

2023 Status of Forces Survey of Reserve Component Members

	Base	Conditional	Alternate
ELIGIBILITY			
A	<p>1. Were you a member of a Reserve component (National Guard or Reserve member) on May XX, 2023?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No, I separated or retired</p>		
BACKGROUND INFORMATION			
A	<p>2. What is your current paygrade?</p> <p><input checked="" type="checkbox"/> E-1 <input checked="" type="checkbox"/> E-6 <input checked="" type="checkbox"/> W-1 <input checked="" type="checkbox"/> O-1/O-1E</p> <p><input checked="" type="checkbox"/> E-2 <input checked="" type="checkbox"/> E-7 <input checked="" type="checkbox"/> W-2 <input checked="" type="checkbox"/> O-2/O-2E</p> <p><input checked="" type="checkbox"/> E-3 <input checked="" type="checkbox"/> E-8 <input checked="" type="checkbox"/> W-3 <input checked="" type="checkbox"/> O-3/O-3E</p> <p><input checked="" type="checkbox"/> E-4 <input checked="" type="checkbox"/> E-9 <input checked="" type="checkbox"/> W-4 <input checked="" type="checkbox"/> O-4</p> <p><input checked="" type="checkbox"/> E-5 <input checked="" type="checkbox"/> W-5 <input checked="" type="checkbox"/> O-5</p> <p style="padding-left: 150px;"><input checked="" type="checkbox"/> O-6 or above</p>		
A	<p>3. Have you served on active duty, not as a member of the Reserve components, for a cumulative 24 months or more?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>		
A	<p>4. What is the highest degree or level of school that you have completed? <i>Mark the <u>one</u> answer that describes the highest grade or degree that you have completed.</i></p> <p><input checked="" type="checkbox"/> 12 years or less of school (no diploma)</p>		

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	<input checked="" type="checkbox"/> High school graduate—traditional diploma <input checked="" type="checkbox"/> High school graduate—alternative diploma (home school, GED, etc.) <input checked="" type="checkbox"/> Some college credit, but less than 1 year <input checked="" type="checkbox"/> 1 or more years of college, no degree <input checked="" type="checkbox"/> Associate's degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input checked="" type="checkbox"/> Master's, doctoral, or professional school degree (e.g., MA, MS, MEd, MEng, MBA, MSW, PhD, MD, JD, DVM, EdD)		
A	5. What is your marital status? <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Separated <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never married	6. [Ask if Q5 = "Divorced" OR Q5 = "Widowed" OR Q5 = "Never married"] Do you have a significant other? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A	<p>For the next questions, the definition of “child, children, or other legal dependents” includes anyone in your family, <u>except your spouse</u>, 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).</p> 7. Do you have a child, children, or other legal dependents based on the definition above? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. [Ask if Q7 = "Yes"] How many children or other legal dependents do you have in each age group specified below? <i>To indicate none, select “0.” To indicate nine or more, select “9.”</i> 13 years and younger <input type="text"/> 14–22 years old <input type="text"/> 23 years and older <input type="text"/>	
A	9. Are you Spanish/Hispanic/Latino? <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino		

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	<input checked="" type="checkbox"/> Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino		
A	<p>10. What is your race? <i>Mark one or more races to indicate what you consider yourself to be.</i></p> <input checked="" type="checkbox"/> American Indian or Alaska Native <input checked="" type="checkbox"/> Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese) <input checked="" type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro) <input checked="" type="checkbox"/> White		
ACTIVATION/DEPLOYMENT STATUS			
A	<p>Please read the following definition carefully.</p> <p>In this survey, the term “activation“ refers to the involuntary or voluntary call to active duty of a Reserve Component member (Reserve or National Guard) under the following Title 10 USC statute authorities: §12301(a) (Full Mobilization), §12301(b) (15-Day Statute), §12302 (Partial Mobilization), §12304 (Presidential Reserve Call-up), §12304(a) (Reserve Emergency Call-up), §12304(b) (Reserve Call-Up), §12301(d) (Active Duty for Operational Supporting). It also applies to National Guard members who perform duties under 32 USC 502(f) for the purposes of supporting a Declaration of National Emergency. It does NOT apply to members on full-time active duty or members serving on full-time National Guard Duty in an AGR/FTS/AR status, active duty for operational support, active duty for training, or members serving on State Active Duty.</p> <p>11. Have you been activated in the past 24 months? <i>This includes activations that started more than 24 months ago and continued into the past 24 months. If you have been an AGR/FTS/AR for the past 24 months, select “No.”</i></p>	<p>12. [Ask if Q11 = "Yes"] Was at least one of your activations in the past 24 months longer than 30 consecutive days?</p> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A		13. [Ask if Q12 = "Yes"] In the past 24 months, has (have) your activation(s) of more than 30 consecutive days been voluntary, involuntary, or both? <input checked="" type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Involuntary <input checked="" type="checkbox"/> Both	
A		14. [Ask if Q11 = "Yes"] Are you currently activated? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A		In the survey, the term " deployment " refers to the performance of duties at a location that would be considered outside normal commuting distance or time from the member's permanent work site (i.e., an armory or reserve center). Deployments can be to a location <u>within</u> the contiguous 48 states (CONUS) or to a location <u>outside</u> the contiguous 48 states (OCONUS). 15. [Ask if Q12 = "Yes"] Did any of your activations of more than 30 consecutive days in the past 24 months result in deployment? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A		16. [Ask if Q15 = "Yes"] In the past 24 months, after processing in the mobilization station, were you deployed within the contiguous 48 states (CONUS), outside the contiguous 48 states	

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		(OCONUS), or both? <input checked="" type="checkbox"/> CONUS <input checked="" type="checkbox"/> OCONUS <input checked="" type="checkbox"/> Both	
A		17. [Ask if Q14 = "Yes" AND Q15 = "Yes"] Are you currently deployed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMPLOYMENT/STUDENT STATUS			
A	18. Are you working toward or did you receive a new credential(s) or certification, in the last 12 months? <i>Mark all that apply.</i> <input checked="" type="checkbox"/> High school graduate—high school diploma or equivalent (e.g., GED) <input checked="" type="checkbox"/> Vocational or technical diploma <input checked="" type="checkbox"/> Associate's degree <input checked="" type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> Master's, doctoral, or professional school degree <input checked="" type="checkbox"/> Professional license <input checked="" type="checkbox"/> Professional certificate <input checked="" type="checkbox"/> None/Not applicable	19. [Ask if AGRFLAG = 2 AND (Q11 = "No" OR Q14 = "No")] Are you <u>currently</u> enrolled in a civilian school? <i>Mark "Yes" if you were enrolled in the most recent academic semester or if you are enrolled for the next semester.</i> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A		20. [Ask if Q19 = "Yes"] Are you <u>currently</u> a full-time student or part-time student? <i>Full-time is considered an equivalent of 12 credit hours or more per semester. Part-time is considered an equivalent of less than 12 credit hours per semester.</i> <input checked="" type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time	

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A		21. [Ask if MTFFLAG = 2 AND (Q11 = "No" OR Q14 = "No")] Are you <u>currently</u> a military technician? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A		22. [Ask if (RPROGCIV = "IMA" OR (AGRFLAG = 2 AND (RORG_CD = "Navy Reserve" OR RORG_CD = "Marine Corps Reserve" OR Q21 = "No")))) AND (Q11 = "No" OR Q14 = "No")] <u>Last week</u> , did you do <u>any</u> 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. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A		23. [Ask if Q22 = "No"] <u>Last week</u> , were you <u>temporarily</u> absent from a job or business? <input checked="" type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. <input checked="" type="checkbox"/> No	
A		24. [Ask if Q23 = "No"] Have you been looking for work during the last 4 weeks? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A		25. [Ask if Q24 = "Yes"] <u>Last week</u> , could	

