

2023 Status of Forces Survey of Active Duty Members

Base	Conditional	Alternate
BACKGROUND INFORMATION		
<p>A 1. Were you on active duty on April X, 2023?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No, I have separated or retired</p>		
<p>A 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><input checked="" type="checkbox"/> O-6 or above</p>		
<p>A 3. What is your marital status?</p> <p><input checked="" type="checkbox"/> Married</p> <p><input checked="" type="checkbox"/> Separated</p> <p><input checked="" type="checkbox"/> Divorced</p> <p><input checked="" type="checkbox"/> Widowed</p> <p><input checked="" type="checkbox"/> Never married</p>	<p>4. [Ask if Q3 = "Divorced" OR Q3 = "Widowed" OR Q3 = "Never married"]</p> <p>Do you have a significant other?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	
<p>A</p>	<p>In the following section, you will be asked questions about your spouse's employment status in enough detail to ensure comparability with national employment surveys.</p> <p>5. [Ask if Q3 = "Married" OR Q3 = "Separated"] Is your spouse currently serving on active duty (not a member of the National Guard or Reserve)?</p> <p><input checked="" type="checkbox"/> Yes</p>	

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		<input checked="" type="checkbox"/> No	
A		6. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No"] Is your spouse currently serving as a member of the National Guard or Reserve in a full-time, active duty program (AGR/FTS/AR)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A		7. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No"] Is your spouse currently serving as a member of another type of National Guard or Reserve unit (e.g., drilling unit, Individual Mobilization Augmentee [IMA], Individual Ready Reserve [IRR])? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A		8. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No"] <u>Last week</u> , did your spouse do <u>any</u> work for pay or profit? Mark "Yes" even if your spouse worked only 1 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		9. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6	

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		<p>= "No" AND Q8 = "No"] <u>Last week</u>, was your spouse <u>temporarily</u> absent from a job or business?</p> <p><input checked="" type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc.</p> <p><input checked="" type="checkbox"/> No</p>	
A		<p>10. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No" AND Q8 = "No" AND Q9 = "No"] Has your spouse been looking for work during the last 4 weeks?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	
A		<p>11. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No" AND Q8 = "No" AND Q9 = "No" AND Q10 = "Yes"] <u>Last week</u>, could your spouse have started a job if offered one, or returned to work if recalled?</p> <p><input checked="" type="checkbox"/> Yes, my spouse could have gone to work</p> <p><input checked="" type="checkbox"/> No, because of his/her temporary illness</p> <p><input checked="" type="checkbox"/> No, because of state occupational licensing barriers</p> <p><input checked="" type="checkbox"/> No, because child care was not available</p> <p><input checked="" type="checkbox"/> No, because of other reasons (in school, etc.)</p>	
A	<p>12. What is the <u>highest</u> degree or level of school or training that <u>you</u> have completed? Mark the <u>one</u> answer that describes the highest grade, degree, or level of training that you have completed.</p>		

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	<input checked="" type="checkbox"/> 12 years or less of school (no diploma) <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"/> Professional license, accreditation, or certificate (e.g., fitness instructor, massage therapist, electrician, welder) <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)		
<p>A</p>	<p>For the next questions, the definition of “<u>child, children, or other legal dependents</u>” 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> <p>13. Do you have a child, children, or other legal dependents based on the definition above?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>14. [Ask if Q13 = "Yes"] How many children or other legal dependents do you have in the age group specified below? <i>To indicate none, select "0." To indicate nine or more, select "9."</i></p> <p>5 years and younger <input type="text"/></p> <p>6–13 years old <input type="text"/></p> <p>14–18 years old <input type="text"/></p> <p>19–22 years old <input type="text"/></p> <p>23 years and older <input type="text"/></p>	
<p>A</p>	<p>15. Are you Spanish/Hispanic/Latino?</p>		

