q31, participant proceeds to Q33.]***

**Q32**. Are you aware of how to apply for the Department of the Air Force Survivor Advocacy Council or where to find this information?

* Yes
* No

**Q33.** The following questions are asked to help the Department of the Air Force make program decisions to support our survivors. Please indicate how often you felt or experience each of the below within the past 7 days. As a reminder, your responses are confidential and will only be reported in aggregate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Rarely or none of the time** **(less than one day in the past 7 days)** | **Some of the time** **(1-2 days in the past 7 days)** | **Much of the time** **(3-4 days in the past 7 days)** | **Most or all of the time** **(5-7 days in the past 7 days)** |
| a. I felt depressed |  |  |  |  |
| b. I felt that everything I did was an effort |  |  |  |  |
| c. My sleep was restless |  |  |  |  |
| d. I was happy |  |  |  |  |
| e. I felt lonely |  |  |  |  |
| f. I enjoyed life |  |  |  |  |
| g. I did not feel like eating |  |  |  |  |
| h. I felt sad |  |  |  |  |
| i. I could not get going |  |  |  |  |

**Q34.** From today’s date, approximately how much time has passed since you learned of your Airman’s or Guardian’s death? *Select one.*

* 0 to 6 months (0.5 year)
* 7 months to 12 months (1 year)
* 13 months to 18 months (1.5 years)
* 19 months to 24 months (2 years)
* 25 months to 30 months (2.5 years)
* 31 months to 36 months (3 years)
* More than 3 years

**Q35**. What factors of your life are you most concerned and need help/support with? Please specify your top three from the list below. *Select three or less.*

* None
* Military survivor benefits and entitlements
* State/Territory Survivor Benefits
* Moving to a new city or home
* Money
* Housing
* Relationships
* Religion/Spiritual
* Having enough food
* Children
* Mental Health support
* Medical support
* Transportation
* Education
* Other (Please specify) \_\_\_\_\_\_\_ (add instructional text: Please do not include personally identifiable information such as names or locations in the response. Please understand Operational Security guidance and do not discuss or comment on classified or operationally sensitive information. We cannot provide confidentiality to a participant regarding comments involving criminal activity/behavior, or statements that pose a threat to yourself or others.)

***End text:***

Thank you for taking the Air Force Families Forever program survey. Your responses will allow us to understand and improve support to through the Air Force Families Forever program. For more information on Air Force Families Forever, check out our website: <https://www.afpc.af.mil/Airman-and-Family/Air-Force-Families-Forever/>.

If you need additional help:

**Department of the Air Force Gold Star and Surviving Family Member Representative**: AF.A1SAA@us.af.mil or (703) 693-0683

**Tragedy Assistance Program for Survivors**: taps.org or call 800-959-8277

**Cohens Veteran Network**: https://www.cohenveteransnetwork.org/

# Appendix A: AFFF Metrics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUESTION** | **INDICATORS** | **TARGET** | **TIMING** | **DATA COLLECTION** |
| **Do AFFF families feel connected to the Department of the Air Force?** | Compliance with required outreach within initial 24 months | 100% compliance | Quarterly | AFFIRST |
| Compliance with quarterly engagement after initial 24 months (including re-engagement) | 90% compliance | Quarterly | AFFIRST |
| # of DBIDS cards issued | 50% of those who live within 25 mi of the installation and are not DoD ID card holders  | Quarterly | AFFIRST |
| # of installations allowing survivor MWR access | 75% | Quarterly | AFPC quarterly updates |
| AFFF use of MWR activities | 50% of those who live within 25 mi of the installation and are not DoD ID card holders  | Annual | AFFF Survivor Survey |
| Satisfied with connection to AFFF | 85% satisfaction (of those who want to be connected to AFFF) | Annual | AFFF Survivor Survey |
| Would recommend AFFF to other families | 85% yes | Annual | AFFF Survivor Survey |
| Knows how to contact their AFFF program | 85% yes | Annual | AFFF Survivor Survey |
| Feels the Department of the Air Force honors and remembers their Airman or Guardian | 100% yes | Annual | AFFF Survivor Survey |
| **Does AFFF impact resilience and wellbeing for AFFF families?**  | Request AFSO help to define resilience and wellbeing indicators | TBD | Annual | AFFF Survivor Survey |
| **Do AFFF families feel connected to other military survivors?** | Attendance at events (A&FRC sponsored events, installation events, events with partner organizations, etc.). | No target at this time, for monitoring only (may develop a target in the future) | Quarterly | AFFIRST |
| Connected to other military survivors, if desired | 85% yes | Annual | AFFF Survivor Survey |
| **Are AFFF families connected to the Tragedy Assistance Program for Survivors (TAPS)?** | TAPS Air Force family intakes | No target, for monitoring only | Quarterly | TAPS |
| PAR allowing sharing info with TAPS | No target, for monitoring only | Quarterly | TBD |
| TAPS Referrals | No target, for monitoring only | Quarterly | AFFIRST Service Code |
| **Are AFFF family issues satisfactorily resolved?** | Satisfied with timeliness of resolution of questions or issues, if applicable | 85% satisfaction | Annual | AFFF Survivor Survey |
| Satisfied with accuracy of resolution of questions or issues, if applicable | 85% satisfaction | Annual | AFFF Survivor Survey |
| **Do Military/Airman and Family Readiness Center personnel feel prepared to execute and implement AFFF program requirements or expectations?** | AFFF Reps initial training completion | 90% completed | Annual  | Training attendance |
| AFFF Reps refresher training completion | 90% completed | Annual | Training attendance |
| AFFF Reps feels prepared | 85% positive response | Annual | AFFF Staff Survey |
| AFFF Reps understands available resources to support survivors or answer questions | 85% positive response | Annual | AFFF Staff Survey |
| AFFF Rep satisfaction with training and resources | 85% positive response | Annual | AFFF Staff Survey |