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		<p>you have started a job if offered one, or returned to work if recalled?</p> <p><input checked="" type="checkbox"/> Yes, could have gone to work</p> <p><input checked="" type="checkbox"/> No, because of my temporary illness</p> <p><input checked="" type="checkbox"/> No, because of other reasons (in school, etc.)</p>	
A		<p>26. [Ask if Q22 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc."] Do you have a full-time civilian job (of 35 hours or more per week) that includes benefits, as well as pay or salary?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	
A		<p>27. [Ask if Q26 = "No"] What is the <u>main</u> reason you do not currently have a full-time civilian job?</p> <p><input checked="" type="checkbox"/> Unable to find a job</p> <p><input checked="" type="checkbox"/> Full-time homemaker, parent, and/or care giver</p> <p><input checked="" type="checkbox"/> Full-time student</p> <p><input checked="" type="checkbox"/> Retired, other than Guard/Reserve requirements</p> <p><input checked="" type="checkbox"/> Disabled</p> <p><input checked="" type="checkbox"/> Prefer not to have a full-time job</p> <p><input checked="" type="checkbox"/> Other</p>	
A		<p>28. [Ask if (QRefError = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR QRefError = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR QRefError = "A FEDERAL government</p>	

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		<p>employee" OR QRefError = "A STATE government employee" OR QRefError = "A LOCAL government employee (e.g., county, city, town)" OR QRefError = "Self-employed in OWN business, professional practice, or farm" OR QRefError = "Working WITHOUT PAY in a family business or farm" OR QRefError = "Working WITH PAY in a family business or farm")] Counting all locations where your current principal employer operates <u>in the United States</u>, what is the total number of persons who work for this employer?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1 to 9 <input checked="" type="checkbox"/> 10 to 24 <input checked="" type="checkbox"/> 25 to 49 <input checked="" type="checkbox"/> 50 to 99 <input checked="" type="checkbox"/> 100 to 499 <input checked="" type="checkbox"/> 500 to 999 <input checked="" type="checkbox"/> 1,000 or more 	
A		<p>29. [Ask if Q14 = "No" AND (QRefError = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR QRefError = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR QRefError = "A FEDERAL government employee" OR QRefError = "A STATE government employee" OR QRefError = "A LOCAL government employee (e.g., county, city, town)" OR QRefError = "Self-employed in OWN business,</p>	<p>30. [Ask if AGRFLAG = 2 AND Q14 = "Yes"] At the time of your most recent activation, were you enrolled in a civilian school? <i>Mark "Yes" if you were enrolled in the most recent academic semester or if you were enrolled for the next semester.</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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		<p>professional practice, or farm" OR QRefError = "Working WITHOUT PAY in a family business or farm" OR QRefError = "Working WITH PAY in a family business or farm")]) Is your current principal civilian employment the same as before your most recent activation?</p> <p><input checked="" type="checkbox"/> Does not apply; I did not have a civilian job prior to my most recent activation</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	
A			<p>31. [Ask if Q30 = "Yes"] At the time of your most recent activation, were you a full-time student or part-time student? <i>Full-time is considered an equivalent of 12 credit hours or more per semester. Part-time is considered an equivalent of less than 12 credit hours per semester.</i></p> <p><input checked="" type="checkbox"/> Full-time</p> <p><input checked="" type="checkbox"/> Part-time</p>
A			<p>32. [Ask if MTFLAG = 2 AND Q14 = "Yes"] In the week prior to your current activation, were you a military technician?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
A			<p>33. [Ask if (RPROGCIV = "IMA" OR (AGRFLAG = 2 AND (RORG_CD = "Navy Reserve" OR RORG_CD = "Marine Corps Reserve" OR Q32 = "No")))) AND Q14 = "Yes"] In the week</p>

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			<p>prior to your most recent activation, did you do <u>any</u> work for pay or profit? <i>Mark "Yes" even if you worked only one hour, or helped without pay in a family business or farm for 15 hours or more.</i></p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
A			<p>34. [Ask if Q33 = "No"] In the week prior to your most recent activation, were you <u>temporarily</u> absent from a job or business?</p> <p><input checked="" type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. <input checked="" type="checkbox"/> No</p>
A			<p>35. [Ask if Q34 = "No"] Were you looking for work during the 4 weeks prior to your most recent activation?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
A			<p>36. [Ask if Q35 = "Yes"] In the week prior to your most recent activation, could you have started a job if offered one, or returned to work if recalled?</p> <p><input checked="" type="checkbox"/> Yes, could have gone to work <input checked="" type="checkbox"/> No, because of my temporary illness <input checked="" type="checkbox"/> No, because of other reasons (in school, etc.)</p>
A			<p>37. [Ask if Q33 = "Yes" OR Q34 = "Yes, on vacation, temporary illness, labor dispute, etc."] In the week prior to your</p>

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			<p>most recent activation, did you have a full-time civilian job (of 35 hours or more per week) that included benefits, as well as pay or salary?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
A		<p>38. [Ask if (QRefError = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR QRefError = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR QRefError = "A FEDERAL government employee" OR QRefError = "A STATE government employee" OR QRefError = "A LOCAL government employee (e.g., county, city, town)" OR QRefError = "Self-employed in OWN business, professional practice, or farm" OR QRefError = "Working WITHOUT PAY in a family business or farm" OR QRefError = "Working WITH PAY in a family business or farm")] Counting all locations where your principal employer operated <u>in the United States</u>, what is the total number of persons who worked for this employer?</p> <p><input checked="" type="checkbox"/> 1 to 9 <input checked="" type="checkbox"/> 10 to 24 <input checked="" type="checkbox"/> 25 to 49 <input checked="" type="checkbox"/> 50 to 99 <input checked="" type="checkbox"/> 100 to 499 <input checked="" type="checkbox"/> 500 to 999 <input checked="" type="checkbox"/> 1,000 or more</p>	

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A	<p>39. In what career field is your current or most recent civilian employment?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not applicable, I have never had civilian employment <input checked="" type="checkbox"/> Administrative services (e.g., administrative assistant, secretary) <input checked="" type="checkbox"/> Education (e.g., teacher, teacher's assistant) <input checked="" type="checkbox"/> Child care and child development (e.g., attend to children at schools, businesses, private households, and child care institutions) <input checked="" type="checkbox"/> Financial services (e.g., claim adjuster, credit analyst, accountant, financial counselor, banker, insurance agent) <input checked="" type="checkbox"/> Health care practitioners and technical occupations (e.g., nurse, dental hygienist, pharmacist, medical records specialist, dentist, doctor, paramedic, optician, veterinarian) <input checked="" type="checkbox"/> Health care support (e.g., home health aide, nursing assistant, occupational or physical therapy aid) <input checked="" type="checkbox"/> Community and social services (e.g., mental health counselor, social worker, probation officers and correctional treatment specialists, school bus monitor) <input checked="" type="checkbox"/> Communications and marketing (e.g., writer/editor, call center, film/TV, social media, web development) <input checked="" type="checkbox"/> Retail and customer service (e.g., cashier, sales person, customer service representative, manager) <input checked="" type="checkbox"/> Information technology (e.g., network analyst, database administrator) <input checked="" type="checkbox"/> Software development (e.g., coding) <input checked="" type="checkbox"/> Recreation and hospitality (e.g., restaurant, hotel business/management, personal trainer, ticket agent) <input checked="" type="checkbox"/> Legal (e.g., lawyer, paralegal, legal assistant, mediator, magistrate) <input checked="" type="checkbox"/> Protective services (e.g., correctional officer, firefighter, police officer, animal control worker, security guard) 		

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	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Transportation and material moving occupations (e.g., aircraft service attendant; parking attendant; bus, taxi, or truck driver) <input checked="" type="checkbox"/> Skilled trades (e.g., electrician, cosmetology, plumber, construction, welder) <input checked="" type="checkbox"/> Other occupations which require a state license <input checked="" type="checkbox"/> Other occupations which do NOT require a state license 		
A	<p>40. What barriers have you faced in entering your most recent or current career field? <i>Mark all that apply.</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pay does not cover cost of child care <input checked="" type="checkbox"/> Lack vocational training <input checked="" type="checkbox"/> Lack required 2-year degree <input checked="" type="checkbox"/> Lack required 4-year degree <input checked="" type="checkbox"/> Lack required certification <input checked="" type="checkbox"/> Lack transferability of certifications/licensure <input checked="" type="checkbox"/> Lack experience <input checked="" type="checkbox"/> Lack available/flexible child care <input checked="" type="checkbox"/> Frequent moves <input checked="" type="checkbox"/> Lack of jobs in my field in my current location <input checked="" type="checkbox"/> Medical or health limitations <input checked="" type="checkbox"/> Caregiver (non-child) requirements <input checked="" type="checkbox"/> Lack of part-time options <input checked="" type="checkbox"/> Lack of flexible hours/flexible schedule <input checked="" type="checkbox"/> Not applicable 		
DETAILS ON ACTIVATIONS/DEPLOYMENTS			
A		<p>41. [Ask if (QRefError = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR QRefError = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR</p>	

