**ArmyFit Program**

**Azimuth Check Survey**

**(5 Dimensions of Strength)**

May 2023

#  OMB Number 0702-XXXX Expiration Date:

AGENCY DISCLOSURE NOTICE

The reporting burden for this collection of information, 0702-XXXX, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

# Azimuth Check Intro

Azimuth Check is an online survey designed to assess your overall personal health and resilience in **5 key areas: Physical, Emotional, Social, Spiritual, and Family.**

There are **several benefits** to completing the Azimuth Check.

Gain Personal Insights

Going through the survey gives you the opportunity to reflect on your personal resilience. Look at this tool as a way to help you learn and think about areas that matter to your health and well-being.

Track Your Resilience

Use the Azimuth Check to track your resilience over time. You are not limited to completing the Azimuth Check just once a year. Use this survey as a personal resilience tool to keep your health in line with your career and life goals.

Get Tailored Resources Based on Your Results

After you complete the Azimuth Check, there are resources and articles to help you build and maintain your personal resilience. Explore the content to see what works for you.

Contribute to a Greater Mission: Military Fitness

It is vital that leaders understand how their units are doing, physically and mentally. The Azimuth Check provides leaders with unit-level and military-wide insights to gauge what areas of resilience are going strong and what areas may need additional assistance. Your participation helps your unit and the military.

Click "Next" to review the confidentiality statement about Azimuth Check and to start the survey.

# A Note on Confidentiality

Is this really confidential?

The short answer is: yes. What you directly enter into the Azimuth Check, formally known as the Global Assessment Tool (GAT), is yours to use for your personal resilience goals. You have direct access to your past and current Azimuth Checks under your profile on this website. Your individual-level responses are not shared with your command or anyone else. They are not visible to anyone other than you unless you choose to share them with others.

How does this help the Leadership?

Service member responses to the Azimuth Check are combined together to create "aggregated metrics" that are provided to Senior Leaders to gain insights into unit-level and Military-wide resilience trends. These trends allow leaders to gauge what areas of resilience are going strong and what areas may need additional assistance. Also note that aggregated metrics can only be reported after at least 10 Service members from a unit complete the Azimuth Check. This provides an extra layer of confidentiality.

Lastly, thank you for taking the Azimuth Check. We know it takes time and serious reflection to go through and answer the questions. We appreciate your commitment to taking the Azimuth Check.

Privacy Act Statement (5 U.S.C. 522a)

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 USC 1781b, Department of Defense policy and plans for military family readiness ; 10 U.S.C. 3013, Secretary of the Military; DoD Directive 6490.02E, Comprehensive Health Surveillance; DoD Instruction 6490.03, Deployment Health; DoD Directive-type Memorandum (DTM)-17-004, Department of Defense Expeditionary Civilian Workforce; Military Regulation 350-53, Comprehensive Service Members and Family Fitness; Military Regulation 600-63, Military Health Promotion; and E.O. 9397 (SSN), as amended.

PURPOSE: The purpose of this assessment is to systematically collect, analyze, interpret, and provide personal and individual evaluations to increase the resilience of Service Members, their families, and Military civilians by increasing their physical, emotional, social, spiritual, and family preparedness through self-guided, structured education and training. De-identified, aggregate data may be used by Military leadership to evaluate training, locations, deployment and other routinely collected information. The system of records notice for ARMYFIT is a Service Member Fitness Tracker System, A0600-63 G3/5/7 (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570049/a0600-63-g357/).

ROUTINE USES: Information provided may be further disclosed to contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the Federal Government when necessary to accomplish an agency function related to this system of records. In addition, this system is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary. However, Service Members who fail to provide the requested information may be subject to administrative or disciplinary action in accordance with the Uniform Code of Military Justice, applicable Military, or other federal regulations.

# PHYSICAL DIMENSION

On average, how many hours of sleep do you get in a **24-hour period**?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 4 hours or less | 5 hours | 6 hours | 7 hours | 8 hours or more |
| During the work/duty week? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| During weekends/days off? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

Are you a shift worker? **[INFO]**

**INFO**: Any work schedule outside of the period of 0700 to 1800, that can include fixed work times, rotating shifts, split shifts, or irregular work times.

|  |  |
| --- | --- |
| Yes | No |
| ⃝ | ⃝ |

How much of a problem do you have with:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | Minor | Moderate | Severe | Very severe |
| Difficulty falling asleep | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Night awakenings | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Not becoming rested by sleep | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

