

**BACKGROUND INFORMATION**

1. What is your marital status?

- Married
- Separated
- Divorced
- Widowed

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

- Yes
- No

3. How many years have you been married? To indicate less than 1 year, enter "0".

  Years

4. Are you Spanish/Hispanic/Latino?

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

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)

**YOUR FAMILY**

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

- Yes
- No

7. [Ask if Q6 = "Yes"] How many children under the age of 18 do you or your spouse have, living at home either part-time or full-time, in each age group? Please select the number of children you have in each age group. To indicate none, select "0". To indicate more than nine, select "9".

Less than 1 year old

1 year to less than 2 years old

2 to 5 years old

6 to 13 years old

14 to less than 18 years old

8. [Ask if Q6 = "Yes" AND (Q7 a > 0 OR Q7 b > 0 OR Q7 c > 0 OR Q7 d > 0 OR Q7 e > 0)] Do you have child(ren) who routinely use child care arrangements so you and/or your spouse can work?

- Yes
- No

9. [Ask if Q6 = "Yes" AND Q7 = "Yes" AND Q7 [Matching item] >0 AND Q8 = "Yes"] How many of your child(ren) in each age group routinely use child care arrangements? Mark one answer in each row. To indicate none, select "0". To indicate more than nine, select "9".

Less than 1 year old

1 year to less than 2 years old

2 to 5 years old

6 to 13 years old

14 to less than 18 years old

10. [Ask if Q6 = "Yes" AND Q8 = "No"] What is the main reason you do not use child care? **Mark one.**

- No need for child care services
- I have made other suitable child care arrangements (e.g., neighbors, grandparents)
- Child care services are too expensive
- I want to have my child(ren) closer to home
- The hours of operation do not meet my needs
- I have concerns about the quality of care
- I have problems arranging for consistent transportation
- The wait list is too long
- Other

The following items will help us understand a bit about your child care arrangements for children in the household.

11. [Ask if Q6 = "Yes" AND Q8 = "Yes"] During the work day, do you routinely use the following sources of child care? **Mark "Yes" or "No" for each item.**

	Yes	No
a. Military child care center .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military (or military-affiliated) family child care home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Civilian child care—receiving military child care fee assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Civilian child care—not receiving military child care fee assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

12. [Ask if Q6 = "Yes" AND Q8 = "Yes" AND (Q11 a = "No" AND Q11 b = "No")] Which of the following are reasons why you do not use military child care? **Mark "Yes" or "No" for each item.**

	Yes	No
a. Availability of child care .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Quality of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Affordability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Inconvenient location.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Operating hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

13. [Ask if Q6 = "Yes"] Did any child(ren) residing with you attend the following types of schools last year? **Mark "Yes" or "No" for each item.**

	Yes	No
a. Public traditional school .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Public charter school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Department of Defense-run school (DoDEA Americas, DoDEA Europe or DoDEA Pacific).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Home school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Private school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

14. [Ask if Q6 = "Yes" AND Q13 [Matching item] = "Yes"] How satisfied are you with your child's education?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. Public traditional school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Public charter school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Department of Defense-run school (DoDEA Americas, DoDEA Europe or DoDEA Pacific).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Home school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Private school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Consider the child(ren) in your household. Think of the child (younger than 18 years of age) whose birth month is closest to your birth month. Please respond to the following questions for that one child.

15. [Ask if Q6 = "Yes"] What is the age of this child?

Years

16. [Ask if Q6 = "Yes" AND 15 < 18] Is this child...

- Male?
- Female?

17. [Ask if Q6 = "Yes" AND 15 < 18] Indicate how much you agree or disagree with the following statements about this child during the last four weeks. *Mark one answer for each item.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. My child has been more willing to try new things.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. My child has been acting more "baby-like" than he/she is capable of.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. My child easily becomes irritated or angry with me.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. My child has been more clingy than usual.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. My child has been afraid of doing things he/she is usually ok with.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. My child is demanding and impatient with me. He/she fusses and persists unless I do what he/she wants right away.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

18. [Ask if Q6 = "Yes" AND 15 < 18] In the past 12 months, has this child experienced an increase in any of the following? *Mark one answer for each item.*

	Not applicable	No	Yes
a. Academic problems.....		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Behavior problems at home.....		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Behavior problems at school.....		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pride in having a military parent.....		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Anger about my spouse's military requirements.....		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Closeness to family members.....		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Acceptance of responsibility.....		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**SERVICE, EDUCATION, AND EMPLOYMENT**