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		<p>QRefError = "A FEDERAL government employee" OR QRefError = "A STATE government employee" OR QRefError = "A LOCAL government employee (e.g., county, city, town)" OR (Q14 = "Yes" AND (QRefError = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR QRefError = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR QRefError = "A FEDERAL government employee" OR QRefError = "A STATE government employee" OR QRefError = "A LOCAL government employee (e.g., county, city, town)"))] In general, how supportive is your principal civilian employer of your National Guard/Reserve obligations?</p> <p> <input checked="" type="checkbox"/> Very supportive <input checked="" type="checkbox"/> Supportive <input checked="" type="checkbox"/> Neither supportive nor unsupportive <input checked="" type="checkbox"/> Unsupportive <input checked="" type="checkbox"/> Very unsupportive </p>	
A		<p>42. [Ask if (Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No"] Consider your income and benefits in the year <u>prior to</u> your most recent activation/ deployment and your income and benefits <u>during</u> your most recent activation/ deployment. In general, how did your overall income and benefits change while you were activated/deployed?</p> <p> <input checked="" type="checkbox"/> Increased </p>	

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		<input checked="" type="checkbox"/> Decreased <input checked="" type="checkbox"/> Remained the same <input checked="" type="checkbox"/> Don't know																						
A		<p>43. [Ask if (Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No"] During your most recent activation/ deployment, did you or your family have any additional expenses because of any of the following items? <i>Mark "Yes" or "No" for each item.</i></p> <table border="1" data-bbox="814 613 1373 997"> <thead> <tr> <th></th> <th data-bbox="1268 672 1310 704">Yes</th> <th data-bbox="1331 630 1373 656">No</th> </tr> </thead> <tbody> <tr> <td>a. Elder care</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. Pet care.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. Household repairs, yard work, or car maintenance.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>d. Storage or security of personal belongings.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>e. Communicating with family.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>f. Child care.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	a. Elder care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Pet care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Household repairs, yard work, or car maintenance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Storage or security of personal belongings.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Communicating with family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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a. Elder care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																						
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f. Child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																						
A		<p>44. [Ask if (Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No"] Which of the following was your biggest concern about returning from your most recent activation/deployment? <i>Select one item from the list below.</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Reemployment <input checked="" type="checkbox"/> Readjusting to work life <input checked="" type="checkbox"/> Financial stability <input checked="" type="checkbox"/> Readjusting to family life <input checked="" type="checkbox"/> Reestablishing a good relationship with your spouse <input checked="" type="checkbox"/> Reestablishing a good relationship with your 																						

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		<p>children</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Recovering from a physical injury/limitation <input checked="" type="checkbox"/> Recovering from the emotional impact and stress of activation/deployment <input checked="" type="checkbox"/> Health care coverage for yourself <input checked="" type="checkbox"/> Health care coverage for your family <input checked="" type="checkbox"/> Possibility of being activated/deployed again <input checked="" type="checkbox"/> Other 																																																							
A		<p>45. [Ask if Q15 = "Yes" AND (Q14 = "No" OR Q17 = "No")] After returning home from your most recent deployment, to what extent have you seemed to... <i>Mark one answer for each item.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width: 10%;">Very large extent</th> <th style="width: 10%;">Large extent</th> <th style="width: 10%;">Moderate extent</th> <th style="width: 10%;">Small extent</th> <th style="width: 10%;">Not at all</th> </tr> </thead> <tbody> <tr> <td>a. Be more emotionally distant (e.g., less talkative, less affectionate, less interested in social life)?</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. Appreciate life more?.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. Get angry faster?.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>d. Appreciate family and friends more?.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>e. Drink more alcohol?.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>f. Have more confidence in yourself?.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>g. Take more risks with your safety?.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>h. Be different in another way?.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Very large extent	Large extent	Moderate extent	Small extent	Not at all	a. Be more emotionally distant (e.g., less talkative, less affectionate, less interested in social life)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Appreciate life more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Get angry faster?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Appreciate family and friends more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Drink more alcohol?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Have more confidence in yourself?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	g. Take more risks with your safety?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	h. Be different in another way?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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Base	Conditional	Alternate
SATISFACTION		
<p>A 46. Taking all things into consideration, how satisfied are you, in general, with each of the following aspects of being in the National Guard/Reserve? <i>Mark one answer for each item.</i></p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;"> <p style="text-align: right;">Very dissatisfied</p> <p style="text-align: right;">Dissatisfied</p> <p style="text-align: center;">Neither satisfied nor dissatisfied</p> <p style="text-align: center;">Satisfied</p> <p style="text-align: left;">Very satisfied</p> </div> <p>a. Your total compensation (i.e., base pay, allowances, and bonuses)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>b. The type of work you do in your military job..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>c. Your opportunities for promotion in your unit..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>d. The quality of your coworkers in your unit..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>e. The quality of your supervisor in your unit..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>		
<p>A 47. Overall, how satisfied are you with the military way of life?</p> <p><input checked="" type="checkbox"/> Very satisfied</p> <p><input checked="" type="checkbox"/> Satisfied</p> <p><input checked="" type="checkbox"/> Neither satisfied nor dissatisfied</p> <p><input checked="" type="checkbox"/> Dissatisfied</p> <p><input checked="" type="checkbox"/> Very dissatisfied</p>		
RETENTION		
<p>A 48. How many years have you spent in military service? <i>Do not count partial years. To</i></p>		

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	Base	Conditional	Alternate
	<p>indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35". Include in military service years:</p> <ul style="list-style-type: none"> • Time spent as an active duty Service member • Time spent as a National Guard/ Reserve component member, to include: <ul style="list-style-type: none"> – Time spent as a Drilling unit Reservist/ Traditional Guardsman/Troop Program Unit (TPU) Reservist – Time spent mobilized/activated on active duty – Time spent in a full-time, active duty program – Time spent in the Individual Ready Reserve (IRR) – Time spent as an Individual Mobilization Augmentee (IMA) – Time spent in the Standby Reserve <p><input type="text"/> <input type="text"/> Years</p>		
A	<p>49. Suppose that you have to decide whether to continue to participate in the National Guard/Reserve. Assuming you could stay, how likely is it that you would choose to do so?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Very likely <input checked="" type="checkbox"/> Likely <input checked="" type="checkbox"/> Neither likely nor unlikely <input checked="" type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Very unlikely 	<p>50. [Ask if Q5 = "Married" OR Q5 = "Separated" OR Q6 = "Yes"] In your opinion, how does your spouse/significant other view your participation in the National Guard/Reserve?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Very favorably <input checked="" type="checkbox"/> Somewhat favorably <input checked="" type="checkbox"/> Neither favorably nor unfavorably <input checked="" type="checkbox"/> Somewhat unfavorably <input checked="" type="checkbox"/> Very unfavorably 	
A	<p>51. In your opinion, how does your family view your participation in the National</p>	<p>52. [Ask if Q22 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor</p>	

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	Base	Conditional	Alternate
	<p>Guard/Reserve?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Very favorably <input checked="" type="checkbox"/> Somewhat favorably <input checked="" type="checkbox"/> Neither favorably nor unfavorably <input checked="" type="checkbox"/> Somewhat unfavorably <input checked="" type="checkbox"/> Very unfavorably 	<p>dispute, etc." OR Q33 = "Yes" OR Q34 = "Yes, on vacation, temporary illness, labor dispute, etc."] In your opinion, how does your supervisor at your principal civilian job view your participation in the National Guard/Reserve?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Does not apply; I do not have a supervisor at my principal civilian job <input checked="" type="checkbox"/> Very favorably <input checked="" type="checkbox"/> Somewhat favorably <input checked="" type="checkbox"/> Neither favorably nor unfavorably <input checked="" type="checkbox"/> Somewhat unfavorably <input checked="" type="checkbox"/> Very unfavorably 	
A		<p>53. [Ask if Q22 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q33 = "Yes" OR Q34 = "Yes, on vacation, temporary illness, labor dispute, etc."] In your opinion, how do your coworkers at your principal civilian job view your participation in the National Guard/Reserve?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Does not apply; I do not work with others at my principal civilian job <input checked="" type="checkbox"/> Very favorably <input checked="" type="checkbox"/> Somewhat favorably <input checked="" type="checkbox"/> Neither favorably nor unfavorably <input checked="" type="checkbox"/> Somewhat unfavorably <input checked="" type="checkbox"/> Very unfavorably 	
TEMPO			
A		<p>54. [Ask if AGRFLAG = 2] In the past 12 months, how many days (<u>full days, not drill periods</u>) did you spend in a compensated</p>	