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	<input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input checked="" type="checkbox"/> Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino		
A	<p>16. 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		
A	<p>17. Where is your permanent duty station (homeport) located?</p> <input checked="" type="checkbox"/> In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession <input checked="" type="checkbox"/> Europe (e.g., Germany, Italy, Belgium, United Kingdom) <input checked="" type="checkbox"/> Former Soviet Union (e.g., Russia, Tajikistan, Uzbekistan, Kazakhstan) <input checked="" type="checkbox"/> East Asia and Pacific (e.g., Australia, Japan, Korea) <input checked="" type="checkbox"/> North Africa, Near East, or South Asia (e.g., Bahrain, Kuwait, Saudi Arabia, Diego Garcia) <input checked="" type="checkbox"/> Sub-Saharan Africa (e.g., Djibouti, Kenya, Liberia, South Africa) <input checked="" type="checkbox"/> Western Hemisphere (e.g., Cuba, Honduras, Peru) <input checked="" type="checkbox"/> Other or not sure	<p>18. [Ask if Q17 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession"] Please select from the list below your permanent duty station location (homeport) within one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession.</p> <input type="text"/>	
A	<p>19. Where do you live at your permanent duty station?</p> <input checked="" type="checkbox"/> Aboard ship	<p>[Ask if Q19 = "Other"] Please specify where you live at your permanent duty station. <i>Please do not include any</i></p>	

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	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Government-owned or leased barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, on base <input checked="" type="checkbox"/> Government-owned or leased barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, off base <input checked="" type="checkbox"/> Government-owned family housing, on base <input checked="" type="checkbox"/> Government-owned or leased family housing, off base <input checked="" type="checkbox"/> Privatized housing, on base, that you rent <input checked="" type="checkbox"/> Privatized housing, off base, that you rent <input checked="" type="checkbox"/> Civilian/community housing, off base, that you own or make a mortgage for <input checked="" type="checkbox"/> Civilian/community housing, off base, that you rent <input checked="" type="checkbox"/> Other 	<p><i>personally identifiable information (e.g., names, addresses).</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A		<p>20. [Ask if Q19 = "answered"] What is the approximate square footage of the housing?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
SATISFACTION			
A	<p>21. Taking all things into consideration, how satisfied are you, in general, with each of the following aspects of being in the military? <i>Mark one answer for each item.</i></p> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <div style="text-align: right; padding-right: 10px;">Very dissatisfied</div> <div style="text-align: right; padding-right: 10px;">Dissatisfied</div> <div style="text-align: center; padding: 5px 10px;">Neither satisfied nor dissatisfied</div> <div style="text-align: left; padding-left: 10px;">Satisfied</div> <div style="text-align: left; padding-left: 10px;">Very satisfied</div> </div>		

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	<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..... <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..... <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..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>		
A	<p>22. 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			
A	<p>23. How many years of active duty service have you completed (including enlisted, warrant officer, and commissioned officer time)? <i>To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35".</i></p> <p><input type="text"/> <input type="text"/> Years</p>		
A	<p>24. Suppose that you have to decide whether to stay on active duty. Assuming you could stay, how likely is it that you would choose to do so?</p> <p><input checked="" type="checkbox"/> Very likely</p> <p><input checked="" type="checkbox"/> Likely</p> <p><input checked="" type="checkbox"/> Neither likely nor unlikely</p>	<p>25. [Ask if Q3 = "Married" OR Q3 = "Separated" OR Q4 = "Yes"] Does your <u>spouse or significant other</u> think you should stay on or leave active duty?</p> <p><input checked="" type="checkbox"/> Strongly favors staying</p> <p><input checked="" type="checkbox"/> Somewhat favors staying</p> <p><input checked="" type="checkbox"/> Has no opinion one way or the other</p>	