19. Have you previously served in an active duty Service (e.g., Army, Navy, Marine Corps, Air Force, Coast Guard, Space Force) or National Guard/Reserve? *Mark one.*

- No
- Yes, I served in an active duty Service or National Guard/Reserve, but did NOT retire
- Yes, I served in an active duty Service or National Guard/Reserve and retired

20. Are you currently serving in the military?

- Yes, on active duty (not a member of the National Guard/Reserve)
- Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)
- Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)
- No

21. [Ask if Q20 = "No" or Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" or Q20 = .] Last week, did you do any work for pay or profit? *Mark "Yes" even if you worked only one hour, or helped without pay in a family business or farm for 15 hours or more.*

- Yes
- No

22. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND Q21 = "No"] Last week, were you temporarily absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc.
- No

23. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND Q21 = "No" AND Q22 = "No"] Have you been looking for work during the last four weeks?

- Yes
- No

24. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND Q21 = "No" AND Q22 = "No" AND Q23 = "Yes"] **Last week**, could you have started a job if one had been offered?

- Yes
- No

25. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND Q21 = "No" AND Q22 = "No" AND Q23 = "Yes"] How many weeks have you been looking for work? *If you have been looking for work for less than one week, enter "0". If you have been looking for work for more than one year, enter "52".*

		Weeks
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26. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND Q21 = "No" AND Q21= "No" AND Q23 = "No"] Which of these would you consider to be the main reason you have not been looking for work? *Mark the one answer you feel is the MAIN reason.*

- I did not want to be employed at this time
- I am retired
- I cannot find any work that matches my skills.
- I am preparing for/recovering from a PCS move.
- I stay home to homeschool my children.
- I am/was caring for children not in school or daycare
- I lack the necessary schooling, training, or skills.
- I do/did not have transportation to work
- Child care is too costly.
- I do not have child care available to me.
- I am attending school or other training.
- I am not physically prepared to work (e.g., pregnant, sick, disabled).
- I am unable to work while my spouse is deployed.
- There are no jobs in my career field where I currently live.
- I am a caregiver to a family member.
- Other

[Ask if Q26 = "Other"] Please specify your other main reason for not working for pay or profit. *Please do not include any personally identifiable information (e.g., names, addresses).*


27. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND (Q21 = "Yes" OR (Q21 = "No" AND Q22 = "Yes, on vacation, temporary illness, labor dispute, etc."))] Are you employed by government, by a private company, a nonprofit organization, or are you self-employed or working in a family business? *Mark one.*

- Government
- Private company
- Non-profit organization including tax exempt and charitable organizations
- Self-employed
- Working in a family business

28. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND (Q21 = "Yes" OR (Q21 = "No" AND Q22 = "Yes, on vacation, temporary illness, labor dispute, etc."))] On average, how many hours a week do you spend working for pay (including hours worked for a family business or farm)?

		Hours
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29. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND (Q21 = "Yes" OR (Q21 = "No" AND Q22 = "Yes, on vacation, temporary illness, labor dispute, etc.")) AND (Q28 <35 and Q28 > 1)] What is your main reason for working part-time (i.e., fewer than 35 hours a week) instead of full-time? *Mark one.*

- Could only find part-time work
- Want to spend time with children
- Child care problems
- Other family/personal obligations
- Health/medical limitations
- Do not have required license or credential in my occupational field
- I do not want to work full-time
- I am self-employed
- I am a caregiver to a family member
- I am attending school or training
- Other

30. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND (Q21 = "Yes" OR (Q21 = "No" AND Q22 = "Yes, on vacation, temporary illness, labor dispute, etc.")))] Please indicate how much you agree or disagree with the following statements. *Mark one answer for each item.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I am paid less than those with similar credentials.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Given my credentials, I should have a higher position at work.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I need to find a job that allows me to work more hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. I work in temporary positions, but I would prefer not to.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I had to take a job outside of my field.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. My pay is not enough to live on.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

31. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND (Q21 = "Yes" OR (Q21 = "No" AND Q22 = "Yes, on vacation, temporary illness, labor dispute, etc."))] Are you currently employed within the area of your education or training?

