

ELIGIBILITY

1. Were you a member of a Reserve component (National Guard or Reserve member) on November 16, 2023?

- Yes
- No, I separated or retired

BACKGROUND INFORMATION

2. What is your current paygrade?

- E-1 E-6 W-1 O-1/O-1E
- E-2 E-7 W-2 O-2/O-2E
- E-3 E-8 W-3 O-3/O-3E
- E-4 E-9 W-4 O-4
- E-5 W-5 O-5
- O-6 or above

3. Have you served on active duty, not as a member of the Reserve components, for a cumulative 24 months or more?

- Yes
- No

4. 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—traditional diploma
- High school graduate—alternative diploma (home school, GED, etc.)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate's degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's, doctoral, or professional school degree (e.g., MA, MS, MEd, MEng, MBA, MSW, PhD, MD, JD, DVM, EdD)

5. What is your marital status?

- Married
- Separated
- Divorced
- Widowed
- Never married

6. [Ask if Q5 = "Divorced" OR Q5 = "Widowed" OR Q5 = "Never married"] Do you have a significant other?

- Yes
- No

For the next questions, the definition of "child, children, or other legal dependents" includes anyone in your family, except your spouse, who has, or is eligible to have, a Uniformed Services Identification and Privilege Card (also called a military ID card) or is eligible for military health care benefits, and is enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

7. Do you have a child, children, or other legal dependents based on the definition above?

- Yes
- No

8. [Ask if Q7 = "Yes"] How many children or other legal dependents do you have in each age group specified below? *To indicate none, select "0." To indicate nine or more, select "9."*

13 years and younger

14–22 years old

23 years and older

9. Are you Spanish/Hispanic/Latino?

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

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

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

ACTIVATION/DEPLOYMENT STATUS

Please read the following definition carefully.

In this survey, the term “**activation**” refers to the involuntary or voluntary call to active duty of a Reserve Component member (Reserve or National Guard) under the following Title 10 USC statute authorities: §12301(a) (Full Mobilization), §12301(b) (15-Day Statute), §12302 (Partial Mobilization), §12304 (Presidential Reserve Call-up), §12304(a) (Reserve Emergency Call-up), §12304(b) (Reserve Call-Up), §12301(d) (Active Duty for Operational Supporting). It also applies to National Guard members who perform duties under 32 USC 502(f) for the purposes of supporting a Declaration of National Emergency. **It does NOT apply to members on full-time active duty or members serving on full-time National Guard Duty in an AGR/FTS/AR status, active duty for operational support, active duty for training, or members serving on State Active Duty.**

11. Have you been activated in the past 24 months? *This includes activations that started more than 24 months ago and continued into the past 24 months. If you have been an AGR/FTS/AR for the past 24 months, select “No.”*

- Yes
 No

12. [Ask if Q11 = “Yes”] Was at least one of your activations in the past 24 months longer than 30 consecutive days?

- Yes
 No

13. [Ask if Q12 = “Yes”] In the past 24 months, has (have) your activation(s) of more than 30 consecutive days been voluntary, involuntary, or both?

- Voluntary
 Involuntary
 Both

14. [Ask if Q11 = “Yes”] Are you currently activated?

- Yes
 No

In the survey, the term “**deployment**” refers to the performance of duties at a location that would be considered outside normal commuting distance or time from the member’s permanent work site (i.e., an armory or reserve center). Deployments can be to a location within the contiguous 48 states (CONUS) or to a location outside the contiguous 48 states (OCONUS).

15. [Ask if Q12 = “Yes”] Did any of your activations of more than 30 consecutive days in the past 24 months result in deployment?

- Yes
 No

16. [Ask if Q15 = “Yes”] In the past 24 months, after processing in the mobilization station, were you deployed within the contiguous 48 states (CONUS), outside the contiguous 48 states (OCONUS), or both?

- CONUS
 OCONUS
 Both

17. [Ask if Q14 = “Yes” AND Q15 = “Yes”] Are you currently deployed?

- Yes
 No

EMPLOYMENT/STUDENT STATUS

18. 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

19. [Ask if [AGRFLAG] = “Not AGR” AND (Q11 = “No” OR Q14 = “No”)] Are you currently enrolled in a civilian school? *Mark “Yes” if you were enrolled in the most recent academic semester or if you are enrolled for the next semester.*