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<input checked="" type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Very unlikely	<input checked="" type="checkbox"/> Somewhat favors leaving <input checked="" type="checkbox"/> Strongly favors leaving																																					
<p>A 26. Does your <u>family</u> think you should stay on or leave active duty?</p> <input checked="" type="checkbox"/> Strongly favors staying <input checked="" type="checkbox"/> Somewhat favors staying <input checked="" type="checkbox"/> Has no opinion one way or the other <input checked="" type="checkbox"/> Somewhat favors leaving <input checked="" type="checkbox"/> Strongly favors leaving																																						
<p>A Responses from this question are used to determine levels of personal, unit, and overall commitment. Please provide your answer for <u>each</u> statement so that these three can be assessed.</p> <p>27. How much do you agree or disagree with each of the following statements? <i>Mark one answer for each item.</i></p> <table border="1" data-bbox="197 850 758 1497"> <thead> <tr> <th></th> <th>Strongly disagree</th> <th>Disagree</th> <th>Neither agree nor disagree</th> <th>Agree</th> <th>Strongly agree</th> </tr> </thead> <tbody> <tr> <td>a. I enjoy serving in the military.....</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. Serving in the military is consistent with my personal goals.....</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. I would feel guilty if I left the military.....</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. Generally, on a day-to-day basis, I am happy with my life in the military.....</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. I would have difficulty finding a job if I left the military.....</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>		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	a. I enjoy serving in the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Serving in the military is consistent with my personal goals.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. I would feel guilty if I left the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Generally, on a day-to-day basis, I am happy with my life in the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. I would have difficulty finding a job if I left the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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	<p>f. If I left the military, I would feel like I had let my country down.....</p> <p>g. I continue to serve in the military because leaving would require considerable sacrifice.....</p> <p>h. One of the problems with leaving the military would be the lack of available alternatives.....</p> <p>i. I am committed to making the military my career.....</p>		
A	<p>28. When you leave active duty, how likely is it that you will join a National Guard or Reserve unit?</p> <p><input checked="" type="checkbox"/> Does not apply, retiring or otherwise ineligible</p> <p><input checked="" type="checkbox"/> Very likely</p> <p><input checked="" type="checkbox"/> Likely</p> <p><input checked="" type="checkbox"/> Neither likely nor unlikely</p> <p><input checked="" type="checkbox"/> Unlikely</p> <p><input checked="" type="checkbox"/> Very unlikely</p>		
DETAILED RETENTION			
	<p>29. Suppose that you have to decide whether to stay on active duty. Which of the following would be the <u>most</u> important factor in this decision? <i>Select one item from the list below.</i></p> <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>		
A	<p>30. How much time remains until you separate or retire from the military?</p> <p><input checked="" type="checkbox"/> I do not expect to separate or retire from the military in the next 2 years</p>	<p>31. [Ask if Q30 = "13–24 months" OR Q30 = "6–12 months" OR Q30 = "3–5 months" OR Q30 = "Less than 90 days"] To what extent is each of the following a</p>	

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<p> <input checked="" type="checkbox"/> Less than 90 days <input checked="" type="checkbox"/> 3–5 months <input checked="" type="checkbox"/> 6–12 months <input checked="" type="checkbox"/> 13–24 months </p>	<p>reason for your leaving the Service? <i>Mark one answer for each item.</i></p> <table border="1"> <thead> <tr> <th></th> <th>Very large extent</th> <th>Large extent</th> <th>Moderate extent</th> <th>Small extent</th> <th>Not at all</th> </tr> </thead> <tbody> <tr> <td>a. Involuntarily retired or separated/not accepted for reenlistment.....</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. 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Longer than normal duty days.....</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. Too much time away from home (excluding deployments).....</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. Too many deployments.....</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. 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The military is not for me.....</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>l. Spouse had difficulty finding job due to frequent PCS moves.....</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>m. Spouse had trouble finding a job that matches her/his skills, education, or work experience.....</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>n. Family burden.....</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>o. Financial security better as a civilian than in the military.....</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. Involuntarily retired or separated/not accepted for reenlistment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. 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Too much time away from home (excluding deployments).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	g. Too many deployments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	h. Too few deployments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	i. Continue my education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	j. Time to do something else.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	k. The military is not for me.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	l. Spouse had difficulty finding job due to frequent PCS moves.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	m. Spouse had trouble finding a job that matches her/his skills, education, or work experience.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n. Family burden.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	o. Financial security better as a civilian than in the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Very large extent	Large extent	Moderate extent	Small extent	Not at all																																																																																													
a. Involuntarily retired or separated/not accepted for reenlistment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
b. Near maximum age.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
c. Near maximum total time in grade.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
d. Overall job dissatisfaction.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
e. Longer than normal duty days.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
f. Too much time away from home (excluding deployments).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
g. Too many deployments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
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i. Continue my education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
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m. Spouse had trouble finding a job that matches her/his skills, education, or work experience.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
n. Family burden.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																													
o. Financial security better as a civilian than in the military.....	<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
		<div style="text-align: right; margin-bottom: 5px;">Not at all</div> <div style="text-align: right; margin-bottom: 5px;">Small extent</div> <div style="text-align: right; margin-bottom: 5px;">Moderate extent</div> <div style="text-align: right; margin-bottom: 5px;">Large extent</div> <div style="text-align: right; margin-bottom: 5px;">Very large extent</div> <p>p. Deployment to hostile or dangerous locations..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>q. Civilian salary..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>r. Other..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>	
TEMPO			
A	<p>32. Have you ever made a Permanent Change of Station (PCS) move?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>33. [Ask if Q32 = "Yes"] How many months has it been since your last PCS move? <i>To indicate less than one month, enter "0". To indicate more than 99 months, enter "99".</i></p> <p><input type="text"/> <input type="text"/> Months</p>	
A	<p>34. In the <u>past 12 months</u>, how many days have you had to work longer than your normal duty day (i.e., overtime)? <i>To indicate none, enter "0".</i></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Days</p>		
A	<p>35. In the <u>past 12 months</u>, how many nights have you been away from your permanent duty station (homeport) because of your military duties? <i>To indicate none, enter "0".</i></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Nights</p>		
A	<p>36. In the <u>past 24 months</u>, have you been deployed longer than 30 consecutive days?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>	<p>37. [Ask if Q36 = "Yes"] Are you currently on a deployment that has lasted longer than 30 consecutive days?</p> <p><input checked="" type="checkbox"/> Yes</p>	