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	Base	Conditional	Alternate
		(pay or points) National Guard/Reserve status? <input type="text"/> <input type="text"/> <input type="text"/> Days	
A		55. [Ask if AGRFLAG = 2] In an average month when not activated, how many <u>unpaid</u> hours, off duty, do you spend on your <u>unit's business</u> ? For none, enter "0". <input type="text"/> <input type="text"/> <input type="text"/> Hours	
A	56. In the past 12 months, how many nights did you spend away from your home because of your military duties? Do not include nights spent away from home before out-of-town drills. <input type="text"/> <input type="text"/> <input type="text"/> Nights		
A	57. In the past 12 months, have you spent more or less time away from your home than you expected when you first entered the National Guard/Reserve? <input checked="" type="checkbox"/> Much more than expected <input checked="" type="checkbox"/> More than expected <input checked="" type="checkbox"/> Neither more nor less than expected <input checked="" type="checkbox"/> Less than expected <input checked="" type="checkbox"/> Much less than expected		
A	58. What impact has time away (or lack thereof) from your home in the past 12 months had on your military career intentions? <input checked="" type="checkbox"/> Greatly increased your desire to stay <input checked="" type="checkbox"/> Increased your desire to stay <input checked="" type="checkbox"/> Neither increased nor decreased your desire to stay <input checked="" type="checkbox"/> Decreased your desire to stay		

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	Base	Conditional	Alternate
	<input checked="" type="checkbox"/> Greatly decreased your desire to stay		
READINESS			
A	59. Overall, how well prepared are <u>you</u> to perform your wartime job? <input checked="" type="checkbox"/> Very well prepared <input checked="" type="checkbox"/> Well prepared <input checked="" type="checkbox"/> Neither well nor poorly prepared <input checked="" type="checkbox"/> Poorly prepared <input checked="" type="checkbox"/> Very poorly prepared		
A	60. Overall, how well prepared is <u>your unit</u> to perform its wartime mission? <input checked="" type="checkbox"/> Very well prepared <input checked="" type="checkbox"/> Well prepared <input checked="" type="checkbox"/> Neither well nor poorly prepared <input checked="" type="checkbox"/> Poorly prepared <input checked="" type="checkbox"/> Very poorly prepared		
A	61. How well has your training prepared you to perform your wartime job? <input checked="" type="checkbox"/> Very well <input checked="" type="checkbox"/> Well <input checked="" type="checkbox"/> Neither well nor poorly <input checked="" type="checkbox"/> Poorly <input checked="" type="checkbox"/> Very poorly		
STRESS			
A	62. Overall, how would you rate the current level of stress in your <u>military life</u> ? <input checked="" type="checkbox"/> Much less than usual		

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	Base	Conditional	Alternate
	<input checked="" type="checkbox"/> Less than usual <input checked="" type="checkbox"/> About the same as usual <input checked="" type="checkbox"/> More than usual <input checked="" type="checkbox"/> Much more than usual		
A	63. Overall, how would you rate the current level of stress in your <u>personal</u> life? <input checked="" type="checkbox"/> Much less than usual <input checked="" type="checkbox"/> Less than usual <input checked="" type="checkbox"/> About the same as usual <input checked="" type="checkbox"/> More than usual <input checked="" type="checkbox"/> Much more than usual		
FAMILY LIFE			
A		64. [Ask if Q7 = "Yes" AND QRefError = "Yes"] To what extent do you feel that child care issues will impact whether you stay in the National Guard/Reserve? <input checked="" type="checkbox"/> Very large extent <input checked="" type="checkbox"/> Large extent <input checked="" type="checkbox"/> Moderate extent <input checked="" type="checkbox"/> Small extent <input checked="" type="checkbox"/> Not at all	
A		65. [Ask if Q5 = "Married" OR Q5 = "Separated"] Is your spouse <u>currently</u> serving in the military? <input checked="" type="checkbox"/> Yes, on active duty (not as a member of the National Guard/Reserve) <input checked="" type="checkbox"/> Yes, as a member of the National Guard/Reserve in a full-time active duty program (AGR/FTS/AR) <input checked="" type="checkbox"/> Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)	

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	Base	Conditional	Alternate
		<input checked="" type="checkbox"/> No	
A		66. [Ask if (Q5 = "Married" OR Q5 = "Separated") OR Q6 = "Yes"] To what extent do you and your spouse/significant other agree on your <u>National Guard/Reserve</u> career plans? <input checked="" type="checkbox"/> Strongly agree <input checked="" type="checkbox"/> Agree <input checked="" type="checkbox"/> Neither agree nor disagree <input checked="" type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly disagree	
A		67. [Ask if (Q5 = "Married" OR Q5 = "Separated") OR Q6 = "Yes"] To what extent does your spouse/significant other have a choice in whether you stay in the National Guard/Reserve? <input checked="" type="checkbox"/> Very large extent <input checked="" type="checkbox"/> Large extent <input checked="" type="checkbox"/> Moderate extent <input checked="" type="checkbox"/> Small extent <input checked="" type="checkbox"/> Not at all	
A		68. [Ask if (Q5 = "Married" OR Q5 = "Separated" OR Q6 = "Yes") AND Q15 = "Yes"] Were any of your deployments in the past 24 months longer than your spouse/significant other expected? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Base	Conditional	Alternate
FOOD ASSISTANCE		
<p>A The following are statements that people have made about their food situation.</p> <p>69. How often were each of the following statements true for you and your household in the past 12 months—that is, since last [name of current month]? <i>Mark one answer for each item.</i></p> <div style="border: 1px solid gray; padding: 5px; margin: 10px 0;"> <p style="text-align: right;">Don't know</p> <p style="text-align: center;">Often true</p> <p style="text-align: center;">Sometimes true</p> <p style="text-align: center;">Never true</p> </div> <p>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"/></p> <p>b. I/We couldn't afford to eat balanced meals..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>		
<p>A 70. In the past 12 months, since last [name of current month], did you or other adults in your household ever cut the size of your meals or skip meals because there was <u>not</u> enough money for food?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Don't know</p>	<p>71. [Ask if Q70 = "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 <u>not</u> enough money for food?</p> <p><input checked="" type="checkbox"/> Almost every month</p> <p><input checked="" type="checkbox"/> Some months but not every month</p> <p><input checked="" type="checkbox"/> Only 1 or 2 months</p> <p><input checked="" type="checkbox"/> Don't know</p>	
<p>A 72. In the past 12 months, did you ever eat less than you felt you should because there was <u>not</u> enough money for food?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Don't know</p>		

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	Base	Conditional	Alternate
A	<p>73. In the past 12 months, were you ever hungry but did not eat because there was <u>not</u> enough money for food?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Don't know</p>		
A	<p>74. Choose the best statement that represents your home/barracks/dorm/ship TODAY (where you are living now): <i>Mark all that apply.</i></p> <p><input checked="" type="checkbox"/> Kitchen with major appliances (e.g., refrigerator, stove, microwave) and food prep/cooking supplies. <input checked="" type="checkbox"/> Shared kitchen in building with major appliances and food prep/cooking supplies. <input checked="" type="checkbox"/> Shared kitchen in building with major appliances, without any food prep/cooking supplies. <input checked="" type="checkbox"/> No kitchen in building, but have mini-refrigerator and microwave in room. <input checked="" type="checkbox"/> Room/Rack without any food prep/cooking capability.</p>		
A	<p>75. In a typical week, how many meals do you get at the military dining facility (DFAC)/galley?</p> <p><input type="text"/> <input type="text"/> Meals</p>		
A	<p>76. When you don't eat at the military dining facility (DFAC)/galley, what are the reasons? <i>Mark all that apply.</i></p> <p><input checked="" type="checkbox"/> Not applicable (I always go to the DFAC/galley) <input checked="" type="checkbox"/> No DFAC/galley available or closed <input checked="" type="checkbox"/> No transportation to get there <input checked="" type="checkbox"/> Lines are too long to wait</p>		

