BACKGROUND INFORMATION

SRMRSTS

1. What is your marital status?

|  |  |  |
| --- | --- | --- |
| 1 |  | Married |
| 2 |  | Separated |
| 3 |  | Divorced |
| 4 |  | Widowed |

ADSPSE

2. Is your spouse currently serving on active duty (not a member of the National Guard or Reserve)?

|  |  |  |
| --- | --- | --- |
| 2 |  | Yes |
| 1 |  | No |

SRSEX

3. Are you...

|  |  |  |
| --- | --- | --- |
| 1 |  | Male? |
| 2 |  | Female? |

SRHISPA

4. Are you Spanish/​Hispanic/​Latino?

|  |  |  |
| --- | --- | --- |
| 1 |  | No, not Spanish/​Hispanic/​Latino |
| 2 |  | Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/​Hispanic/​Latino |

SRRACEA SRRACEB SRRACEC SRRACED SRRACEE

5. What is your race? Mark one or more races to indicate what you consider yourself to be.

|  |  |  |
| --- | --- | --- |
|  |  | White |
|  |  | Black or African American |
|  |  | American Indian or Alaska Native |
|  |  | Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese) |
|  |  | Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro) |

CHDHOME

**6. Do you or your spouse have any children under the age of 18 living at home either part-time or full-time?**

|  |  |  |
| --- | --- | --- |
| 2 |  | Yes |
| 1 |  | No |

MILSAT

7. Overall, how satisfied are you with the military way of life?

|  |  |  |
| --- | --- | --- |
| 5 |  | Very satisfied |
| 4 |  | Satisfied |
| 3 |  | Neither satisfied nor dissatisfied |
| 2 |  | Dissatisfied |
| 1 |  | Very dissatisfied |

MILSTAY

8. Do you think your spouse should stay on or leave active duty?

|  |  |  |
| --- | --- | --- |
| 5 |  | I strongly favor staying |
| 4 |  | I somewhat favor staying |
| 3 |  | I have no opinion one way or the other |
| 2 |  | I somewhat favor leaving |
| 1 |  | I strongly favor leaving |

YOUR COMMENTS

COMM1IMP

9. Please share what the military could do to improve support for you and your family. Do not provide any personally identifiable information.

|  |  |
| --- | --- |
|  |  |

COMMQOL

10. Please describe the top issue(s) impacting the quality of life for you and your family. Do not provide any personally identifiable information.

|  |  |
| --- | --- |
|  |  |

THANK YOU

INELIGNODATA

INEL. [Ask if Q1 = "Widowed" OR Q1 = "Divorced" OR Q2 = "No"] Based on your answers to previous questions, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answers.

 For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail ADS- Survey@mail.mil.