- Yes
 No

20. [Ask if Q19 = "Yes"] Are you currently a full-time student or part-time student? *Full-time is considered an equivalent of 12 credit hours or more per semester. Part-time is considered an equivalent of less than 12 credit hours per semester.*
- Full-time
 Part-time
21. [Ask if [MTFLAG] = "Ask if Mil Tech" AND (Q11 = "No" OR Q14 = "No")] Are you currently a military technician?
- Yes
 No
22. [Ask if ([RPROGCIV] = "IMA" OR ([AGRFLAG] = "Not AGR" AND ([RORG_CD] = "Navy Reserve" OR [RORG_CD] = "Marine Corps Reserve" OR Q21 = "No")) AND (Q11 = "No" OR Q14 = "No"))] 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
23. [Ask if Q22 = "No"] Last week, were you temporarily absent from a job or business?
- Yes, on vacation, temporary illness, labor dispute, etc.
 No
24. [Ask if Q23 = "No"] Have you been looking for work during the last 4 weeks?
- Yes
 No
25. [Ask if Q24 = "Yes"] Last week, could you have started a job if offered one, or returned to work if recalled?
- Yes, could have gone to work
 No, because of my temporary illness
 No, because of other reasons (in school, etc.)
26. [Ask if Q22 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc."] Do you have a full-time civilian job (of 35 hours or more per week) that includes benefits, as well as pay or salary?
- Yes
 No
27. [Ask if Q26 = "No"] What is the main reason you do not currently have a full-time civilian job?
- Unable to find a job
 Full-time homemaker, parent, and/or care giver
 Full-time student
 Retired, other than Guard/Reserve requirements
 Disabled
 Prefer not to have a full-time job
 Other
28. [Ask if Q22 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc."] What is your current principal civilian employment? *By principal civilian employment, we mean the job at which you work the most hours.*
- An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission
 An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization
 A FEDERAL government employee
 A STATE government employee
 A LOCAL government employee (e.g., county, city, town)
 Self-employed in OWN business, professional practice, or farm
 Working WITHOUT PAY in a family business or farm
 Working WITH PAY in a family business or farm

29. [Ask if (Q28 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q28 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q28 = "A FEDERAL government employee" OR Q28 = "A STATE government employee" OR Q28 = "A LOCAL government employee (e.g., county, city, town)" OR Q28 = "Self-employed in OWN business, professional practice, or farm" OR Q28 = "Working WITHOUT PAY in a family business or farm" OR Q28 = "Working WITH PAY in a family business or farm")] Counting all locations where your current principal employer operates in the United States, what is the total number of persons who work for this employer?
- 1 to 9
 - 10 to 24
 - 25 to 49
 - 50 to 99
 - 100 to 499
 - 500 to 999
 - 1,000 or more
30. [Ask if Q14 = "No" AND (Q28 = "An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission" OR Q28 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q28 = "A FEDERAL government employee" OR Q28 = "A STATE government employee" OR Q28 = "A LOCAL government employee (e.g., county, city, town)" OR Q28 = "Self-employed in OWN business, professional practice, or farm" OR Q28 = "Working WITHOUT PAY in a family business or farm" OR Q28 = "Working WITH PAY in a family business or farm")] Is your current principal civilian employment the same as before your most recent activation?
- Does not apply; I did not have a civilian job prior to my most recent activation
 - Yes
 - No
31. [Ask if [AGRFLAG] = "Not AGR" AND Q14 = "Yes"] At the time of your most recent activation, were you enrolled in a civilian school? *Mark "Yes" if you were enrolled in the most recent academic semester or if you were enrolled for the next semester.*
- Yes
 - No
32. [Ask if Q31 = "Yes"] At the time of your most recent activation, were you a full-time student or part-time student? *Full-time is considered an equivalent of 12 credit hours or more per semester. Part-time is considered an equivalent of less than 12 credit hours per semester.*
- Full-time
 - Part-time
33. [Ask if [MTFLAG] = "Ask if Mil Tech" AND Q14 = "Yes"] In the week prior to your current activation, were you a military technician?
- Yes
 - No
34. [Ask if (([RPROGCIV] = "IMA" OR ([AGRFLAG] = "Not AGR" AND ([RORG_CD] = "Navy Reserve" OR [RORG_CD] = "Marine Corps Reserve" OR Q33 = "No")))) AND Q14 = "Yes"] In the week prior to your most recent activation, 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
35. [Ask if Q34 = "No"] In the week prior to your most recent activation, were you temporarily absent from a job or business?
- Yes, on vacation, temporary illness, labor dispute, etc.
 - No
36. [Ask if Q35 = "No"] Were you looking for work during the 4 weeks prior to your most recent activation?
- Yes
 - No

37. [Ask if Q36 = "Yes"] In the week prior to your most recent activation, could you have started a job if offered one, or returned to work if recalled?
- Yes, could have gone to work
 - No, because of my temporary illness
 - No, because of other reasons (in school, etc.)
38. [Ask if Q34 = "Yes" OR Q35 = "Yes, on vacation, temporary illness, labor dispute, etc."] In the week prior to your most recent activation, did you have a full-time civilian job (of 35 hours or more per week) that included benefits, as well as pay or salary?
- Yes
 - No
39. [Ask if Q34 = "Yes" OR Q35 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q30 = "No"] In the week prior to your most recent activation, what was your principal civilian employment? *By principal civilian employment, we mean the job at which you worked the most hours.*
- An employee of a PRIVATE/PUBLIC company, business or individual, working for wages, salary, or commission
 - An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization
 - A FEDERAL government employee
 - A STATE government employee
 - A LOCAL government employee (e.g., county, city, town)
 - Self-employed in OWN business, professional practice, or farm
 - Working WITHOUT PAY in a family business or farm
 - Working WITH PAY in a family business or farm
40. [Ask if (Q39 = "An employee of a PRIVATE/ PUBLIC company, business or individual, working for wages, salary, or commission" OR Q39 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q39 = "A FEDERAL government employee" OR Q39 = "A STATE government employee" OR Q39 = "A LOCAL government employee (e.g., county, city, town)" OR Q39 = "Self-employed in OWN business, professional practice, or farm" OR Q39 = "Working WITHOUT PAY in a family business or farm" OR Q39 = "Working WITH PAY in a family business or farm")] Counting all locations where your principal employer (in the week prior to your most recent activation) operated in the United States, what is the total number of persons who worked for this employer?
- 1 to 9
 - 10 to 24
 - 25 to 49
 - 50 to 99
 - 100 to 499
 - 500 to 999
 - 1,000 or more