- Yes
- No

32. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND (Q21 = "Yes" OR (Q21 = "No" AND Q22 = "Yes, on vacation, temporary illness, labor dispute, etc."))] Does your employer offer the following... *Mark "Yes" or "No" for each item.*

	Yes	No
a. Flexible scheduling? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	No
	Yes
b. Remote work/Telework?.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

33. [Ask if (Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND (Q21 = "Yes" OR (Q21 = "No" AND Q22 = "Yes, on vacation, temporary illness, labor dispute, etc.")) and Q32 b = "Yes"]  
Please select the response that best describes your current work location.

- Fully remote (limited or no on-site requirement)
- Hybrid (combination of remote and on-site work)
- Fully on-site

34. What is the highest degree or level of school that you have completed? *Mark the one answer that describes the highest grade or degree that you have completed.*

- 12 years or less of school (no diploma)
- High school graduate—high school diploma or equivalent (e.g., GED)
- Some college credit, no degree
- Vocational or technical diploma
- Associate's degree
- Bachelor's degree
- Advanced degree (e.g., MA/MS/PhD/MD/JD)

35. In what career field is your current or most recent employment? *Mark one.*

- Not applicable, I have never been employed
- Administrative services (e.g., administrative assistant, secretary)
- Child care and child development (e.g., attend to children at schools, businesses, private households, and childcare institutions)
- Communications and marketing (e.g., writer/editor, call center, film/TV, social media, web development)
- Community and social services (e.g., mental health counselor, social worker, probation officers and correctional treatment specialists, school bus monitor)
- Education (e.g., teacher, teacher's assistant)
- Financial services (e.g., claim adjuster, credit analyst, accountant, financial counselor, banker, insurance agent)
- Health care practitioners and technical occupations (e.g., nurse, dental hygienist, pharmacist, medical records specialist, dentist, doctor, paramedic, optician, veterinarian)
- Health care support (e.g., home health aide, nursing assistant, occupational or physical therapy aid)
- Information technology (e.g., network analyst, database administrator)
- Legal (e.g., lawyer, paralegal, legal assistant, mediator, magistrate)
- Protective services (e.g., correctional officer, firefighter, police officer, animal control worker, security guard)
- Recreation and hospitality (e.g., restaurant, hotel business/management, personal trainer, ticket agent)
- Retail and customer service (e.g., cashier, sales person, customer service representative, manager)
- Skilled trades (e.g., electrician, cosmetology, plumber, construction, welder)
- Software development (e.g., coding)
- Transportation and material moving occupations (e.g., aircraft service attendant; parking attendant; bus, taxi or truck driver)
- Other occupations which require a state license
- Other occupations which do NOT require a state license

[Ask if Q35 = "Other occupations which require a state license" or "Other occupations which do NOT require a state license"] In what other career field is your current or most recent employment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

36. What barriers have you faced in entering your most recent or current career field? *Mark all that apply.*

- Pay does not cover cost of child care
- Lack vocational training
- Lack required education/degree
- Lack required certification
- Lack transferability of certifications/licensure
- Lack experience
- Lack available/flexible child care
- Frequent moves
- Lack of jobs in my field in my current location
- Medical or health limitations
- Caregiver (non-child) requirements
- Lack of part-time options
- Lack of flexible hours/flexible schedule
- Not applicable/None

37. Regardless of your current employment status, does your occupation or career field require... *Mark "Yes" or "No" for each item.*

	Yes	No
a. A certification provided by an organization that sets standards for your occupation? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. A state issued license?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

38. [Ask if Q37 a = "Yes" OR Q37 b = "Yes"] What kind of professional license/certification/credential does your career field require? *Mark one.*

- Accounting
- Architecture
- Cosmetology
- Counseling (e.g., professional counselor, marriage and family therapist)
- Dentistry/Dental hygiene
- Dietition
- Law (e.g., attorney)
- Massage therapy
- Nursing
- Occupational therapy
- Pharmacy/Pharmacy technician
- Physical therapy
- Physician
- Physician Assistant
- Professional engineer
- Psychology
- Skilled trade (e.g., master electrician, plumber, heating, air conditioning, ventilation and refrigeration)
- Social work
- Teaching (elementary and secondary)
- Other

[Ask if Q37 a = "Yes" OR Q37 b = "Yes" AND Q22 = "Other"] Please share the 'other' professional license/certification/credential your career field requires.