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	Base	Conditional	Alternate
		<input checked="" type="checkbox"/> No	
A		<p>38. [Ask if Q36 = "Yes" AND Q37 = "Yes"] Where are you currently deployed?</p> <input checked="" type="checkbox"/> In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession <input checked="" type="checkbox"/> Afghanistan <input checked="" type="checkbox"/> Iraq <input checked="" type="checkbox"/> Other North African, Near Eastern, or South Asian country (e.g., Bahrain, Kuwait, Saudi Arabia, Diego Garcia) <input checked="" type="checkbox"/> Europe (e.g., Germany, Italy, Belgium, United Kingdom) <input checked="" type="checkbox"/> Former Soviet Union (e.g., Russia, Tajikistan, Uzbekistan, Kazakhstan) <input checked="" type="checkbox"/> East Asia and Pacific (e.g., Australia, Japan, Korea) <input checked="" type="checkbox"/> Sub-Saharan Africa (e.g., Djibouti, Kenya, Liberia, South Africa) <input checked="" type="checkbox"/> Western Hemisphere (e.g., Cuba, Honduras, Peru) <input checked="" type="checkbox"/> Other or not sure	
		<p>39. [Ask if Q36 = "Yes" AND Q37 = "Yes" AND Q38 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession"] Please select from the list below your deployment location within one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession.</p> <input type="text"/>	<p>[Ask if Q36 = "Yes" AND Q37 = "Yes" AND Q38 = "Other or not sure"] Please enter the name of the country or installation where you are currently deployed.</p> <input type="text"/>
A	<p>40. In the <u>past 12 months</u>, have you spent more or less time away from your permanent duty station (homeport) than you expected when you first entered the military?</p>		

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	Base	Conditional	Alternate
	<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	41. What impact has time away (or lack thereof) from your permanent duty station (homeport) in the <u>past 12 months</u> 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 <input checked="" type="checkbox"/> Greatly decreased your desire to stay		
READINESS			
A	42. 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	43. 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		

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	Base	Conditional	Alternate
A	<p>44. How well has your training prepared you to perform your wartime job?</p> <p><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</p>		
A	<p>45. How well has your training prepared you to perform your wartime job in support of joint operations?</p> <p><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</p>		
STRESS			
A	<p>46. Overall, how would you rate the current level of stress in your <u>work</u> life?</p> <p><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</p>		
A	<p>47. Overall, how would you rate the current level of stress in your <u>personal</u> life?</p> <p><input checked="" type="checkbox"/> Much less than usual <input checked="" type="checkbox"/> Less than usual <input checked="" type="checkbox"/> About the same as usual</p>		

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	Base	Conditional	Alternate
	<input checked="" type="checkbox"/> More than usual <input checked="" type="checkbox"/> Much more than usual		
FAMILY LIFE			
A		48. [Ask if Q13 = "Yes"] Do you have any children under the age of 18 who usually live with you? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A		49. [Ask if Q13 = "Yes" AND Q48 = "Yes"] At any time during the 2022–2023 school year, how many children in this household were enrolled in kindergarten through 12th grade or grade equivalent? <i>Please select the number of children enrolled in each type of school. To indicate none, select "0." To indicate more than nine, select "9."</i> Number enrolled in a public school <input type="text" value=""/> Number enrolled in a private school <input type="text" value=""/> Number enrolled in a Department of Defense-run school (DoDEA Americas, DoDEA Europe, or DoDEA Pacific) <input type="text" value=""/> Number homeschooled, that is not enrolled in public or private school <input type="text" value=""/>	