41. In what career field is your current or most recent civilian employment?

- Not applicable, I have never had civilian employment
- Administrative services (e.g., administrative assistant, secretary)
- Education (e.g., teacher, teacher's assistant)
- Child care and child development (e.g., attend to children at schools, businesses, private households, and child care institutions)
- 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)
- Community and social services (e.g., mental health counselor, social worker, probation officers and correctional treatment specialists, school bus monitor)
- Communications and marketing (e.g., writer/editor, call center, film/TV, social media, web development)
- Retail and customer service (e.g., cashier, sales person, customer service representative, manager)
- Information technology (e.g., network analyst, database administrator)
- Software development (e.g., coding)
- Recreation and hospitality (e.g., restaurant, hotel business/management, personal trainer, ticket agent)
- Legal (e.g., lawyer, paralegal, legal assistant, mediator, magistrate)
- Protective services (e.g., correctional officer, firefighter, police officer, animal control worker, security guard)
- Transportation and material moving occupations (e.g., aircraft service attendant; parking attendant; bus, taxi, or truck driver)
- Skilled trades (e.g., electrician, cosmetology, plumber, construction, welder)
- Other occupations which require a state license
- Other occupations which do NOT require a state license

42. 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 2-year degree
- Lack required 4-year 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

DETAILS ON ACTIVATIONS/DEPLOYMENTS

43. [Ask if (Q28 = "An employee of a PRIVATE/ PUBLIC company, business or individual, working for wages, salary, or commission" OR Q28 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q28 = "A FEDERAL government employee" OR Q28 = "A STATE government employee" OR Q28 = "A LOCAL government employee (e.g., county, city, town)")] OR (Q14 = "Yes" AND (Q39 = "An employee of a PRIVATE/ PUBLIC company, business or individual, working for wages, salary, or commission" OR Q39 = "An employee of a NOT-FOR-PROFIT, tax-exempt, or charitable organization" OR Q39 = "A FEDERAL government employee" OR Q39 = "A STATE government employee" OR Q39 = "A LOCAL government employee (e.g., county, city, town)"))] In general, how supportive is your principal civilian employer of your National Guard/Reserve obligations?

- Very supportive
- Supportive
- Neither supportive nor unsupportive
- Unsupportive
- Very unsupportive

44. [Ask if (Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No"] Consider your income and benefits in the year prior to your most recent activation/deployment and your income and benefits during your most recent activation/deployment. In general, how did your overall income and benefits change while you were activated/deployed?

- Increased
- Decreased
- Remained the same
- Don't know

45. [Ask if (Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No"] During your most recent activation/deployment, did you or your family have any additional expenses because of any of the following items? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Elder care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pet care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Household repairs, yard work, or car maintenance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Storage or security of personal belongings.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Communicating with family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

46. [Ask if (Q11 = "Yes" AND Q12 = "Yes" AND Q14 = "No") OR Q17 = "No"] Which of the following was your biggest concern about returning from your most recent activation/deployment? *Select one item from the list below.*

- Reemployment
- Readjusting to work life
- Financial stability
- Readjusting to family life
- Reestablishing a good relationship with your spouse
- Reestablishing a good relationship with your children
- Recovering from a physical injury/limitation
- Recovering from the emotional impact and stress of activation/deployment
- Health care coverage for yourself
- Health care coverage for your family
- Possibility of being activated/deployed again
- Other

47. [Ask if Q15 = "Yes" AND (Q14 = "No" OR Q17 = "No")] After returning home from your most recent deployment, to what extent have you seemed 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. Appreciate life more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Get angry faster?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. 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"/>
e. Drink more alcohol?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Have more confidence in yourself?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Take more risks with your safety?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. 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"/>

SATISFACTION

48. Taking all things into consideration, how satisfied are you, in general, with each of the following aspects of being in the National Guard/Reserve? *Mark one answer for each item.*

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
a. Your total compensation (i.e., base pay, allowances, and bonuses).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. The type of work you do in your military job.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Your opportunities for promotion in your unit.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. The quality of your coworkers in your unit.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. The quality of your supervisor in your unit.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

RETENTION

50. How many years have you spent in military service? *Do not count partial years. To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35". Include in military service years:*