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	Base	Conditional	Alternate
	<input checked="" type="checkbox"/> Not enough time <input checked="" type="checkbox"/> Don't like the food at the DFAC/galley <input checked="" type="checkbox"/> Eat at home or bring food from home <input checked="" type="checkbox"/> Prefer to eat at fast food or other local restaurant <input checked="" type="checkbox"/> Other		
A	77. Are you currently receiving support from any of the following nutrition assistance resources? <i>Mark all that apply.</i> <input checked="" type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program/Food Stamps) <input checked="" type="checkbox"/> WIC (Women, Infants, and Children) program <input checked="" type="checkbox"/> National School Breakfast Program (children receive free or reduced breakfast at school) <input checked="" type="checkbox"/> National School Lunch Program (children receive free or reduced lunch at school) <input checked="" type="checkbox"/> Some other assistance resource <input checked="" type="checkbox"/> No, I am not using any nutrition assistance resource		
A	78. Do you have any additional feedback related to access to quality food for you and your family? <i>Please do not include any personally identifiable information (e.g., names, addresses).</i> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ _____ _____ _____ _____ </div>		
FINANCIAL WELL-BEING AND EDUCATION			
A	79. Which of the following <u>best</u> describes your		

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	Base	Conditional	Alternate																		
	<p>(and/or your spouse's) financial condition?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Very comfortable and secure <input checked="" type="checkbox"/> Able to make ends meet without much difficulty <input checked="" type="checkbox"/> Occasionally have some difficulty making ends meet <input checked="" type="checkbox"/> Tough to make ends meet but keeping your head above water <input checked="" type="checkbox"/> In over your head 																				
A	<p>80. Compared to 12 months ago, is your financial situation better, worse, or has it stayed the same?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Much better <input checked="" type="checkbox"/> Somewhat better <input checked="" type="checkbox"/> Stayed the same <input checked="" type="checkbox"/> Somewhat worse <input checked="" type="checkbox"/> Much worse 	<p>81. [Ask if Q80 = "Much better" OR Q80 = "Somewhat better"] Which of the following are reasons why your financial situation is <u>better</u> than it was 12 months ago? Mark "Yes" or "No" for each item.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. Change related to your employment (e.g., new job, increase in pay)</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. Change related to your spouse's employment (e.g., new job, increase in pay).....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. Change in your family situation (e.g., got married or divorced, fewer children living at home).....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>d. Reduction in debt and/or expenses (e.g., paid off credit card, student loan, or other debt).....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>e. Better financial management (e.g., used financial education strategies, increased savings, followed budget).....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	a. Change related to your employment (e.g., new job, increase in pay)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Change related to your spouse's employment (e.g., new job, increase in pay).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Change in your family situation (e.g., got married or divorced, fewer children living at home).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Reduction in debt and/or expenses (e.g., paid off credit card, student loan, or other debt).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Better financial management (e.g., used financial education strategies, increased savings, followed budget).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Yes	No																			
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e. Better financial management (e.g., used financial education strategies, increased savings, followed budget).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			
A		<p>82. [Ask if Q80 = "Much worse" OR Q80 = "Somewhat worse"] Which of the following are reasons why your financial situation is <u>worse</u> than it was 12 months ago? Mark "Yes" or "No" for each item.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 100px;"> </td> </tr> </tbody> </table>		Yes	No																
	Yes	No																			

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Base	Conditional	Alternate
	<p style="text-align: right;">Yes</p> <p>a. Change related to your employment (e.g., lost job, decrease in pay) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>b. Change related to your spouse's employment (e.g., lost job, decrease in pay)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>c. Change in your family situation (e.g., got married or divorced, had a baby, provided financial support for family)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>d. Increased debt and/or expenses (e.g., unplanned expenses, additional loans)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>e. Financial management challenges (e.g., used savings, did not follow budget)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>	
<p>A 83. Which of the following activities do you do <u>routinely</u> in order to manage your finances? Mark "Yes" or "No" for each item.</p> <p style="text-align: right;">No</p> <p style="text-align: center;">Yes</p> <p>a. Make short-term financial plans (e.g., renting a house, purchasing a vehicle, saving for vacation, medical/dental/vision expenses) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>b. Make and/or monitor long-term financial plans (e.g., home ownership, retirement, insurance, children's college education)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>c. Follow a monthly budget or spending plan..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>d. Contribute to a savings account for emergency savings or other savings goal... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>e. Review your Leave and Earnings Statement (LES)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>f. Contribute to a retirement account (e.g., the Thrift Savings Plan (TSP), IRA, 401(k))..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>g. Monitor your credit score/rating..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>		
<p>A 84. From which of the following resources have you received information, training, or counseling on <u>any</u> financial topic? Mark "Yes" or "No" for each item.</p>		

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<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Military financial training, class, or seminar (online or classroom)</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. Military financial counseling (in-person, by telephone, or virtually).....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. Unit leadership or financial specialist within your unit (e.g., Command Financial Specialist, Corporal for Financial Fitness, Command Financial NCO).....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>d. Military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance).....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>e. On-base financial institution (e.g., bank or credit union).....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>f. Online military resource(s) (e.g., Office of Financial Readiness, Sen\$e app, Military OneSource, Service or installation financial readiness program)....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>g. Non-military financial counselor, advisor, or other resource (e.g., social or charitable organizations, online blogs and articles).....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>h. Family/friends/peers.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	a. Military financial training, class, or seminar (online or classroom)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Military financial counseling (in-person, by telephone, or virtually).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Unit leadership or financial specialist within your unit (e.g., Command Financial Specialist, Corporal for Financial Fitness, Command Financial NCO).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. On-base financial institution (e.g., bank or credit union).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Online military resource(s) (e.g., Office of Financial Readiness, Sen\$e app, Military OneSource, Service or installation financial readiness program)....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	g. Non-military financial counselor, advisor, or other resource (e.g., social or charitable organizations, online blogs and articles).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	h. Family/friends/peers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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h. Family/friends/peers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																											
<p>A 85. Which of the following statements <u>best</u> describes your (and your spouse's, if applicable) saving or investment habits?</p> <p><input checked="" type="checkbox"/> Unable to save or invest—usually spend more than income</p> <p><input checked="" type="checkbox"/> Unable to save or invest—usually spend about as much as income</p> <p><input checked="" type="checkbox"/> Save or invest whatever is left over at the end of the month—no regular plan</p> <p><input checked="" type="checkbox"/> Save or invest regularly by putting money aside each month</p>																													
<p>A 86. Please indicate whether the following are financial goals for you (and your spouse, if</p>																													

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<p>applicable). <i>If a goal does not apply to you, please select “No, this is not a goal for me/us.” Mark one answer for each item.</i></p> <table border="1" data-bbox="195 337 751 873"> <thead> <tr> <th data-bbox="195 337 598 386">I/we have met this goal</th> <th data-bbox="598 337 751 386"></th> <th data-bbox="598 386 751 435">No, this is not a goal for me/us</th> <th data-bbox="598 435 751 483">Yes, this is a goal for me/us</th> </tr> </thead> <tbody> <tr> <td>a. Saving for retirement.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. Saving for child(ren)'s education.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. Saving for a safety net/emergency fund.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>d. Paying off your education-related loans (e.g., federal or private student loans).....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>e. Being free of debt, except for mortgage.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>f. Buying a home.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>g. Saving for a major purchase (e.g., vehicle, vacation, household items).....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	I/we have met this goal		No, this is not a goal for me/us	Yes, this is a goal for me/us	a. Saving for retirement.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Saving for child(ren)'s education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Saving for a safety net/emergency fund.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Paying off your education-related loans (e.g., federal or private student loans).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Being free of debt, except for mortgage.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Buying a home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	g. Saving for a major purchase (e.g., vehicle, vacation, household items).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<p>A 87. In the past 12 months, which of the following options <u>best</u> describes how you most frequently pay credit card debt?</p> <p><input checked="" type="checkbox"/> Pay credit card balance in full each month</p> <p><input checked="" type="checkbox"/> Pay more than minimum payment but not full balance</p> <p><input checked="" type="checkbox"/> Pay only minimum payment</p> <p><input checked="" type="checkbox"/> I do not use credit cards</p>																																		
<p>A 88. How much do you (and your spouse, if applicable) have in an emergency savings fund, in terms of your <u>average</u> monthly expenses?</p> <p><input checked="" type="checkbox"/> Less than 1 month</p> <p><input checked="" type="checkbox"/> Between 1 and 3 months</p> <p><input checked="" type="checkbox"/> Between 4 and 6 months</p>																																		