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	Base	Conditional	Alternate
A		<p>50. [Ask if Q13 = "Yes" AND Q48 = "Yes" AND (Q49 a > "0" OR Q49 b > "0" OR Q49 c > "0" OR Q49 d > "0")] During the 2022–2023 school year, how did the children in this household receive their education? <i>Mark all that apply.</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children received live instruction from a teacher in person at their school <input checked="" type="checkbox"/> Children received live instruction from a teacher on-line/virtually <input checked="" type="checkbox"/> Children learned on their own using on-line materials provided by their school <input checked="" type="checkbox"/> Children learned on their own using paper materials provided by their school <input checked="" type="checkbox"/> Children learned on their own using materials that were NOT provided by their school <input checked="" type="checkbox"/> Children did not participate in any learning activities because their school was closed <input checked="" type="checkbox"/> Children were sick and could not participate in education <input checked="" type="checkbox"/> Other 	
A		<p>51. [Ask if Q13 = "Yes" AND Q48 = "Yes"] In the past 12 months, were any children in the household unable to attend daycare or another child care arrangement because of the coronavirus pandemic? <i>Please include before school care, after school care, and all other forms of child care that were unavailable.</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply 	
A		<p>52. [Ask if Q13 = "Yes" AND Q48 = "Yes" AND Q51 = "Yes"] Which, if any, of the</p>	

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	Base	Conditional	Alternate
		<p>following occurred as a result of child care being closed or unavailable? <i>Mark all that apply.</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> You (or another adult) took unpaid leave to care for your children <input checked="" type="checkbox"/> You (or another adult) used vacation or sick days in order to care for your children <input checked="" type="checkbox"/> You (or another adult) cut your hours in order to care for your children <input checked="" type="checkbox"/> You (or another adult) left a job in order to care for your children <input checked="" type="checkbox"/> You (or another adult) lost a job because of time away to care for your children <input checked="" type="checkbox"/> You (or another adult) did not look for a job in order to care for your children <input checked="" type="checkbox"/> You (or another adult) supervised one or more children while working <input checked="" type="checkbox"/> None of the above 	
A		<p>53. [Ask if Q13 = "Yes" AND Q48 = "Yes"] To what extent do you feel that child care issues will impact whether you stay in the military?</p> <ul style="list-style-type: none"> <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 	
DEPLOYMENTS IN PAST 5 YEARS			
A	<p>Operation Inherent Resolve (OIR) officially began 15 Jun 2014 and includes military intervention against extremists in Iraq and Syria.</p> <p>Operation Freedom's Sentinel (OFS), a follow-on mission to Operation Enduring Freedom (OEF), officially began 1 Jan 2015 and includes missions to train Afghan soldiers and conduct counterterrorism operations against extremists in</p>	<p>[Ask if Q54 h = "Marked"] Please specify the other operation/contingency for which you have been deployed to support (either directly or indirectly) in the <u>past 5 years</u>. <i>Please do not include any</i></p>	

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	Base	Conditional	Alternate
	<p>Afghanistan.</p> <p>54. In the <u>past 5 years</u>, for which of the following operations/contingencies have you been deployed to support (either directly or indirectly)? <i>Mark all that apply.</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> I have not deployed in the <u>past 5 years</u> <input checked="" type="checkbox"/> Operation Inherent Resolve <input checked="" type="checkbox"/> Operation Freedom's Sentinel <input checked="" type="checkbox"/> Peacekeeping operation <input checked="" type="checkbox"/> Humanitarian operation <input checked="" type="checkbox"/> Military exercise or training <input checked="" type="checkbox"/> COVID-19 Response <input checked="" type="checkbox"/> Other 	<p><i>personally identifiable information (e.g., names, addresses).</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A		<p>55. [Ask if Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked"] In the <u>past 5 years</u>, how many times have you been deployed?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> Times </div>	
A		<p>56. [Ask if Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked"] In the <u>past 5 years</u>, have you been deployed to a combat zone or an area where you drew imminent danger pay or hostile fire pay?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No 	
A		<p>57. [Ask if (Q54 b = "Marked" OR Q54 c =</p>	