- *Time spent as an active duty Service member*
- *Time spent as a National Guard/Reserve component member, to include:*
 - *Time spent as a Drilling unit Reservist/ Traditional Guardsman/Troop Program Unit (TPU) Reservist*
 - *Time spent mobilized/activated on active duty*
 - *Time spent in a full-time, active duty program*
 - *Time spent in the Individual Ready Reserve (IRR)*
 - *Time spent as an Individual Mobilization Augmentee (IMA)*
 - *Time spent in the Standby Reserve*

		Years
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51. Suppose that you have to decide whether to continue to participate in the National Guard/ Reserve. Assuming you could stay, how likely is it that you would choose to do so?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

52. [Ask if Q5 = "Married" OR Q5 = "Separated" OR Q6 = "Yes"] In your opinion, how does your spouse/significant other view your participation in the National Guard/Reserve?

- Very favorably
- Somewhat favorably
- Neither favorably nor unfavorably
- Somewhat unfavorably
- Very unfavorably

53. In your opinion, how does your family view your participation in the National Guard/ Reserve?

- Very favorably
- Somewhat favorably
- Neither favorably nor unfavorably
- Somewhat unfavorably
- Very unfavorably

54. [Ask if Q22 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q34 = "Yes" OR Q35 = "Yes, on vacation, temporary illness, labor dispute, etc."] In your opinion, how does your supervisor at your principal civilian job view your participation in the National Guard/ Reserve?

- Does not apply; I do not have a supervisor at my principal civilian job
- Very favorably
- Somewhat favorably
- Neither favorably nor unfavorably
- Somewhat unfavorably
- Very unfavorably

55. [Ask if Q22 = "Yes" OR Q23 = "Yes, on vacation, temporary illness, labor dispute, etc." OR Q34 = "Yes" OR Q35 = "Yes, on vacation, temporary illness, labor dispute, etc."] In your opinion, how do your coworkers at your principal civilian job view your participation in the National Guard/ Reserve?

- Does not apply; I do not work with others at my principal civilian job
- Very favorably
- Somewhat favorably
- Neither favorably nor unfavorably
- Somewhat unfavorably
- Very unfavorably

TEMPO

56. [Ask if [AGRFLAG] = "Not AGR"] In the past 12 months, how many days (full days, not drill periods) did you spend in a compensated (pay or points) National Guard/Reserve status?

Days

57. [Ask if [AGRFLAG] = "Not AGR"] In an average month when not activated, how many unpaid hours, off duty, do you spend on your unit's business? For none, enter "0".

Hours

58. In the past 12 months, how many nights did you spend away from your home because of your military duties? *Do not include nights spent away from home before out-of-town drills.*

Nights

59. In the past 12 months, have you spent more or less time away from your home than you expected when you first entered the National Guard/Reserve?

- Much more than expected
- More than expected
- Neither more nor less than expected
- Less than expected
- Much less than expected

60. What impact has time away (or lack thereof) from your home in the past 12 months had on your military career intentions?

- Greatly increased your desire to stay
- Increased your desire to stay
- Neither increased nor decreased your desire to stay
- Decreased your desire to stay
- Greatly decreased your desire to stay

READINESS

61. Overall, how well prepared are you to perform your wartime job?

- Very well prepared
- Well prepared
- Neither well nor poorly prepared
- Poorly prepared
- Very poorly prepared

62. Overall, how well prepared is your unit to perform its wartime mission?

- Very well prepared
- Well prepared
- Neither well nor poorly prepared
- Poorly prepared
- Very poorly prepared

63. How well has your training prepared you to perform your wartime job?

- Very well
- Well
- Neither well nor poorly
- Poorly
- Very poorly

STRESS

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

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

65. 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

FAMILY LIFE

66. [Ask if Q7 = "Yes"] Do you have any children under the age of 18 who usually live with you?

- Yes
- No

FINANCIAL WELL-BEING AND EDUCATION

67. [Ask if Q7 = "Yes" AND Q66 = "Yes"] To what extent do you feel that child care issues will impact whether you stay in the National Guard/Reserve?

- Very large extent
- Large extent
- Moderate extent
- Small extent
- Not at all

68. [Ask if Q5 = "Married" OR Q5 = "Separated"] Is your spouse currently serving in the military?

- Yes, on active duty (not as a member of the National Guard/Reserve)
- Yes, as a member of the National Guard/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

69. [Ask if (Q5 = "Married" OR Q5 = "Separated") OR Q6 = "Yes"] To what extent do you and your spouse/significant other agree on your National Guard/Reserve career plans?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

70. [Ask if (Q5 = "Married" OR Q5 = "Separated") OR Q6 = "Yes"] To what extent does your spouse/significant other have a choice in whether you stay in the National Guard/Reserve?

- Very large extent
- Large extent
- Moderate extent
- Small extent
- Not at all

71. [Ask if (Q5 = "Married" OR Q5 = "Separated") OR Q6 = "Yes") AND Q15 = "Yes"] Were any of your deployments in the past 24 months longer than your spouse/significant other expected?

