

ArmyFit Program

Azimuth Check Survey

(5 Dimensions of Strength)

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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://dpcl.dod.mil/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?	<input type="radio"/>				
During weekends/days off?	<input type="radio"/>				

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	<input type="radio"/>				
Night awakenings	<input type="radio"/>				
Not becoming rested by sleep	<input type="radio"/>				

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
<input type="radio"/>								

⌚ **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.)

Weight: number lbs Height: number ft number in

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

	No, not at all	Yes, some days	Yes, every day
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic cigarettes or vape products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chew, snuff, dip)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<input type="radio"/>				

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
<input type="radio"/>					

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
<input type="radio"/>				

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.	<input type="radio"/>				
When I do get angry, I get really mad.	<input type="radio"/>				
When I get angry, I stay angry.	<input type="radio"/>				
When I get angry at someone, I want to hit or strike the person.	<input type="radio"/>				
My anger interferes with my ability to get my work done.	<input type="radio"/>				
My anger prevents me from getting along with people as well as I would like to.	<input type="radio"/>				
My anger has a bad effect on my health.	<input type="radio"/>				

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.	<input type="radio"/>				
For things I cannot change, I accept them and move on.	<input type="radio"/>				
When bad things happen to me, I cannot stop thinking about how much worse things will get.	<input type="radio"/>				

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had to list everything that I felt grateful for, it would be a very long list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I look at the world, I don't see much to be grateful for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am grateful to a wide variety of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long amounts of time go by before I feel grateful to something or someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>				
I am committed to my job.	<input type="radio"/>				
I would choose my current work again if I had the chance.	<input type="radio"/>				
How I do in my job influences how I feel.	<input type="radio"/>				

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my fellow service members in my unit to look out for my welfare and safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I trust my immediate supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My leaders respect and value me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?	<input type="radio"/>	<input type="radio"/>

→ **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?	<input type="radio"/>	<input type="radio"/>

→ **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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can express feelings to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We feel accepted for what we are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are able to make decisions about how to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We confide in each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are flexible in adapting to new challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We provide stability and reliability to buffer stresses for family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>
Do you have any children younger than 18 who do not live with you at least half the time ?	<input type="radio"/>	<input type="radio"/>

→ **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?	<input type="radio"/>				
In general, how well do you feel you are coping with the day-to-day demands of parenthood/raising children?	<input type="radio"/>				

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.

<input type="checkbox"/> You got married or are getting married
<input type="checkbox"/> You got divorced or are getting a divorce
<input type="checkbox"/> You had a child or are expecting a child
<input type="checkbox"/> You lost or will be losing custody of your child(ren)

<input type="checkbox"/> You had a difficult break-up of a romantic relationship
<input type="checkbox"/> You became a new service member
<input type="checkbox"/> You moved/had a permanent change of station (PCS) or will be moving PCSing
<input type="checkbox"/> You deployed or will be deployed
<input type="checkbox"/> You suffered a disabling illness or injury
<input type="checkbox"/> You experienced military or civil legal difficulties
<input type="checkbox"/> You will be transitioning out of the military
<input type="checkbox"/> 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I set money aside for retirement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a plan to reach my financial goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a weekly or monthly budget that I followed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I paid credit card bills in full and avoided finance charges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I reached the maximum limit on a credit card.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spent more money than I earned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used a credit card to get a cash advance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The food that I bought just didn't last, and I didn't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>				
I have a reason for living.	<input type="radio"/>				
My life has been productive.	<input type="radio"/>				
I have trouble feeling peace of mind.	<input type="radio"/>				
I feel a sense of purpose in my life.	<input type="radio"/>				
I am able to reach down deep into myself for comfort.	<input type="radio"/>				
I feel a sense of harmony within myself.	<input type="radio"/>				
My life lacks meaning and purpose.	<input type="radio"/>				

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]	<input type="radio"/>					
I find strength in my faith or spiritual beliefs. [INFO]	<input type="radio"/>					
Difficult times have strengthened my faith or spiritual beliefs. [INFO]	<input type="radio"/>					

Even during difficult times, I know that things will be okay.

INFO:

Spirituality is an individual's core religious, philosophical, or human values