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	<input checked="" type="checkbox"/> More than 6 months <input checked="" type="checkbox"/> I do not have an emergency savings fund														
A	<p>89. Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense? <i>If you would use more than one method to cover this expense, please select all that apply.</i></p> <input checked="" type="checkbox"/> Put it on my credit card and pay it off in full at the next statement <input checked="" type="checkbox"/> Put it on my credit card and pay it off over time <input checked="" type="checkbox"/> With the money currently in my checking/savings account or with cash <input checked="" type="checkbox"/> Using money from a bank loan or line of credit <input checked="" type="checkbox"/> By borrowing from a friend or family member <input checked="" type="checkbox"/> Using a payday loan, deposit advance, or overdraft <input checked="" type="checkbox"/> Using a loan or grant from a military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief) <input checked="" type="checkbox"/> By selling something <input checked="" type="checkbox"/> I wouldn't be able to pay for the expense right now														
A	<p>90. In the <u>past 12 months</u>, did any of the following happen to you (and/or your spouse, if applicable)? Mark "Yes" or "No" for each item.</p> <table border="1" data-bbox="197 1203 753 1476"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Failed to make a monthly/minimum payment on your credit card</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. Failed to make a rent or mortgage payment.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. Had a debt referred to a collection agency.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	a. Failed to make a monthly/minimum payment on your credit card	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Failed to make a rent or mortgage payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Had a debt referred to a collection agency.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<ul style="list-style-type: none"> d. Had telephone, cable, or internet shut off... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> e. Had water, heat, or electricity shut off..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> f. Failed to make a vehicle payment..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> g. Had a vehicle repossessed..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> h. Filed for personal bankruptcy..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> i. Paid overdraft fees to your bank or credit union..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> j. Borrowed money from family and/or friends to pay bills..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> k. Took money out of a retirement fund or investment to pay bills..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> l. Had personal relationship problems with your partner due to finances..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> m. Received a notification about your security clearance due to your financial condition..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> n. Had adverse personnel action due to your financial condition..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> o. Provided unplanned financial support to a family member who did <u>not</u> live with you..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 																										
<p>A 91. In the <u>past 12 months</u>, have you (and/or your spouse, if applicable) used any of the following financial products or services? Mark “Yes” or “No” for each item.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%;"></th> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td></td> </tr> </thead> <tbody> <tr> <td>a. Overdraft protection for bank account—loan or line of credit</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. Buy Now Pay Later product.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. Payday loan.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>d. Vehicle title loan (a loan where you obtain money by providing a vehicle title as collateral).....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>e. Cash advance on a credit card.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>f. Pawn loan.....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		No			Yes		a. Overdraft protection for bank account—loan or line of credit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Buy Now Pay Later product.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. Payday loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Vehicle title loan (a loan where you obtain money by providing a vehicle title as collateral).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Cash advance on a credit card.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Pawn loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<p>g. Loan or grant from a military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>h. Other loan or advance (e.g., mobile app).... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>		
<p>A 92. How well does each statement describe you or your situation? <i>Mark one answer for each item.</i></p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;"> <p style="text-align: right;">Completely</p> <p style="text-align: center;">Very well</p> <p style="text-align: center;">Somewhat</p> <p style="text-align: center;">Very little</p> <p style="text-align: center;">Not at all</p> </div> <p>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"/></p> <p>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"/></p> <p>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"/></p>		
<p>A 93. How often does each of the following statements apply to you? <i>Mark one answer for each item.</i></p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;"> <p style="text-align: right;">Always</p> <p style="text-align: center;">Often</p> <p style="text-align: center;">Sometimes</p> <p style="text-align: center;">Rarely</p> <p style="text-align: center;">Never</p> </div> <p>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"/></p> <p>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"/></p>		

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<p>A The Department of Defense is interested in assessing the overall financial literacy and preparedness of military members. By completing the next set of items, you will help the Department determine how well military members understand a variety of financial-related topics. <i>For each question or statement, please select the BEST response. If you are not sure about an answer, please select "Don't know."</i></p> <p>94. Suppose you had \$100 in a savings account and the interest rate was 2% per year. After five years, how much do you think you would have in the account if you left the money to grow?</p> <p><input checked="" type="checkbox"/> More than \$102 <input checked="" type="checkbox"/> Exactly \$102 <input checked="" type="checkbox"/> Less than \$102 <input checked="" type="checkbox"/> Don't know</p>		
<p>A 95. Imagine that the interest rate on your savings account was 1% per year and inflation was 2% per year. After 1 year, how much would you be able to buy with the money in this account?</p> <p><input checked="" type="checkbox"/> More than today <input checked="" type="checkbox"/> Exactly the same <input checked="" type="checkbox"/> Less than today <input checked="" type="checkbox"/> Don't know</p>		
<p>A 96. Is the following statement true or false?</p> <p>A 15-year mortgage typically requires higher monthly payments than a 30-year mortgage, but the total interest paid over the life of the loan will be less.</p> <p><input checked="" type="checkbox"/> True <input checked="" type="checkbox"/> False</p>		

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	<input checked="" type="checkbox"/> Don't know		
A	97. Is the following statement true or false? Buying a single company's stock usually provides a safer return than a stock mutual fund. <input checked="" type="checkbox"/> True <input checked="" type="checkbox"/> False <input checked="" type="checkbox"/> Don't know		
A	98. Is the following statement true or false? An insurance deductible is an amount you are responsible for paying before the insurance company will pay on your insurance claim. <input checked="" type="checkbox"/> True <input checked="" type="checkbox"/> False <input checked="" type="checkbox"/> Don't know		
A	99. Which of the following does not impact your credit score? <input checked="" type="checkbox"/> Paying bills on time <input checked="" type="checkbox"/> Checking your own credit score <input checked="" type="checkbox"/> The percentage of available credit used <input checked="" type="checkbox"/> Applying for new credit <input checked="" type="checkbox"/> Don't know		
A	100. Under the Blended Retirement System (BRS), the government will contribute 1%		

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	<p>of your base pay to your Thrift Savings Plan (TSP) account and match up to an additional ___ percent based on your TSP contribution after you are vested in TSP.</p> <p><input checked="" type="checkbox"/> 4% for a total of 5%</p> <p><input checked="" type="checkbox"/> 5% for a total of 6%</p> <p><input checked="" type="checkbox"/> There is no government match</p> <p><input checked="" type="checkbox"/> Don't know</p>		
A	<p>101. In managing your personal budget, what is discretionary income?</p> <p><input checked="" type="checkbox"/> Special pays, allowances, and bonuses outside of military base pay</p> <p><input checked="" type="checkbox"/> The money used to make your rent or mortgage payment or other such fixed expenses</p> <p><input checked="" type="checkbox"/> The money remaining after taxes and fixed expenses (such as rent/mortgage, utilities, insurance) are paid</p> <p><input checked="" type="checkbox"/> Don't know</p>		
ADDITIONAL BACKGROUND INFORMATION			
A	<p>102. Thinking about your experiences over the last year, which of the following did you or your household members use to meet your spending needs? <i>Mark all that apply.</i></p> <p><input checked="" type="checkbox"/> Withdrawal from savings account</p> <p><input checked="" type="checkbox"/> Withdrawal from retirement account</p> <p><input checked="" type="checkbox"/> Selling assets (i.e., stocks)</p> <p><input checked="" type="checkbox"/> Unemployment insurance (UI) benefit payments</p> <p><input checked="" type="checkbox"/> Deferred or forgiven payments (i.e., student loans, mortgage, or rent)</p> <p><input checked="" type="checkbox"/> None of the above</p>		
A	<p>103. In <u>2022</u>, what was your total household</p>		