- Yes
- No

72. Which of the following best describes your (and/or your spouse's) financial condition?

- 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 your head above water
- In over your head

73. 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

74. [Ask if Q73 = "Much better" OR Q73 = "Somewhat better"] Which of the following are reasons why your financial situation is better than it was 12 months ago? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Change related to your employment (e.g., new job, increase in pay)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Change related to your spouse's employment (e.g., new job, increase in pay)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Change in your family situation (e.g., got married or divorced, fewer children living at home).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Reduction in debt and/or expenses (e.g., paid off credit card, student loan, or other debt).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Better financial management (e.g., used financial education strategies, increased savings, followed budget).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

75. [Ask if Q73 = "Much worse" OR Q73 = "Somewhat worse"] Which of the following are reasons why your financial situation is worse than it was 12 months ago? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Change related to your employment (e.g., lost job, decrease in pay)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Change related to your spouse's employment (e.g., lost job, decrease in pay, could not find job).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
c. Change in your family situation (e.g., got married or divorced, had a baby, provided financial support for family).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Increased debt and/or expenses (e.g., unplanned expenses, additional loans).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Financial management challenges (e.g., used savings, did not follow budget).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

76. Which of the following activities do you do routinely in order to manage your finances? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Make short-term financial plans (e.g., renting a house, purchasing a vehicle, saving for vacation, medical/dental/vision expenses)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Make and/or monitor long-term financial plans (e.g., home ownership, retirement, insurance, children's college education).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Follow a monthly budget or spending plan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Contribute to a savings account for emergency savings or other savings goal.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Review your Leave and Earnings Statement (LES).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Contribute to a retirement account (e.g., the Thrift Savings Plan (TSP), IRA, 401(k)).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Monitor your credit score/rating.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

77. From which of the following resources have you received information, training, or counseling on any financial topic? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Military financial training, class, or seminar (online or classroom)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military financial counseling (in-person, by telephone, or virtually).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Unit leadership or financial specialist within your unit (e.g., Command Financial Specialist, Corporal for Financial Fitness, Command Financial NCO).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. On-base financial institution (e.g., bank or credit union).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Online military resource(s) (e.g., Office of Financial Readiness, Sen\$e app, Military OneSource, Service or installation financial readiness program).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
g. Non-military financial counselor, advisor, or other resource (e.g., social or charitable organizations, online blogs and articles).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Family/friends/peers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

78. Which of the following statements best describes your (and your spouse's, if applicable) saving or investment habits?

- Unable to save or invest—usually spend more than income
- Unable to save or invest—usually spend about as much as income
- Save or invest whatever is left over at the end of the month—no regular plan
- Save or invest regularly by putting money aside each month

79. Please indicate whether the following are financial goals for you (and your spouse, if applicable). *If a goal does not apply to you, please select "No, this is not a goal for me/us." Mark one answer for each item.*

	I/we have met this goal		
	No, this is not a goal for me/us		
	Yes, this is a goal for me/us		
a. Saving for retirement.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Saving for child(ren)'s education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Saving for a safety net/emergency fund.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Paying off your education-related loans (e.g., federal or private student loans).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Being free of debt, except for mortgage.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying a home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Saving for a major purchase (e.g., vehicle, vacation, household items).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

80. In the past 12 months, which of the following options best describes how you most frequently pay credit card debt?

- Pay credit card balance in full each month
- Pay more than minimum payment but not full balance
- Pay only minimum payment
- I do not use credit cards

81. How much do you (and your spouse, if applicable) have in an emergency savings fund, in terms of your average monthly expenses?

- Less than 1 month
- Between 1 and 3 months
- Between 4 and 6 months
- More than 6 months
- I do not have an emergency savings fund

82. Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense? *If you would use more than one method to cover this expense, please mark all that apply.*

- Put it on my credit card and pay it off in full at the next statement
- Put it on my credit card and pay it off over time
- With the money currently in my checking/savings account or with cash
- Using money from a bank loan or line of credit
- By borrowing from a friend or family member
- Using a payday loan, deposit advance, or overdraft
- Using a loan or grant from a military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief)
- By selling something
- I wouldn't be able to pay for the expense right now

83. In the past 12 months, did any of the following happen to you (and/or your spouse, if applicable)? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Failed to make a monthly/minimum payment on your credit card	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Failed to make a rent or mortgage payment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Had a debt referred to a collection agency.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Had telephone, cable, or Internet shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Had water, heat, or electricity shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Failed to make a vehicle payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Had a vehicle repossessed.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Filed for personal bankruptcy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Paid overdraft fees to your bank or credit union.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Borrowed money from family and/or friends to pay bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Took money out of a retirement fund or investment to pay bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Had personal relationship problems with your partner due to finances.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
m. Received a notification about your security clearance due to your financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Had adverse personnel action due to your financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Provided unplanned financial support to a family member who did <u>not</u> live with you.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