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39. Are you working toward or did you receive a new credential(s) or certification, in the last 12 months? *Mark all that apply.*

- High school graduate—high school diploma or equivalent (e.g., GED)
- Vocational or technical diploma
- Associate's degree
- Bachelor's degree
- Master's, doctoral, or professional school degree
- Professional license
- Professional certificate
- None/Not applicable

40. Have you used a Military Spouse Career Advancement Accounts (MyCAA) Scholarship? *Mark one.*

- Yes, in the past 12 months
- Yes, but not in the past 12 months
- No, and I was not aware of this resource
- No, but I am aware of this resource

41. [Ask if Q40 = "No, but I am aware of this resource"] What is the main reason you did not use a MyCAA Scholarship? *Mark one.*

- I am not eligible because of my husband/wife's rank.
- I will not be eligible long enough to use MyCAA (e.g., my spouse will soon be promoted or leave the military).
- I need education, training, or testing not covered by MyCAA.
- I have limited time for additional education/training because of family/personal obligations.
- I am not interested in additional education/training.
- I do not feel that additional education/training are important for my career.

**COMMISSARIES**

42. In the past 12 months, have you and/or your family used a commissary?

- Yes
- No, although a commissary was available
- No, a commissary was not available

43. [Ask if Q42 = "Yes"] In the past 12 months, how often, on average, do you and/or your family shop at a commissary?

- Daily
- More than once a week
- Weekly
- 2-3 times a month
- Once a month
- Less than once a month

44. [Ask if Q42 = "Yes"] Think about the quality of your experiences with military commissaries in the past 12 months. How would you and/or your family rate the following: *Mark one answer for each item.*

	Excellent	Very good	Good	Fair	Poor
a. Convenience of store locations.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Convenience of store hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Prices for products, given the quality.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Variety and selection of merchandise.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Availability of merchandise.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Courtesy and helpfulness of staff.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Layout and cleanliness of the store.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Speed of the checkout process.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Ability to provide brand name products.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Frequency of sales and promotions.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

45. [Ask if Q42 = "Yes"] Thinking about your family's nutritional needs, how satisfied are you with how well commissary products and offerings meet those needs?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

**RESIDENCE/WHERE YOU LIVE**

46. Do you and your spouse currently reside together in the same home (except for during deployments)?

- Yes
- No

47. Which of the following best describes where you currently live?

- Military housing, on base
- Military housing, off base
- Civilian housing



48. [Ask if Q46 = "No"] Which of the following best describes where your spouse currently lives?

- Military housing, on base
- Military housing, off base
- Civilian housing

49. [Ask if Q46 = "Military housing, off base" OR Q47 = "Civilian housing"] How close do you live to a military base/installation?

- Less than 30 minutes
- 30 minutes to less than 1 hour
- 1 to 2 hours
- More than 2 hours

**LIFE IN THE MILITARY**

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

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

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

- I strongly favor staying
- I somewhat favor staying
- I have no opinion one way or the other
- I somewhat favor leaving
- I strongly favor leaving

**PERMANENT CHANGE OF STATION (PCS)**

52. During your spouse's active duty career, have you ever experienced a PCS move?

- Yes
- No

53. [Ask if Q52 = "Yes"] In what month and year was your last PCS move?

Month

Year

54. [Ask if Q52 = "Yes"] For your most recent PCS move, to what extent were the following a problem for you? *Mark one answer for each item.*

	Does not apply	Not a problem	Small extent	Moderate extent	Large extent	Very large extent
a. Loss or decrease of your income.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Finding employment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Changing schools for your education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Obtaining licenses/certifications necessary for employment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Availability of special medical and/or educational services for yourself.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Coordinating move with moving company.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Timeliness of receiving household goods.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Waiting for permanent housing to become available.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Settling claims for damaged or missing household goods.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Un-reimbursable moving costs (e.g., housing deposits, costs of setting up new residency, temporary lodging costs, transportation costs).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Access to relocation information, services, or support.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

55. [Ask if Q52 = "Yes" AND Q6 = "Yes"] For your most recent PCS move, to what extent were the following a problem for your child(ren)? *Mark one answer for each item.*

	Very large extent	Large extent	Moderate extent	Small extent	Not a problem	Does not apply
a. My child(ren) changing schools.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Availability of special medical and/or educational services for my child.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Missed deadlines for participating in extracurricular activities/sports.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Missed deadlines for placement lotteries in magnet schools/charter schools/special programs.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

56. [Ask if Q52 = "Yes"] How long did it take you to find employment after your last PCS move? *Mark one.*

- Less than 1 month
- 1 month to less than 4 months
- 4 months to less than 7 months
- 7 months to less than 10 months
- 10 months or more
- Sought but could not find employment after last PCS move
- Did not seek employment after last PCS move

57. [Ask if Q52 = "Yes"] After your last PCS move, did you have to acquire a new professional or occupational license or credential in order to work at the new duty location?