On average, how many days per week did you perform **moderate-intensity** activity in the **last 30 days**? Moderate-intensity activities are those that cause light sweating or slight increases in breathing or heart rate. **[INFO]**

**INFO**: Moderate-intensity activities include brisk walking, bicycle riding, kayaking, hiking, and yard work such as sweeping or pushing a lawn mower, etc.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days | Cannot physically do |
| ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

* ***Skip Pattern:*** *show the following if user selects 1-7 days above*

On days that you exercised, how many **minutes per day** did you spend performing the **moderate-intensity** activity?

number

 Minutes

On average, how many days per week did you perform **vigorous-intensity**activity in the **last 30 days**? Vigorous-intensity activities are those that cause heavy sweating or large increases in breathing or heart rate. **[INFO]**

**INFO**: Vigorous-intensity activities include running, jumping rope, cross-country skiing, or playing sports such as soccer, basketball, swimming, or tennis, etc.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days | Cannot physically do |
| ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

* ***Skip Pattern:*** *show the following if user selects 1-7 days above*

On days that you exercised, how many **minutes per day** did you spend performing the **vigorous-intensity** activity?

number

 Minutes

On average, how many days per week did you perform **muscle-strengthening** activity in the **last 30 days**? **[INFO]**

**INFO:** Muscle-strengthening activities involve weight machines, weight lifting with free weights, dumbbells, kettlebells, and body weight exercises such as pull ups, push-ups, burpees, etc.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days | Cannot physically do |
| ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

Please provide your **most recent** information. (If you are pregnant, please enter your pre-pregnancy weight.)

number

number

number

Weight: lbs Height: ft in

Do you **currently** use any of the following tobacco/nicotine products?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No, not at all | Yes, some days | Yes, every day |
| Cigarettes | ⃝ | ⃝ | ⃝ |
| Cigars | ⃝ | ⃝ | ⃝ |
| Electronic cigarettes or vape products | ⃝ | ⃝ | ⃝ |
| Pipes | ⃝ | ⃝ | ⃝ |
| Smokeless tobacco (chew, snuff, dip) | ⃝ | ⃝ | ⃝ |

In the United States, one standard drink equals:

 (A) 12 ounces of regular beer, (B) 5 ounces of wine, or (C) 1.5 ounces of distilled spirits.

How often did you have a drink containing alcohol in the **past year**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week |
| ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

How many drinks containing alcohol did you have on a typical day when you were drinking in the **past year**?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| None, I do not drink | 1 or 2 drinks | 3 or 4 | 5 or 6 | 7 or 9 | 10 or more |
| ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

How often did you have six or more drinks on one occasion in the **past year**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

# EMOTIONAL DIMENSION

Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Several days | More than half the days | Nearly everyday |
| Little interest or pleasure in doing things | ⃝ | ⃝ | ⃝ | ⃝ |
| Feeling down, depressed or hopeless | ⃝ | ⃝ | ⃝ | ⃝ |
| Feeling nervous, anxious or on edge | ⃝ | ⃝ | ⃝ | ⃝ |
| Not being able to stop or control worrying | ⃝ | ⃝ | ⃝ | ⃝ |

Below is a list of reactions that service members sometimes feel in response to stressful life events. Please answer the questions below.

In the **past month**, have you…

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Had nightmares about the event(s) or thought about the event(s) when you did not want to? | ⃝ | ⃝ |
| Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?  | ⃝ | ⃝ |
| Been constantly on guard, watchful, or easily startled? | ⃝ | ⃝ |
| Felt numb or detached from people, activities, or your surroundings? | ⃝ | ⃝ |
| Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? | ⃝ | ⃝ |

As accurately as you can, indicate the degree to which the following statements describe your feelings and behavior. Rate the degree to which each statement applies to you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | A little | Moderately so | Fairly much | Very much |
| I find myself getting angry at people or situations. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| When I do get angry, I get really mad. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| When I get angry, I stay angry. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| When I get angry at someone, I want to hit or strike the person. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| My anger interferes with my ability to get my work done. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| My anger prevents me from getting along with people as well as I would like to. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| My anger has a bad effect on my health. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

How well do these statements describe you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not like me at all | A little like me | Somewhat like me | Mostly like me | Very much like me |
| When there is a problem within my control, I try to solve it. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| For things I cannot change, I accept them and move on. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| When bad things happen to me, I cannot stop thinking about how much worse things will get. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