84. In the past 12 months, have you (and/or your spouse, if applicable) used any of the following financial products or services? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Overdraft protection for bank account, loan, or line of credit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Buy Now Pay Later product.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Payday loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Vehicle title loan (a loan where you obtain money by providing a vehicle title as collateral).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Cash advance on a credit card.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Pawn loan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Loan or grant from a military aid society (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, Coast Guard Mutual Assistance).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Other loan or advance (e.g., mobile app).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

86. How often does each of the following statements apply to you? *Mark one answer for each item.*

	Never	Rarely	Sometimes	Often	Always
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"/>

The Department of Defense is interested in assessing the overall financial literacy and preparedness of military members. By completing the next set of items, you will help the Department determine how well military members understand a variety of financial-related topics. *For each question or statement, please select the BEST response. If you are not sure about an answer, please select "Don't know."*

87. Suppose you had \$100 in a savings account and the interest rate was 2% per year. After five years, how much do you think you would have in the account if you left the money to grow?

- More than \$102
- Exactly \$102
- Less than \$102
- Don't know

88. Imagine that the interest rate on your savings account was 1% per year and inflation was 2% per year. After 1 year, how much would you be able to buy with the money in this account?

- More than today
- Exactly the same
- Less than today
- Don't know

89. Is the following statement true or false?

A 15-year mortgage typically requires higher monthly payments than a 30-year mortgage, but the total interest paid over the life of the loan will be less.

- True
- False
- Don't know

90. Is the following statement true or false?

Buying a single company's stock usually provides a safer return than a stock mutual fund.

- True
- False
- Don't know

91. Is the following statement true or false?

An insurance deductible is an amount you are responsible for paying before the insurance company will pay on your insurance claim.

- True
- False
- Don't know

92. Which of the following does not impact your credit score?

- Paying bills on time
- Checking your own credit score
- The percentage of available credit used
- Applying for new credit
- Don't know

93. Under the Blended Retirement System (BRS), the government will contribute 1% of your base pay to your Thrift Savings Plan (TSP) account and match up to an additional ___ percent based on your TSP contribution after you are vested in TSP.

- 4% for a total of 5%
- 5% for a total of 6%
- There is no government match
- Don't know

94. In managing your personal budget, what is discretionary income?

- Special pays, allowances, and bonuses outside of military base pay
- The money used to make your rent or mortgage payment or other such fixed expenses
- The money remaining after taxes and fixed expenses (such as rent/mortgage, utilities, insurance) are paid
- Don't know

ADDITIONAL BACKGROUND INFORMATION

95. Thinking about your experiences over the last year, which of the following did you or your household members use to meet your spending needs? *Mark all that apply.*

- Withdrawal from savings account
- Withdrawal from retirement account
- Selling assets (i.e., stocks)
- Unemployment insurance (UI) benefit payments
- Deferred or forgiven payments (i.e., student loans, mortgage, or rent)
- None of the above

96. 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

97. How much does your income contribute toward your total household income?

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

98. [Ask if Q5 = "Married" OR Q5 = "Separated" OR Q6 = "Yes"] How much does your spouse/significant other's income contribute toward your total household income?

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

SUICIDE PREVENTION AWARENESS

The next several questions ask about a time period in your life when you may have faced some challenges. We understand these are sensitive issues, but the Department wants to know more about members' experiences so they can help others who face similar challenges. Responses to these items are completely voluntary and confidential. Your responses will only be reported in aggregate form. Your individual data will not be reported.

99. Have you ever wished you were dead or wished you could go to sleep and never wake up? *Mark all that apply.*

- Yes, within the last year
- Yes, more than a year ago
- No

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

100. Have you actually had any thoughts of killing yourself? *Mark all that apply.*

- Yes, within the last year
- Yes, more than a year ago
- No

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

101. [Ask if Q100 a = "Marked" OR Q100 b = "Marked"] Have you ever done anything, started to do anything, or prepared to do anything to end your life? *Mark all that apply.*

- Yes, within the last year
- Yes, more than a year ago
- No

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

102. [Ask if Q100 a = "Marked" OR Q100 b = "Marked"] Have you made an actual suicide attempt that required you to seek medical attention or treatment? *Mark all that apply.*

- Yes, within the last year
- Yes, more than a year ago
- No

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

103. Have you ever intentionally hurt yourself (e.g., cut or hit yourself) to relieve stress, feel better, get sympathy, or get something else to happen without any intention of killing yourself? *Mark all that apply.*

- Yes, within the last year
- Yes, more than a year ago
- No
- Not sure

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

104. Please indicate how much you agree with the following statements. *Mark one answer for each item.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I am familiar with local emergency/crisis resources available for people who might be at an increased risk for suicide or self-harm (e.g., local crisis line, psychiatric emergency response team contact information, or location of local emergency departments).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I am familiar with national/international emergency/crisis resources available for people who might be at an increased risk for suicide or self-harm (e.g., Military/Veterans Crisis Line, 988 Suicide & Crisis Lifeline—formerly known as the National Suicide Prevention Lifeline, OCONUS/overseas crisis lines).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I am confident that I can identify when someone is at an increased risk for suicide or self-harm.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. I am confident that I can help identify and steer someone who might be at an increased risk for suicide or self-harm toward appropriate helping resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I feel comfortable utilizing the helping resources available to me and my family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