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	<p>income before taxes?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Less than \$25,000 <input checked="" type="checkbox"/> \$25,000–\$34,999 <input checked="" type="checkbox"/> \$35,000–\$49,999 <input checked="" type="checkbox"/> \$50,000–\$74,999 <input checked="" type="checkbox"/> \$75,000–\$99,999 <input checked="" type="checkbox"/> \$100,000–\$149,999 <input checked="" type="checkbox"/> \$150,000–\$199,999 <input checked="" type="checkbox"/> \$200,000 and above 		
A	<p>104. How much does <u>your</u> income contribute toward your total household income?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Less than 50% <input checked="" type="checkbox"/> 50% <input checked="" type="checkbox"/> More than 50% 	<p>105. [Ask if Q5 = "Married" OR Q5 = "Separated" OR Q6 = "Yes"] How much does your <u>spouse/significant other's</u> income contribute toward your total household income?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Less than 50% <input checked="" type="checkbox"/> 50% <input checked="" type="checkbox"/> More than 50% 	
SUICIDE PREVENTION AWARENESS			
A	<p>The next several questions ask about a time period in your life when you may have faced some challenges. We understand these are sensitive issues, but the Department wants to know more about members' experiences so they can help others who face similar challenges. Responses to these items are completely voluntary and confidential. Your responses will only be reported in aggregate form. Your individual data will not be reported.</p> <p>106. Have you ever wished you were dead or wished you could go to sleep and never wake up?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes, within the last year <input checked="" type="checkbox"/> Yes, more than a year ago <input checked="" type="checkbox"/> No 		

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	Base	Conditional	Alternate
A	<p>107. Have you actually had any thoughts of killing yourself</p> <p><input checked="" type="checkbox"/> Yes, within the last year</p> <p><input checked="" type="checkbox"/> Yes, more than a year ago</p> <p><input checked="" type="checkbox"/> No</p>	<p>108. [Ask if Q107 = "Yes, within the last year" OR "Yes, not within the last year"] Have you ever done anything, started to do anything, or prepared to do anything to end your life?</p> <p><input checked="" type="checkbox"/> Yes, within the last year</p> <p><input checked="" type="checkbox"/> Yes, more than a year ago</p> <p><input checked="" type="checkbox"/> No</p>	
A		<p>109. [Ask if Q107 = "Yes, within the last year" OR "Yes, not within the last year"] Have you made an actual suicide attempt that required you to seek medical attention or treatment?</p> <p><input checked="" type="checkbox"/> Yes, within the last year</p> <p><input checked="" type="checkbox"/> Yes, more than a year ago</p> <p><input checked="" type="checkbox"/> No</p>	
A	<p>110. Have you ever intentionally hurt yourself (e.g., cut or hit yourself) to relieve stress, feel better, get sympathy, or get something else to happen without any intention of killing yourself?</p> <p><input checked="" type="checkbox"/> Yes, within the last year</p> <p><input checked="" type="checkbox"/> Yes, more than a year ago</p> <p><input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Not sure</p>		
A	<p>111. Please indicate how much you agree with the following statements.</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Disagree</p>		

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Base	Conditional	Alternate
<p style="text-align: center;">Neither agree nor disagree</p> <p style="text-align: center;">Agree</p> <p style="text-align: center;">Strongly agree</p> <p>a. I am familiar with local emergency/crisis resources available for people who might be at an increased risk for suicide or self-harm (e.g., local crisis line, psychiatric emergency response team contact information, or location of local emergency departments).....</p> <p>b. I am familiar with national/international emergency/crisis resources available for people who might be at an increased risk for suicide or self-harm (e.g., Military/Veteran Crisis line, National Suicide Prevention Lifeline, OCONUS/overseas crisis lines).....</p> <p>c. I am confident that I can identify when someone is at an increased risk for suicide or self-harm.....</p> <p>d. I am confident that I can help identify, and steer someone who might be at an increased risk for suicide or self-harm toward appropriate helping resources.....</p> <p>e. I feel comfortable utilizing the helping resources available to me and my family.....</p>		
<p>A 112. Since joining the military, have you known a fellow Service member, or a family</p>	<p>113. [Ask if Q112 = "Yes, within the last year"] You indicated that you knew a</p>	

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	Base	Conditional	Alternate
	<p>member of a fellow Service member, who died by suicide?</p> <p><input checked="" type="checkbox"/> Yes, within the last year</p> <p><input checked="" type="checkbox"/> Yes, more than a year ago</p> <p><input checked="" type="checkbox"/> No</p>	<p>fellow Service member, or family member of a fellow Service member, who died by suicide within the past year. Did you receive support or counseling from any of the following sources to help you with this loss?</p> <p><input checked="" type="checkbox"/> Yes, I received support from someone within the military community (e.g. a Chaplain, Casualty Assistance Officer, Unit Commander or Leader, military mental health provider, Military and Family Life Counseling (MFLC), or other counselor)</p> <p><input checked="" type="checkbox"/> Yes, I received support but it was from someone outside the military community</p> <p><input checked="" type="checkbox"/> No, I did not receive any support</p>	
A		<p>114. [Ask if Q113 = "Yes, I received support from someone within the military community"] In general, taking all the sources of military support into consideration, how helpful was the support or counseling you received?</p> <p><input checked="" type="checkbox"/> Extremely helpful</p> <p><input checked="" type="checkbox"/> Very helpful</p> <p><input checked="" type="checkbox"/> Somewhat helpful</p> <p><input checked="" type="checkbox"/> Slightly helpful</p> <p><input checked="" type="checkbox"/> Not at all helpful</p>	
A	<p>115. What is your level of awareness of each of the following support services?</p> <p>I have never heard of this service</p> <p>I have heard of this service, but I have not used it because I am not in need of this support service</p> <p>I have heard of this service and have used it in the past, but not in the past year</p>		

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<p>I have heard about this service and have used it within the past year</p> <p>I have heard of this service, but I do not really know what it is</p> <p>a. Military OneSource..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>b. Embedded Mental/Behavioral Health Provider (e.g., uniformed providers attached to a military unit)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>c. Installation Community Counseling Center or Family Service Centers..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>d. Military and Family Life Counseling (MFLC) Program..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>e. Veterans Crisis Line/Military Crisis Line..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>f. National Suicide Prevention Lifeline..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>g. Chaplain..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>h. Family Support (e.g., Deployment/Family Readiness Coordination, Key Spouse)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>i. Military treatment facility provider..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>j. Civilian mental health provider..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>		
<p>A 116. Please indicate whether any of the following concerns have prevented you from seeking, or made it hard for you to access, support for personal problems (e.g., relationship, financial, mental health, or other stresses). <i>Mark all that apply.</i></p> <p><input checked="" type="checkbox"/> I feared a negative impact on my career</p> <p><input checked="" type="checkbox"/> I feared loss of privacy/confidentiality</p> <p><input checked="" type="checkbox"/> I was worried about being perceived as broken by others</p> <p><input checked="" type="checkbox"/> I was worried about being stigmatized for seeking</p>		

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<p>help within the military community</p> <p><input checked="" type="checkbox"/> I was not sure my situation can be helped with the resources available</p> <p><input checked="" type="checkbox"/> My spouse/partner refused or was unwilling to seek help</p> <p><input checked="" type="checkbox"/> I didn't know who to turn to</p> <p><input checked="" type="checkbox"/> I wasn't sure what resources exist</p> <p><input checked="" type="checkbox"/> I did not think it would help</p> <p><input checked="" type="checkbox"/> I did not know where to get help</p> <p><input checked="" type="checkbox"/> It was too difficult to schedule an appointment</p> <p><input checked="" type="checkbox"/> It was too difficult to get time off work</p> <p><input checked="" type="checkbox"/> It was too difficult to get childcare</p> <p><input checked="" type="checkbox"/> It was too difficult to reach the location where the services are offered</p> <p><input checked="" type="checkbox"/> Not applicable. I did not have concerns that prevented me from seeking help</p>		
REUNION AND REINTEGRATION		
<p>A 117. Have you attended any of the following Yellow Ribbon Reintegration Program (YRRP) events? <i>If you have attended an event, please indicate when you attended (you can provide multiple answers). If you have not attended an event, please mark "No, I have not attended this event."</i></p> <p><input type="checkbox"/> No, I have not attended any events</p> <p><input type="checkbox"/> Yes, over 12 months ago</p> <p><input type="checkbox"/> Yes, within the past 12 months</p> <p>a. Pre-deployment, including Deployment Readiness Training..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>b. During deployment..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>c. Post-deployment, including Returning Warrior Workshop..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>	<p>118. [Ask if Q117 a = "Yes, within the past 12 months" OR Q117 b = "Yes, within the past 12 months" OR Q117 c = "Yes, within the past 12 months"] In the past 12 months, has your awareness increased in the following areas? <i>Mark one answer for each item.</i></p> <p><input type="checkbox"/> No, I have not become more aware</p> <p><input type="checkbox"/> Yes, but unrelated to attending a YRRP event</p> <p><input type="checkbox"/> Yes, as a result of attending a YRRP event</p> <p>a. Child/youth services..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>b. Community-based services/benefits..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>c. Education and vocational training..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>d. Employer Support of the Guard & Reserve (ESGR)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>e. Employment resources..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>	