- Yes
- No
- Does not apply

58. [Ask if Q52 = "Yes" and Q57 = "Yes"] How long did it take you to acquire a new professional or occupational license or credential in order to work at the new duty location? *Mark one.*

- Less than 1 month
- 1 month to less than 4 months
- 4 months to less than 7 months
- 7 months to less than 10 months
- 10 months or more

59. [Ask if Q57 = "Yes"] Have you utilized the portability provisions of an occupational licensure compact to help secure transfer of your professional credentials?

- Yes, I utilized a state compact to transfer my credentials
- I am not aware of a compact for my profession
- I am aware a compact to help transfer my professional credentials but have not used it

60. [Ask if Q52 = "Yes"] During your spouse's active duty career, how many times have you chosen to remain in place/not PCS with your spouse? *To indicate "never," enter "0".*

Times

**DEPLOYMENT**

61. During your spouse's active duty career, has he/she been deployed for more than 30 consecutive days?

- Yes, in the past 36 months
- Yes, but not in the past 36 months
- No

62. [Ask if Q61 = "Yes, in the past 36 months" OR Q61 = "Yes, but not in the past 36 months"] During your spouse's most recent deployment, to what extent were each of the following a problem for you? *Mark one answer for each item.*

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. My job and/or educational demands.....	<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				
b. Managing expenses and bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Home/car repairs/maintenance or yard work.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Safety of my family in our community.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Health problems in the family, including emotional problems.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Technical difficulties communicating with my spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Marital problems, difficulty maintaining emotional connection with spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Loneliness, dealing with issues/decisions alone.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Parenting alone, managing child care/child schedules, school/education, etc.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. No time for recreation, fitness, or entertainment activities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. A lack of and/or problems with military offered support for myself/my family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

63. [Ask if Q61 = "Yes, in the past 36 months" OR Q61 = "Yes, but not in the past 36 months"] Was your spouse's most recent deployment to a combat zone (e.g., an area where he/she drew imminent danger pay or hostile fire pay)? *Mark one.*

- No
- Yes, deployed to Iraq/Afghanistan
- Yes, deployed to a combat zone other than Iraq/Afghanistan

64. [Ask if Q61 = "Yes, in the past 36 months" OR Q61 = "Yes, but not in the past 36 months"] Has your spouse returned home from a deployment? *Mark one.*

- Yes, but my spouse has since redeployed
- Yes, and my spouse has not redeployed
- No

65. [Ask if (Q61 = "Yes, in the past 36 months" OR Q61 = "Yes, but not in the past 36 months") AND (Q64 = "Yes, but my spouse has since redeployed" OR Q64 = "Yes, and my spouse has not redeployed")] After your spouse most recently returned home from a deployment, to what extent did your spouse seem to... *Mark one answer for each item.*

	Very large extent				
	Large extent				
	Moderate extent				
	Small extent				
	Not at all				
a. Be more emotionally distant (e.g., less talkative, less affectionate, less interested in social life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Show negative personality changes (e.g., more critical, indifferent to family/life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Show positive personality changes (e.g., more attentive, more agreeable)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Appreciate life more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Get angry faster?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Appreciate family and friends more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Have mental health concerns (e.g., anxiety, being "on guard")?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Drink more alcohol?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Have more confidence?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Take more risks with his/her safety?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Have difficulty adjusting (e.g., to family responsibilities, to civilian life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Have trouble sleeping?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Have difficulty with day-to-day activities (e.g., driving, eating, hygiene)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Be different in another way?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**HEALTH AND WELL-BEING**

66. Overall, how would you rate the current level of stress in your personal life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual
- Much more than usual

67. Over the last two weeks, how often have you been bothered by any of the following problems? *Mark one answer for each item.*