105. Since joining the military, have you known a fellow Service member, or a family member of a fellow Service member, who died by suicide? *Mark all that apply.*

- Yes, within the last year
- Yes, more than a year ago
- No

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

106. [Ask if Q105 a = "Marked"] You indicated that you knew a fellow Service member, or family member of a fellow Service member, who died by suicide within the past year. Did you receive support or counseling from any of the following sources to help you with this loss? *Mark all that apply.*

- Yes, I received support from someone within the military community (e.g., a chaplain, Casualty Assistance Officer, Unit Commander or Leader, military mental health provider, Military and Family Life Counseling (MFLC), or other counselor).
- Yes, I received support but it was from someone outside the military community.
- No, I did not receive any support.

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

107. [Ask if Q105 a = "Marked" AND Q106 a = "Marked"] In general, taking all the sources of military support into consideration, how helpful was the support or counseling you received?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

108. What is your level of awareness of each of the following support services? *Mark one answer for each item.*

	I have never heard of this service	I have heard of this service, but I have not used it because I am not in need of this support service	I have heard of this service and have used it in the past, but not within the past year	I have heard of this service and have used it within the past year	I have heard of this service, but I do not really know what it is
a. Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Embedded mental/behavioral health provider (e.g., uniformed providers attached to a military unit).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Installation community counseling center or family service centers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Military and Family Life Counseling (MFLC) Program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Veterans Crisis Line/Military Crisis Line.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Chaplain.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Family Support (e.g., Deployment/Family Readiness Coordination, Key Spouse).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Military Treatment Facility (MTF) provider.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Civilian mental health provider.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

109. Please indicate whether any of the following concerns have prevented you from seeking, or made it hard for you to access, support for personal problems (e.g., relationship, financial, mental health, or other stresses). *Mark all that apply.*

- I feared a negative impact on my career.
- I feared loss of privacy/confidentiality.
- I was worried about being perceived as broken by others.
- I was worried about being stigmatized for seeking help within the military community.
- I was not sure my situation could be helped with the resources available.
- My spouse/partner refused or was unwilling to seek help.
- I didn't know who to turn to.
- I wasn't sure what resources exist.
- I did not think it would help.
- I did not know where to get help.
- It was too difficult to schedule an appointment.
- It was too difficult to get time off work.
- It was too difficult to get child care.
- It was too difficult to reach the location where the services were offered.
- Not applicable. I did not have concerns that prevented me from seeking help.

If you would like to talk to someone about issues related to suicide, please refer to the resources listed below:

- Military/Veterans Crisis Line; 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline)—988
- Military OneSource—1-800-342-9647
- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

REUNION AND REINTEGRATION

110. Have you attended any of the following Yellow Ribbon Reintegration Program (YRRP) events? *If you have attended an event, please indicate when you attended (you can provide multiple answers). If you have not attended an event, please mark "No, I have not attended any events."*

	No, I have not attended any events		
	Yes, over 12 months ago		
	Yes, within the past 12 months		
a. Pre-deployment, including Deployment Readiness Training.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. During deployment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Post-deployment, including Returning Warrior Workshop.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

111. [Ask if Q110 a = "Yes, within the past 12 months" OR Q110 b = "Yes, within the past 12 months" OR Q110 c = "Yes, within the past 12 months"] In the past 12 months, has your awareness increased in the following areas? *Mark one answer for each item.*

	No, I have not become more aware		
	Yes, but unrelated to attending a YRRP event		
	Yes, as a result of attending a YRRP event		
a. Child/youth services.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Community-based services/benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Education and vocational training.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Employer Support of the Guard & Reserve (ESGR).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Employment resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Financial resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Home loan/housing assistance benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Legal assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Medical and/or dental benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Mental health counseling/counseling resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Sexual Assault Prevention and Response (SAPR) program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Spiritual assistance (chaplain/clergy).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Substance abuse counseling.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Suicide prevention counseling/outreach.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

112. [Ask if (Q110 a <> "Yes, within the past 12 months" AND Q110 b <> "Yes, within the past 12 months" AND Q110 c <> "Yes, within the past 12 months") AND (Q110 a = "Yes, over 12 months ago" OR Q110 a = "No, I have not attended any events" OR Q110 b = "Yes, over 12 months ago" OR Q110 b = "No, I have not attended any events" OR Q110 c = "Yes, over 12 months ago" OR Q110 c = "No, I have not attended any events")] In the past 12 months, has your awareness increased in the following areas? Mark "Yes" or "No" for each item.