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	Base	Conditional	Alternate
		<p>"Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked") AND Q56 = "Yes"] <u>For your most recent deployment</u>, how many months have you been or were you deployed to an area where you drew imminent danger pay or hostile fire pay? <i>Include partial months. For example, if you were deployed to a combat zone for 2 days, and those days were in different months, enter "2".</i></p> <p><input type="text"/> <input type="text"/> Months</p>	
A		<p>58. [Ask if Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked"] Were you involved in combat operations?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
A		<p>59. [Ask if (Q36 = "Yes" AND Q37 = "Yes") AND (Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked") AND Q56 = "Yes"] Are you currently deployed to a combat zone or an area where you are drawing imminent danger pay or hostile fire pay?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

	Base	Conditional	Alternate
A		<p>60. [Ask if Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked"] Were any of your deployments in the <u>past 5 years</u> longer than you expected?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
FOOD ASSISTANCE			
A	<p>The following are statements that people have made about their food situation.</p> <p>61. 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>		
A	<p>62. 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>63. [Ask if Q62 = "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>	

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	Base	Conditional	Alternate
	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Don't know	<input checked="" type="checkbox"/> Almost every month <input checked="" type="checkbox"/> Some months but not every month <input checked="" type="checkbox"/> Only 1 or 2 months <input checked="" type="checkbox"/> Don't know	
A	64. 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? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Don't know		
A	65. In the past 12 months, were you ever hungry but did not eat because there was <u>not</u> enough money for food? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Don't know		
A	66. Choose the best statement that represents your home/barracks/dorm/ship TODAY (where you are living now): <i>Mark all that apply.</i> <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.		

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	Base	Conditional	Alternate
A	<p>67. 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>68. When you don't eat at the military dining facility (DFAC)/galley, what are the reasons? <i>Mark all that apply.</i></p> <ul style="list-style-type: none"> <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 <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	<p>69. Are you <u>currently</u> receiving support from any of the following nutrition assistance resources? <i>Mark all that apply.</i></p> <ul style="list-style-type: none"> <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	<p>70. Do you have any additional feedback related to access to quality food for you and your family? <i>Please do not include any</i></p>		

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	Base	Conditional	Alternate												
	<p><i>personally identifiable information (e.g., names, addresses).</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>														
FINANCIAL WELL-BEING AND EDUCATION															
A	<p>71. Which of the following <u>best</u> describes your (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>72. 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>73. [Ask if Q72 = "Much better" OR Q72 = "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> </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"/>	
	Yes	No													
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	Base	Conditional	Alternate
		<p style="text-align: right;">No</p> <p style="text-align: center;">Yes</p> <p>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"/></p> <p>e. Better financial management (e.g., used financial education strategies, increased savings, followed budget)..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>	
A		<p>74. [Ask if Q72 = "Much worse" OR Q72 = "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> <p style="text-align: right;">No</p> <p style="text-align: center;">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, could not find job)..... <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>	
A	<p>75. 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>		

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	<ul style="list-style-type: none"> 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"/> c. Follow a monthly budget or spending plan.....<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> d. Contribute to a savings account for emergency savings or other savings goal.....<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> e. Review your Leave and Earning Statement (LES).....<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> f. Contribute to a retirement account (e.g., the Thrift Savings Plan (TSP), IRA, 401(k)).....<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> g. Monitor your credit score/rating.....<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 																													
<p>A 76. From which of the following resources have you received information, training, or counseling on <u>any</u> financial topic? <i>Mark "Yes" or "No" for each item.</i></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. Military financial training, class, or seminar (online or classroom)</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. Military financial counseling (in-person, by telephone, or virtually).....</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. Unit leadership or financial specialist within your unit (e.g., Command Financial Specialist, Corporal for Financial Fitness, Command Financial NCO).....</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. Military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance).....</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. On-base financial institution (e.g., bank or credit union).....</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. Online military resource(s) (e.g., Office of Financial Readiness, Sen\$e app, Military OneSource, Service or installation financial readiness program).....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><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 style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>h. Family/friends/peers.....</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. 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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A	<p>77. 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>																																		
A	<p>78. Please indicate whether the following are financial goals for you (and your spouse, if 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="195 849 751 1388"> <thead> <tr> <th></th> <th>I/we have met this goal</th> <th>No, this is not a goal for me/us</th> <th>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>most frequently pay credit card debt?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pay credit card balance in full each month <input checked="" type="checkbox"/> Pay more than minimum payment but not full balance <input checked="" type="checkbox"/> Pay only minimum payment <input checked="" type="checkbox"/> I do not use credit cards 		
A	<p>80. 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> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Less than 1 month <input checked="" type="checkbox"/> Between 1 and 3 months <input checked="" type="checkbox"/> Between 4 and 6 months <input checked="" type="checkbox"/> More than 6 months <input checked="" type="checkbox"/> I do not have an emergency savings fund 		
A	<p>81. 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> <ul style="list-style-type: none"> <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 a 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 military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance) 		