	Nearly every day			
	More than half the days			
	Several days		Not at all	
a. Little interest or pleasure in doing things.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Feeling down, depressed, or hopeless.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Feeling nervous, anxious, or on edge.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Not being able to stop or control worrying.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

68. Taking things altogether, how satisfied are you with your marriage right now?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

69. Have you seen a counselor... *Mark "Yes" or "No" for each item.*

	Yes		No
a. During your spouse's active duty career? .....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
b. In the past six months?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

70. [Ask if Q69 a = "Yes" OR Q69 b = "Yes"] Which of these would you consider to be the main issue you discussed with your counselor? *Mark the one answer you feel is the MAIN issue.*

- Coping with stress
- Financial issues
- Family issues
- Marital issues
- Couple's communication issues
- Parent/child issues
- Deployment and reunion
- Crisis situations
- Grief and loss
- Mental health concerns for self/family member (e.g., PTSD, depression, anxiety)
- Medical issues for self/family member
- Jealousy/concerns around infidelity
- Dealing with the military way of life (e.g., managing separations, demands of the military)
- Other concerns

71. [Ask if Q69 a = "Yes" OR Q69 b = "Yes"] If you accessed counseling through the following sources, how useful was it? *Mark one answer for each item.*

	Did not access counseling from this source			
	Not useful			
	Somewhat useful		Very useful	
a. Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military Family Life Counselors (MFLC).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. TRICARE.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Your spouse's installation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Military chaplain/civilian religious or spiritual leader.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Another military source.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Another non-military source.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q75 a = "Yes" OR Q75 b = "Yes" AND Q77 f = "Marked" OR Q77 g = "Marked"] What other source(s) did you access counseling through? Do not provide any personally identifiable information.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL CONDITION**

72. In 2022, what was your total household income before taxes?

- Less than \$25,000
- \$25,000–\$34,999
- \$35,000–\$49,999
- \$50,000–\$74,999
- \$75,000–\$99,999
- \$100,000–\$149,999
- \$150,000–\$199,999
- \$200,000 and above

73. Which of the following best describes your (and/or your spouse's) financial condition? *Mark one.*

- 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 your head

74. Compared to 12 months ago, is your financial situation better, worse, or has it stayed the same?

- Much better
- Somewhat better
- Stayed the same
- Somewhat worse
- Much worse

75. [Ask if ((Q20 = "No" OR Q20 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q20 = .) AND (Q21 = "Yes" OR (Q21 = "No" AND Q22 = "Yes, on vacation, temporary illness, labor dispute, etc."))) OR (Q20 = "Yes, on active duty (not a member of the National Guard/Reserve)" OR Q20 = "Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)")] How much does your income contribute toward your total household income?

- Less than 50%
- 50%
- More than 50%

76. Are you currently receiving support from any of the following nutrition assistance resources? *Mark all that apply.*

- SNAP (Supplemental Nutrition Assistance Program/ Food Stamps)
- WIC (Women, Infants, and Children) program
- National School Breakfast Program (children receive free or reduced breakfast at school)
- National School Lunch Program (children receive free or reduced lunch at school)
- Some other assistance resource
- No, I am not using any nutrition assistance resource

77. How well does each statement describe you or your situation? *Mark one answer for each item.*

	Completely	Very well	Somewhat	Very little	Not at all
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"/>

78. How often does each statement apply to you? *Mark one answer for each item.*

	Always	Often	Sometimes	Rarely	Never
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"/>
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"/>

**FEDERAL VOTING ASSISTANCE PROGRAM**

The following questions help us make sure that the Department of Defense is providing the necessary voting assistance resources to spouses.

79. Were you registered to vote in the United States for the November 8, 2022 election?

- Yes
- No

80. Did you request an absentee ballot for the November 8, 2022 election?

- Yes
- No, but I automatically received an absentee ballot from a local election official
- No, I never received an absentee ballot, but I expected to receive one
- No, I did not need an absentee ballot

81. [Ask if Q80 = "Yes"] Did you receive an absentee ballot for the November 8, 2022 election?

- Yes
- No

82. [Ask if Q80 = "No, but I automatically received an absentee ballot from a local election official" OR Q80 = "Yes"] Did you return your absentee ballot for the November 8, 2022 election?

- Yes
- No

**COMMENTS**

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

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

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85. [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.

If you have any additional comments or concerns, please enter them below.

To submit your answers click *Submit*.

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

*Do not provide any personally identifiable information.*

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