How much do you agree with each of the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| I have so much in life to be thankful for. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| If I had to list everything that I felt grateful for, it would be a very long list. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| When I look at the world, I don’t see much to be grateful for.  | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| I am grateful to a wide variety of people. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| As I get older I find myself more able to appreciate the people, events, and situations that have been a part of my life history. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Long amounts of time go by before I feel grateful to something or someone. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

# SOCIAL DIMENSION

The next questions are about how you feel about different aspects of your life. For each one, how **often** do you feel that way?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| How often do you feel that you lack companionship? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| How often do you feel left out? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| How often do you feel isolated from others? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

Please be as honest as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Definitely true | Probably true | Probably false | Definitely false |
| If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me. | ⃝ | ⃝ | ⃝ | ⃝ |
| If I were sick, I could easily find someone to help me with my daily chores. | ⃝ | ⃝ | ⃝ | ⃝ |
| If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me. | ⃝ | ⃝ | ⃝ | ⃝ |
| I don’t often get invited to do things with others. | ⃝ | ⃝ | ⃝ | ⃝ |
| If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.). | ⃝ | ⃝ | ⃝ | ⃝ |
| If I wanted to have lunch with someone, I could easily find someone to join me. | ⃝ | ⃝ | ⃝ | ⃝ |
| If I was stranded 10 miles from home, there is someone I could call who could come and get me. | ⃝ | ⃝ | ⃝ | ⃝ |
| If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me. | ⃝ | ⃝ | ⃝ | ⃝ |

The following questions are about harassment, which is behavior that is unwelcome or offensive whether oral, written (including through electronic devices or communications), or physical, that creates an intimidating, hostile, or offensive environment. **Activities or actions undertaken for a proper military or governmental purpose, such as combat survival training, are not considered harassment.**

In the **past 90 days**, were you aware of any of the following experiences happening in **your unit**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | 1-2 times | Monthly | Weekly | Daily |
| Discrimination? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Bullying? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Hazing? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Ostracism? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

In the **past 90 days**, how often did any of the following things happen to **you in your unit**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | 1-2 times | Monthly | Weekly | Daily |
| Discrimination? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Bullying? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Hazing? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Ostracism? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

In the **past 90 days**, how often did any of the following things happen to **you outside your unit**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | 1-2 times | Monthly | Weekly | Daily |
| Discrimination? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Bullying? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Hazing? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Ostracism? [INFO] | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

**[INFO]**

**Discrimination:** i.e., differential or unfair treatment based on a person’s race, color, religion, sex, gender identity, national origin, or sexual orientation

**Bullying:** i.e., acts of aggression with the intent of physically or psychologically harming a person

**Hazing:** i.e., acts that physically or psychologically injure or create a risk of injury in order to humiliate or “toughen up” a person to fit into a group

**Ostracism:** i.e., acts of intentionally not including a person in a social group or activity

Please be as honest as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not like me at all | A little like me | Somewhat like me | Mostly like me | Very much like me |
| My work is one of the most important things in my life. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| I am committed to my job. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| I would choose my current work again if I had the chance. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| How I do in my job influences how I feel. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

Please be as honest as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| My immediate supervisor has much knowledge about the work that needs to be done. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| I trust my fellow service members in my unit to look out for my welfare and safety. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Overall, I trust my immediate supervisor. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| My leaders respect and value me. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

# FAMILY DIMENSION

Please answer the questions below. Your answers are only used to deliver more personalized resources.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are you married or in a committed relationship? | ⃝ | ⃝ |

* ***Skip pattern:*** *show the following question if they are married or in a committed relationship (user selects “yes” to question above)*

Have you or your husband/wife/significant other ever seriously suggested the idea of divorce within the **last year**? Your answer is only used to deliver more personalized resources.

⃝ Yes

⃝ No

Please answer the questions below.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are you married or in a committed relationship **AND/OR** do you have children? | ⃝ | ⃝ |

* ***Skip pattern:*** *show the following questions if they are in a committed relationship OR they have children (user answers “yes” to the above question)*

Select the response that reflects your experience of family life.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| In times of crisis we can turn to each other for support. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| We can express feelings to each other. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| We feel accepted for what we are. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| We are able to make decisions about how to solve problems. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| We confide in each other. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| We are flexible in adapting to new challenges. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| We provide stability and reliability to buffer stresses for family members. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

Please answer the questions below.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have any children younger than 18 who live with you at least **half the time**? Please include any biological, adopted, foster, or stepchildren. | ⃝ | ⃝ |
| Do you have any children younger than 18 who **do not** live with you at least **half the time**?  | ⃝ | ⃝ |