	No	
	Yes	No
a. Child/youth services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Community-based services/benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Education and vocational training.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Employer Support of the Guard & Reserve (ESGR).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Employment resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Financial resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Home loan/housing assistance benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Legal assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Medical and/or dental benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Mental health counseling/counseling resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Sexual Assault Prevention and Response (SAPR) program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Spiritual assistance (chaplain/clergy).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Substance abuse counseling.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Suicide prevention counseling/outreach.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

113. [Ask if Q110 a = "Yes, within the past 12 months" OR Q110 b = "Yes, within the past 12 months" OR Q110 c = "Yes, within the past 12 months"] In the past 12 months, have you used any of the following? Mark one answer for each item.

	No, and I do not plan to use			
	No, but I plan to use			
	Yes			
	Yes, but unrelated to attending a YRRP event			
	Yes, as a result of attending a YRRP event			
a. Child/youth services.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Community-based services/benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Education and vocational training.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	No, and I do not plan to use			
	No, but I plan to use			
	Yes			
	Yes, but unrelated to attending a YRRP event			
	Yes, as a result of attending a YRRP event			
d. Employer Support of the Guard & Reserve (ESGR).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Employment resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Financial resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Home loan/housing assistance benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Legal assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Medical and/or dental benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Mental health counseling/counseling resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Sexual Assault Prevention and Response (SAPR) program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Spiritual assistance (chaplain/clergy).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Substance abuse counseling.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Suicide prevention counseling/outreach.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

114. [Ask if (Q110 a <> "Yes, within the past 12 months" AND Q110 b <> "Yes, within the past 12 months" AND Q110 c <> "Yes, within the past 12 months") AND (Q110 a = "Yes, over 12 months ago" OR Q110 a = "No, I have not attended any events" OR Q110 b = "Yes, over 12 months ago" OR Q110 b = "No, I have not attended any events" OR Q110 c = "Yes, over 12 months ago" OR Q110 c = "No, I have not attended any events")] In the past 12 months, have you used any of the following? Mark one answer for each item.

	No, and I do not plan to use			
	No, but I plan to use			
	Yes			
a. Child/youth services.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Community-based services/benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Education and vocational training.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Employer Support of the Guard & Reserve (ESGR).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Employment resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Financial resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Home loan/housing assistance benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Legal assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Medical and/or dental benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

No, and I do not plan to use		
No, but I plan to use		
Yes		
j. Mental health counseling/counseling resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Sexual Assault Prevention and Response (SAPR) program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Spiritual assistance (chaplain/clergy).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Substance abuse counseling.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Suicide prevention counseling/outreach.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

115. [Ask if Q110 a = "Yes, within the past 12 months" OR Q110 b = "Yes, within the past 12 months" OR Q110 c = "Yes, within the past 12 months"] As a result of attending a Yellow Ribbon Reintegration Program event in the past 12 months, please indicate how you have changed in the following areas. *Mark one answer for each item.*

Much worse				
Somewhat worse				
Stayed the same				
Somewhat better				
Much better				
a. Communication skills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Employment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Financial management.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Legal matters.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Medical/physical health.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Mental health.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Stress management skills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. VA benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

116. [Ask if (Q110 a <> "Yes, within the past 12 months" AND Q110 b <> "Yes, within the past 12 months" AND Q110 c <> "Yes, within the past 12 months") AND (Q110 a = "Yes, over 12 months ago" OR Q110 a = "No, I have not attended any events" OR Q110 b = "Yes, over 12 months ago" OR Q110 b = "No, I have not attended any events" OR Q110 c = "Yes, over 12 months ago" OR Q110 c = "No, I have not attended any events")] In the past 12 months, please indicate how you have changed in the following areas. *Mark one answer for each item.*

Much worse				
Somewhat worse				
Stayed the same				
Somewhat better				
Much better				
a. Communication skills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Employment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Financial management.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Legal matters.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Medical/physical health.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Mental health.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Stress management skills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. VA benefits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

117. [Ask if Q110 a = "Yes, within the past 12 months" OR Q110 a = "Yes, over 12 months ago" OR Q110 b = "Yes, within the past 12 months" OR Q110 b = "Yes, over 12 months ago" OR Q110 c = "Yes, within the past 12 months" OR Q110 c = "Yes, over 12 months ago"] Would you recommend the Yellow Ribbon Reintegration Program to others?

- Yes
- No

TAKING THE SURVEY

A “military survey” is defined as a survey regarding military topics (e.g., readiness, programs/services, tempo, benefits).

118. Excluding this survey, how many military surveys have you been asked to complete in the past 12 months? *To indicate none, select “0.” To indicate 10 or more, select “10.”*

119. Thank you for participating in the survey. There are no more questions on this survey. If you have comments or concerns that you were not able to express in answering this survey, please enter them in the space provided. Your comments will be viewed and considered as policy deliberations take place. Do not include any personally identifiable information (PII) in your comments. If OPA or its data collection contractor perceives comments as a direct threat to yourself or others, out of concern for your welfare, OPA may contact an office in your area for appropriate action. Your feedback is useful and appreciated.

120. [Ask if Q1 = "No, I separated or retired"]
Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the *Previous* button and check your answer(s).
To submit your answers, click the *Submit* button. For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail RC-Survey@mail.mil.