

OMB CONTROL NUMBER: 0704-XXXX  
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### **AGENCY DISCLOSURE NOTICE**

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## Demographics Survey

The survey will take approximately 10 minutes to complete. As you answer the survey questions, use the navigation buttons to move to the next question. Please do not use your browser's forward and back buttons.

Your participation is voluntary, and all information is confidential. You can skip any questions you don't feel comfortable answering.

If you have any questions about the survey, have trouble accessing the survey, or encounter other technical problems, please email [kna121@psu.edu](mailto:kna121@psu.edu).

### Demographics Survey

We would like to get some basic information about you. Please answer the following questions.

*[All participants will complete questions 1 through 7. Depending on how they answer question 8, the participant will be directed to a different set of questions]*

1. What is your gender?
  - a. Male
  - b. Female
  
2. What is your age?
  - a. 18-24
  - b. 25-29
  - c. 30-34
  - d. 35-39
  - e. 40-44
  - f. 45-49
  - g. 50-54
  - h. 55-59
  - i. 60 to 64
  - j. 65+
  
3. Are you Hispanic or Latino?
  - a. Yes
  - b. No
  
4. How do you describe your race? Please select all that apply.
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American

- d. Native Hawaiian or Other Pacific Islander
- e. White

5. What is your highest level of education?

- a. Less than high school diploma
- b. High school diploma or GED
- c. Post high school vocational or technical training (excluding military training)
- d. Some college credit, no degree
- e. Associate's degree (for example, AA, AS)
- f. Bachelor's degree (for example, BA, BS)
- g. Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- h. Doctorate degree (for example, PhD, EdD)
- i. Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)

6. What is your current relationship status?

- a. Never married
- b. Living with partner, but not married
- c. Married- first marriage
- d. Married- second or later marriage
- e. Divorced/separated/widowed

7. Do you currently live on or off installation?

- a. On Installation
- b. Off Installation

8. What is your connection to the military?

- a. Currently serving- Active Duty [If selected, go to question #9 on page 3]
- b. Currently serving- Reserve or National Guard [If selected, go to question #9 on page 3]
- c. Veteran- Active Duty [If selected, go to question #9 on page 4]
- d. Veteran- Reserve or National Guard [If selected, go to question #9 on page 4]
- e. Military dependent (spouse) [If selected, go to question #9 on page 5]
- f. Military significant other (partner) [If selected, go to question #9 on page 5]

[If "Currently Serving" (A or B) options are selected for question #8]

9. What is your paygrade (E1-E9, W1-5, O1-O10)? [If currently serving]

- a. E1
- b. E2
- c. E3
- d. E4
- e. E5
- f. E6
- g. E7
- h. E8
- i. E9
- j. W1
- k. W2
- l. W3
- m. W4
- n. W5
- o. O1
- p. O2
- q. O3
- r. O4
- s. O6
- t. O7 or higher

10. What is your Service branch [If currently serving]

- a. Army
- b. Marine Corps
- c. Navy
- d. Air Force
- e. Space Force

11. How long have you been in the military? [If currently serving]

- a. Less than 1 year
- b. 1 to 3 years
- c. 4 to 6 years
- d. 7 to 9 years
- e. 10 to 12 years
- f. 13 to 15 years
- g. 15+ years

[If "Veteran" (C or D) options are selected for question #8]

9. How long were you in the military? [If Veteran]

- a. Less than 1 year
- b. 1 to 3 years
- c. 4 to 6 years
- d. 7 to 9 years
- e. 10 to 12 years
- f. 13 to 15 years
- g. 15+ years

10. What was your paygrade on your last day of military service [If Veteran]

- a. E1
- b. E2
- c. E3
- d. E4
- e. E5
- f. E6
- g. E7
- h. E8
- i. E9
- j. W1
- k. W2
- l. W3
- m. W4
- n. W5
- o. O1
- p. O2
- q. O3
- r. O4
- s. O6
- t. O7 or higher

11. What was your Service branch [If Veteran]

- a. Army
- b. Marine Corps
- c. Navy
- d. Air Force
- e. Space Force

*[If "Military Spouse or Partner" (E or F) options are selected for question #8]*

9. What is your spouse or partner's service branch [If military dependent OR military significant other]
- a. Army
  - b. Marine Corps
  - c. Navy
  - d. Air Force
  - e. Space Force
10. How long has your spouse or partner been in the military? [If military dependent or significant other]
- a. Less than 1 year
  - b. 1 to 3 years
  - c. 4 to 6 years
  - d. 7 to 9 years
  - e. 10 to 12 years
  - f. 13 to 15 years
  - g. 15+ years

*[All participants will be directed to this final page of questions]*

**General FAP Items**

1. Have you ever used any services offered by the Family Advocacy Program?
  - Yes
  - No
  
2. Do you have any previous training related to domestic abuse and child abuse prevention?
  - Yes
  - No

*[After completing this survey, all participants will be directed to survey 1 below]*

## **Survey 1**

*This survey should take about 5 minutes to complete. Please do not include any personally identifiable information (PII), such as names, in any of your responses.*

1. How much do you agree or disagree with the following statements?

Item	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
a) Preventing a partner from spending time with friends, family members, or peers is a sign of a healthy relationship.						
b) Making excuses for a partner's behavior is normal.						
c) Preventing one's partner from making his/her own decisions is okay.						
d) One partner should control all household finances.						
e) A person who is constantly worrying that they may make their partner angry is in a healthy relationship.						
f) Domestic abuse is a serious problem that our community should focus on preventing.						
g) Domestic abuse should be settled within the family rather than involving the police or military.						
h) Domestic abuse is a serious crime, and the abuser should go to jail.						
i) Domestic abuse can be prevented before it happens.						
j) Domestic abuse can happen to anyone, regardless of age, race, education level, or economic status.						
k) Domestic abuse can involve emotional, economic, and/or physical abuse.						

Item	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Don't Know
l) My installation's							

Family Advocacy Program has information about healthy relationships.							
m) The Family Advocacy Program works with service members, their partners, and their families to teach them about healthy relationships.							
n) I know who to contact when I suspect domestic abuse.							
o) I am aware of Family Advocacy Program resources available for victims of domestic abuse.							
p) I am confident in my ability to tell others about services that the Family Advocacy Program provides.							
2. If you think an individual needs relationship advice or support, what service(s) would you share with the individual? (select all that apply)	<ul style="list-style-type: none"> <li>• Domestic Abuse Victim Advocacy Services</li> <li>• Counseling Services</li> <li>• Military OneSource</li> <li>• Family Advocacy Program</li> <li>• Other _____</li> </ul>						