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<input checked="" type="checkbox"/> By selling something <input checked="" type="checkbox"/> I wouldn't be able to pay for the expense right now																																																		
<p>A 82. In the past 12 months, 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="195 467 758 1425"> <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> <tr> <td>d. Had telephone, cable, or internet shut off.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>e. Had water, heat, or electricity shut off.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>f. Failed to make a vehicle payment.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>g. Had a vehicle repossessed.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>h. Filed for personal bankruptcy.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>i. Paid overdraft fees to your bank or credit union.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>j. Borrowed money from family and/or friends to pay bills.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>k. Took money out of a retirement fund or investment to pay bills.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>l. Had personal relationship problems with your partner due to finances.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>m. Received a notification about your security clearance due to your financial condition.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>n. Had adverse personnel action due to your financial condition.....</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>o. Provided unplanned financial support to a family member who did <u>not</u> live with you.....</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"/>	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"/>		
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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"/>																											
h. Other loan or advance (e.g. mobile app).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																											
<p>A 84. How well does each statement describe you or your situation? <i>Mark one answer for each item.</i></p> <table border="1"> <thead> <tr> <th></th> <th>Not at all</th> <th>Very little</th> <th>Somewhat</th> <th>Very well</th> <th>Completely</th> </tr> </thead> <tbody> <tr> <td>a. Because of my money situation, I feel like I will never have the things I want in 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. I am just getting by financially.....</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. I am concerned that the money I have, or will save, won't last.....</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>		Not at all	Very little	Somewhat	Very well	Completely	a. Because of my money situation, I feel like I will never have the things I want in life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. I am just getting by financially.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. I am concerned that the money I have, or will save, won't last.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
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Base	Conditional	Alternate
<p>A 85. 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: right;">Often</p> <p style="text-align: right;">Sometimes</p> <p style="text-align: right;">Rarely</p> <p style="text-align: right;">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>		
<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. For each question or statement, please select the BEST response. If you are not sure about an answer, please select "Don't know."</p> <p>86. 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</p> <p><input checked="" type="checkbox"/> Exactly \$102</p> <p><input checked="" type="checkbox"/> Less than \$102</p> <p><input checked="" type="checkbox"/> Don't know</p>		
<p>A 87. 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</p>		

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	Base	Conditional	Alternate
	<input checked="" type="checkbox"/> Exactly the same <input checked="" type="checkbox"/> Less than today <input checked="" type="checkbox"/> Don't know		
A	<p>88. 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> <input checked="" type="checkbox"/> True <input checked="" type="checkbox"/> False <input checked="" type="checkbox"/> Don't know		
A	<p>89. Is the following statement true or false?</p> <p>Buying a single company's stock usually provides a safer return than a stock mutual fund.</p> <input checked="" type="checkbox"/> True <input checked="" type="checkbox"/> False <input checked="" type="checkbox"/> Don't know		
A	<p>90. Is the following statement true or false?</p> <p>An insurance deductible is an amount you are responsible for paying before the insurance company will pay on your insurance claim.</p> <input checked="" type="checkbox"/> True <input checked="" type="checkbox"/> False		

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	Base	Conditional	Alternate
	<input checked="" type="checkbox"/> Don't know		
A	91. 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	92. Under the Blended Retirement System (BRS), the government will contribute 1% 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. <input checked="" type="checkbox"/> 4% for a total of 5% <input checked="" type="checkbox"/> 5% for a total of 6% <input checked="" type="checkbox"/> There is no government match <input checked="" type="checkbox"/> Don't know		
A	93. In managing your personal budget, what is discretionary income? <input checked="" type="checkbox"/> Special pays, allowances, and bonuses outside of military base pay <input checked="" type="checkbox"/> The money used to make your rent or mortgage payment or other such fixed expenses <input checked="" type="checkbox"/> The money remaining after taxes and fixed expenses (such as rent/mortgage, utilities, insurance) are paid <input checked="" type="checkbox"/> Don't know		