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		<p style="text-align: right;">No, I have not become more aware</p> <p style="text-align: right;">Yes, but unrelated to attending a YRRP event</p> <p style="text-align: right;">Yes, as a result of attending a YRRP event</p> <p>f. Financial resources..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>g. Home loan/Housing assistance benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>h. Legal assistance..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>i. Medical and/or dental benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>j. Mental health counseling/ counseling resources..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>k. Sexual Assault Prevention and Response (SAPR) program..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>l. Spiritual assistance (chaplain/ clergy)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>m. Substance abuse counseling..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>n. Suicide prevention counseling/ outreach..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>o. Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
A		<p>119. [Ask if Q117 a <> "In the past 12 months" AND Q117 b <> "In the past 12 months" AND Q117 c <> "In the past 12 months"] In the past 12 months, has your awareness increased in the following areas? Mark one answer for each item.</p> <p style="text-align: right;">No</p> <p style="text-align: right;">Yes</p> <p>a. Child/youth services <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Community-based services/benefits..... <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Education and vocational training..... <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Employer Support of the Guard & Reserve (ESGR)..... <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Employment resources..... <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Financial resources..... <input type="checkbox"/> <input type="checkbox"/></p> <p>g. Home loan/Housing assistance benefits..... <input type="checkbox"/> <input type="checkbox"/></p>	<p>120. [Ask if Q117 a = "Yes, within the past 12 months" OR Q117 b = "Yes, within the past 12 months" OR Q117 c = "Yes, within the past 12 months"] In the past 12 months, have you used any of the following? Mark one answer for each item.</p> <p style="text-align: right;">No, and I do not plan to use</p> <p style="text-align: right;">No, but I plan to use</p> <p style="text-align: right;">Yes, but unrelated to attending a YRRP event</p> <p style="text-align: right;">Yes, as a result of attending a YRRP event</p> <p>a. Child/youth services..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Community-based services/ benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Education and vocational training..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

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	Base	Conditional	Alternate
		<p>h. Legal assistance..... <input type="checkbox"/> <input type="checkbox"/></p> <p>i. Medical and/or dental benefits..... <input type="checkbox"/> <input type="checkbox"/></p> <p>j. Mental health counseling/ counseling resources..... <input type="checkbox"/> <input type="checkbox"/></p> <p>k. Sexual Assault Prevention and Response (SAPR) program..... <input type="checkbox"/> <input type="checkbox"/></p> <p>l. Spiritual assistance (chaplain/clergy)..... <input type="checkbox"/> <input type="checkbox"/></p> <p>m. Substance abuse counseling..... <input type="checkbox"/> <input type="checkbox"/></p> <p>n. Suicide prevention counseling/outreach..... <input type="checkbox"/> <input type="checkbox"/></p> <p>o. Other..... <input type="checkbox"/> <input type="checkbox"/></p>	<p>No, and I do not plan to use</p> <p>No, but I plan to use</p> <p>Yes, but unrelated to attending a YRRP event</p> <p>Yes, as a result of attending a YRRP event</p> <p>d. Employer Support of the Guard & Reserve (ESGR)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Employment resources..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Financial resources..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>g. Home loan/Housing assistance benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>h. Legal assistance..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>i. Medical and/or dental benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>j. Mental health counseling/ counseling resources..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>k. Sexual Assault Prevention and Response (SAPR) program..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>l. Spiritual assistance (chaplain/ clergy)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>m. Substance abuse counseling..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>n. Suicide prevention counseling/outreach..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>o. Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
A			<p>121. [Ask if Q117 a <> "In the past 12 months" AND Q117 b <> "In the past 12 months" AND Q117 c <> "In the past 12 months"] In the past 12 months, have you used any of the following? <i>Mark one answer for each item.</i></p> <p>No, but I plan to</p> <p>No, and I do not plan to</p> <p>Yes</p> <p>a. Child/youth services..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Community-based services/benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

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			<ul style="list-style-type: none"> c. Education and vocational training..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. Employer Support of the Guard & Reserve (ESGR)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> e. Employment resources..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> f. Financial resources..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> g. Home loan/Housing assistance benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> h. Legal assistance..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> i. Medical and/or dental benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> j. Mental health counseling/ counseling resources..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> k. Sexual Assault Prevention and Response (SAPR) program..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> l. Spiritual assistance (chaplain/ clergy)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m. Substance abuse counseling..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> n. Suicide prevention counseling/ outreach..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> o. Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A		<p>122. [Ask if Q117 a = "Yes, within the past 12 months" OR Q117 b = "Yes, within the past 12 months" OR Q117 c = "Yes, within the past 12 months"] As a result of attending a Yellow Ribbon Reintegration Program event in the past 12 months, indicate how you have changed in the following areas. Mark one answer for each item.</p> <div style="border: 1px solid gray; padding: 5px; margin: 5px 0;"> <p style="text-align: right;">Much worse</p> <p style="text-align: center;">Somewhat worse</p> <p style="text-align: center;">Stayed the same</p> <p style="text-align: center;">Somewhat better</p> <p style="text-align: center;">Much better</p> </div> <ul style="list-style-type: none"> a. Communication skills..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. Employment..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	

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	Base	Conditional	Alternate
		<p>c. Financial management..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Legal matters..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Medical/physical health..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Mental health..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>g. Stress management skills..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>h. VA benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
A		<p>123. [Ask if Q117 a <> "In the past 12 months" AND Q117 b <> "In the past 12 months" AND Q117 c <> "In the past 12 months"] In the past 12 months, indicate how you have changed in the following areas. <i>Mark one answer for each item.</i></p> <div style="text-align: center;"> <p>Much worse</p> <p>Somewhat worse</p> <p>Stayed the same</p> <p>Somewhat better</p> <p>Much better</p> </div> <p>a. Communication skills..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Employment..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Financial management..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Legal matters..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Medical/physical health..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Mental health..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>g. Stress management skills..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>h. VA benefits..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
A		<p>124. [Ask if Q117 a <> "No, I have not attended this event" AND Q117 b <> "No, I have not attended this event" AND Q117 c <> "No, I have not attended this event"] Would you recommend the</p>	

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	<p>Yellow Ribbon Reintegration Program to others?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	
TAKING THE SURVEY		
<p>A A “military survey” is defined as a survey regarding military topics (e.g., readiness, programs/services, tempo, benefits).</p>		
<p>125.Excluding this survey, how many military surveys have you been <u>asked to complete</u> in the past 12 months? <i>To indicate none, select “0.” To indicate 10 or more, select “10.”</i></p> <div data-bbox="197 711 747 756" style="border: 1px solid black; height: 28px; width: 262px; margin-bottom: 5px;"></div>		
<p>A 126.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. Do not include any personally identifiable information (PII) in your comments. 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.</p> <div data-bbox="197 1377 747 1516" style="border: 1px solid black; height: 86px; width: 262px; margin-bottom: 5px;"></div>	<p>127.[Ask if Q1 = "No, I separated or retired"] 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 <i>Previous</i> button and check your answer(s).</p> <p>To submit your answers, click the <i>Submit</i> button. For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail RC-Survey@mail.mil.</p>	

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	Base	Conditional	Alternate
	<input type="text"/>		