* ***Skip pattern:*** *show the following 2 questions if they have children either living with them or not living with them (user answers “yes” to either of the above 2 questions)*

What is/are the age range(s) of your child(ren)? Your answers are only used to deliver more personalized resources.

|  |
| --- |
| □ 0 to less than 2 |
| □ 2 to less than 6 |
| □ 6 to less than 13 |
| □ 13 to less than 18 |

Please be as honest as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very poorly | Poorly | Fair | Somewhat well | Very well |
| How have you and your child(ren) been getting along lately? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| In general, how well do you feel you are coping with the day-to-day demands of parenthood/raising children? | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

Please select any of the following transition(s) that you are planning or have experienced in the **past year**. Your answers are only used to deliver more personalized resources.

|  |
| --- |
| □ You got married or are getting married  |
| □ You got divorced or are getting a divorce  |
| □ You had a child or are expecting a child  |
| □ You lost or will be losing custody of your child(ren)  |
| □ You had a difficult break-up of a romantic relationship  |
| □ You became a new service member  |
| □ You moved/had a permanent change of station (PCS) or will be moving PCSing  |
| □ You deployed or will be deployed  |
| □ You suffered a disabling illness or injury  |
| □ You experienced military or civil legal difficulties  |
| □ You will be transitioning out of the military  |
| □ None of the above  |

Which best describes the financial condition of you and your household?

⃝ Very comfortable and secure

⃝ Able to make ends meet without much difficulty

⃝ Occasionally have some difficulty making ends meet

⃝ Tough to make ends meet but keeping our heads above water

⃝ In over our heads

This statement applies to me in the **past 12 months**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Sometimes | Usually | Always |
| I set money aside for savings. | ⃝ | ⃝ | ⃝ | ⃝ |
| I set money aside for retirement. | ⃝ | ⃝ | ⃝ | ⃝ |
| I had a plan to reach my financial goals. | ⃝ | ⃝ | ⃝ | ⃝ |
| I had a weekly or monthly budget that I followed. | ⃝ | ⃝ | ⃝ | ⃝ |
| I paid credit card bills in full and avoided finance charges. | ⃝ | ⃝ | ⃝ | ⃝ |
| I reached the maximum limit on a credit card. | ⃝ | ⃝ | ⃝ | ⃝ |
| I spent more money than I earned. | ⃝ | ⃝ | ⃝ | ⃝ |
| I used a credit card to get a cash advance. | ⃝ | ⃝ | ⃝ | ⃝ |

The U.S. Department of Agriculture (USDA) defines food insecurity as:

A lack of consistent access to enough food for an active, healthy life; and as a household-level economic and social condition of limited or uncertain access to adequate food.

Below are three statements that people have made about their food situation. Please indicate if each statement was **often** true, **sometimes** true, or **never** true for you in the **last 12 months**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Often true  | Sometimes true | Never true |
| I worried whether my food would run out before I got money to buy more. | ⃝ | ⃝ | ⃝ |
| The food that I bought just didn’t last, and I didn’t have money to get more. | ⃝ | ⃝ | ⃝ |
| I couldn’t afford to eat balanced meals. | ⃝ | ⃝ | ⃝ |

# SPIRITUAL DIMENSION

The U.S. Army defines spiritual as:

Concerned with an individual’s core **religious**, **philosophical**, or **human values** that form that individual’s sense of identity, purpose, motivation, character, and integrity. These elements enable one to build inner strength, make meaning of experiences, behave ethically, persevere through challenges, and be resilient when faced with adversity.

Below is a list of statements that measure sense of meaning and peace in one’s life. Please select how much each statement applies to you in the **past 7 days.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | A little bit | Some-what | Quite a bit | Very much |
| I feel peaceful.  | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| I have a reason for living. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| My life has been productive. | **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| I have trouble feeling peace of mind. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| I feel a sense of purpose in my life. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| I am able to reach down deep into myself for comfort. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| I feel a sense of harmony within myself. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| My life lacks meaning and purpose. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

Below is a list of statements that measure one’s faith or spiritual beliefs. Please select how much each statement applies to you in the **past 7 days.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all | A little bit | Some-what | Quite a bit | Very much | Not applicable |
| I find comfort in my faith or spiritual beliefs. **[INFO]** | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| I find strength in my faith or spiritual beliefs. **[INFO]** | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Difficult times have strengthened my faith or spiritual beliefs. **[INFO]** | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |
| Even during difficult times, I know that things will be okay. | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ | ⃝ |

**INFO:**
Spirituality is an individual’s core religious, philosophical, or human values