	Base	Conditional	Alternate
ADDITIONAL BACKGROUND INFORMATION			
A	<p>94. 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> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Withdrawal from savings account <input checked="" type="checkbox"/> Withdrawal from retirement account <input checked="" type="checkbox"/> Selling assets (i.e., stocks) <input checked="" type="checkbox"/> Unemployment insurance (UI) benefit payments <input checked="" type="checkbox"/> Deferred or forgiven payments (i.e., student loans, mortgage, or rent) <input checked="" type="checkbox"/> None of the above 		
A	<p>95. In <u>2022</u>, what was your total household 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>96. 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>97. [Ask if Q4 = "Married" OR Q4 = "Separated" OR Q5 = "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% 	

Base	Conditional	Alternate
SUICIDE PREVENTION AWARENESS		
<p>A 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>98. Have you ever wished you were dead or wished you could go to sleep and never wake up?</p> <p><input checked="" type="checkbox"/> Yes, within the last year <input checked="" type="checkbox"/> Yes, more than one year ago <input checked="" type="checkbox"/> No</p>		
<p>A 99. Have you actually had any thoughts of killing yourself</p> <p><input checked="" type="checkbox"/> Yes, within the last year <input checked="" type="checkbox"/> Yes, more than one year ago <input checked="" type="checkbox"/> No</p>	<p>100. [Ask if Q99 = "Yes, within the last year" OR "Yes, more than one year ago"] 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 <input checked="" type="checkbox"/> Yes, more than one year ago <input checked="" type="checkbox"/> No</p>	
<p>A</p>	<p>101. [Ask if Q99 = "Yes, within the last year" OR "Yes, more than one year ago"] 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 <input checked="" type="checkbox"/> Yes, more than one year ago <input checked="" type="checkbox"/> No</p>	

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	Base	Conditional	Alternate
A	<p>102. 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 <u>without</u> any intention of killing yourself?</p> <p><input checked="" type="checkbox"/> Yes, within the last year <input checked="" type="checkbox"/> Yes, more than one year ago <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Not sure</p>		
A	<p>103. Please indicate how much you agree with the following statements.</p> <p>Strongly disagree Disagree Neither agree nor disagree Agree 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><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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	Base	Conditional	Alternate
	<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>		
A	<p>104. Since joining the military, have you known a fellow Service member, or a family 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 one year ago</p> <p><input checked="" type="checkbox"/> No</p>	<p>105. [Ask if Q104 = "Yes, within the last year"] You indicated that you knew a 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>	

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	Base	Conditional	Alternate																		
		<input checked="" type="checkbox"/> No, I did not receive any support																			
A		106. [Ask if Q104 = "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? <input checked="" type="checkbox"/> Extremely helpful <input checked="" type="checkbox"/> Very helpful <input checked="" type="checkbox"/> Somewhat helpful <input checked="" type="checkbox"/> Slightly helpful <input checked="" type="checkbox"/> Not at all helpful																			
A	107. What is your level of awareness of each of the following support services? <div style="border: 1px solid gray; padding: 5px;"> <p style="text-align: center;">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> <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> </div> <table border="0"> <tr> <td style="padding-right: 10px;">a. Military OneSource.....</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 style="padding-right: 10px;">b. Embedded Mental/ Behavioral Health Provider (e.g., uniformed providers attached to a military unit).....</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 style="padding-right: 10px;">c. Installation Community Counseling Center or Family Service Centers....</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> </table>	a. Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>	<input checked="" type="checkbox"/>	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"/>	<input checked="" type="checkbox"/>		
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<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 108. 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 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>		

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Base	Conditional	Alternate
<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>		
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>109. 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 style="border: 1px solid black; width: 200px; height: 20px; margin-left: 20px; display: flex; justify-content: space-between; align-items: center;"> ▼ </div>		
<p>A 110. 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 style="border: 1px solid black; width: 200px; height: 100px; margin-left: 20px; display: flex; flex-direction: column; align-items: center;"> <hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/> </div>	<p>111. [Ask if Q1 = "No, I have 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). 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 AD-Survey@mail.mil.</p>	

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	Base	Conditional	Alternate