

BACKGROUND INFORMATION

1. Were you on active duty on November 15, 2023?

- Yes
 No, I have separated or retired

2. What is your current paygrade?

- | | | | |
|-----------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> E-1 | <input checked="" type="checkbox"/> E-6 | <input checked="" type="checkbox"/> W-1 | <input checked="" type="checkbox"/> O-1/O-1E |
| <input checked="" type="checkbox"/> E-2 | <input checked="" type="checkbox"/> E-7 | <input checked="" type="checkbox"/> W-2 | <input checked="" type="checkbox"/> O-2/O-2E |
| <input checked="" type="checkbox"/> E-3 | <input checked="" type="checkbox"/> E-8 | <input checked="" type="checkbox"/> W-3 | <input checked="" type="checkbox"/> O-3/O-3E |
| <input checked="" type="checkbox"/> E-4 | <input checked="" type="checkbox"/> E-9 | <input checked="" type="checkbox"/> W-4 | <input checked="" type="checkbox"/> O-4 |
| <input checked="" type="checkbox"/> E-5 | | <input checked="" type="checkbox"/> W-5 | <input checked="" type="checkbox"/> O-5 |
| | | | <input checked="" type="checkbox"/> O-6 or above |

3. What is your marital status?

- Married
 Separated
 Divorced
 Widowed
 Never married

4. [Ask if Q3 = "Divorced" OR Q3 = "Widowed" OR Q3 = "Never married"] Do you have a significant other?

- Yes
 No

In the following section, you will be asked questions about your spouse's employment status in enough detail to ensure comparability with national employment surveys.

5. [Ask if Q3 = "Married" OR Q3 = "Separated"] Is your spouse currently serving on active duty (not a member of the National Guard or Reserve)?

- Yes
 No

6. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No"] Is your spouse currently serving as a member of the National Guard or Reserve in a full-time, active duty program (AGR/FTS/AR)?

- Yes
 No

7. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No"] Is your spouse currently serving as a member of another type of National Guard or Reserve unit (e.g., drilling unit, Individual Mobilization Augmentee [IMA], Individual Ready Reserve [IRR])?

- Yes
 No

8. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No"] Last week, did your spouse do any work for pay or profit? *Mark "Yes" even if your spouse worked only 1 hour or helped without pay in a family business or farm for 15 hours or more.*

- Yes
 No

9. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No" AND Q8 = "No"] Last week, was your spouse temporarily absent from a job or business?

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

10. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No" AND Q8 = "No" AND Q9 = "No"] Has your spouse been looking for work during the last 4 weeks?

- Yes
 No

11. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND Q5 = "No" AND Q6 = "No" AND Q8 = "No" AND Q9 = "No" AND Q10 = "Yes"] Last week, could your spouse have started a job if offered one, or returned to work if recalled?

- Yes, my spouse could have gone to work
 No, because of his/her temporary illness
 No, because of state occupational licensing barriers
 No, because child care was not available
 No, because of other reasons (in school, etc.)

12. What is the highest degree or level of school or training that you have completed? *Mark the one answer that describes the highest grade, degree, or level of training 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.)
- Professional license, accreditation, or certificate (e.g., fitness instructor, massage therapist, electrician, welder)
- 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)

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).

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

- Yes
- No

14. [Ask if Q13 = "Yes"] How many children or other legal dependents do you have in the age group specified below? *To indicate none, select "0." To indicate nine or more, select "9."*

5 years and younger

6–13 years old

14–18 years old

19–22 years old

23 years and older

15. Are you Spanish/Hispanic/Latino?

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

16. 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

17. Where is your permanent duty station (homeport) located?

- In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession
- Europe (e.g., Germany, Italy, Belgium, United Kingdom)
- Former Soviet Union (e.g., Russia, Tajikistan, Uzbekistan, Kazakhstan)
- East Asia and Pacific (e.g., Australia, Japan, Korea)
- North Africa, Near East, or South Asia (e.g., Bahrain, Kuwait, Saudi Arabia, Diego Garcia)
- Sub-Saharan Africa (e.g., Djibouti, Kenya, Liberia, South Africa)
- Western Hemisphere (e.g., Cuba, Honduras, Peru)
- Other or not sure

18. [Ask if Q17 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession"] Please select from the list below your permanent duty station location (homeport) within one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession.

19. Where do you live at your permanent duty station?

- Aboard ship
- Government-owned or leased barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, on base
- Government-owned or leased barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, off base
- Government-owned family housing, on base
- Government-owned or leased family housing, off base
- Privatized housing, on base, that you rent
- Privatized housing, off base, that you rent
- Civilian/community housing, off base, that you own or make a mortgage for
- Civilian/community housing, off base, that you rent
- Other

[Ask if Q19 = "Other"] Please specify where you live at your permanent duty station. Please do not include any personally identifiable information (e.g., names, addresses).

20. [Ask if Q19 = "Aboard ship" OR Q19 = "Government-owned or leased barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, on base" OR Q19 = "Government-owned or leased barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, off base" OR Q19 = "Government-owned family housing, on base" OR Q19 = "Government-owned or leased family housing, off base" OR Q19 = "Privatized housing, on base, that you rent" OR Q19 = "Privatized housing, off base, that you rent" OR Q19 = "Civilian/community housing, off base, that you own or make a mortgage for" OR Q19 = "Civilian/community housing, off base, that you rent" OR Q19 = "Other"] What is the approximate square footage of the housing?

					sqft
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SATISFACTION

21. Taking all things into consideration, how satisfied are you, in general, with each of the following aspects of being in the military? Mark one answer for each item.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
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.....	<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.....	<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.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

RETENTION

23. How many years of active duty service have you completed (including enlisted, warrant officer, and commissioned officer time)? To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35".

		Years
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24. Suppose that you have to decide whether to stay on active duty. 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

25. [Ask if Q3 = "Married" OR Q3 = "Separated" OR Q4 = "Yes"] Does your spouse or significant other think you should stay on or leave active duty?

- Strongly favors staying
- Somewhat favors staying
- Has no opinion one way or the other
- Somewhat favors leaving
- Strongly favors leaving

26. Does your family think you should stay on or leave active duty?

- Strongly favors staying
- Somewhat favors staying
- Has no opinion one way or the other
- Somewhat favors leaving
- Strongly favors leaving

Responses from this question are used to determine levels of personal, unit, and overall commitment. Please provide your answer for each statement so that these three can be assessed.

27. How much do you agree or disagree with each of the following statements? *Mark one answer for each item.*

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. I enjoy serving in the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Serving in the military is consistent with my personal goals.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I would feel guilty if I left the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Generally, on a day-to-day basis, I am happy with my life in the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I would have difficulty finding a job if I left the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. If I left the military, I would feel like I had let my country down.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. I continue to serve in the military because leaving would require considerable sacrifice.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. One of the problems with leaving the military would be the lack of available alternatives.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. I am committed to making the military my career.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

28. When you leave active duty, how likely is it that you will join a National Guard or Reserve unit?

- Does not apply, retiring or otherwise ineligible
- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

DETAILED RETENTION

29. Suppose that you have to decide whether to stay on active duty. Which of the following would be the most important factor in this decision? *Select one item from the list below.*

30. How much time remains until you separate or retire from the military?

- I do not expect to separate or retire from the military in the next 2 years
- Less than 90 days
- 3–5 months
- 6–12 months
- 13–24 months

31. [Ask if Q30 = "13–24 months" OR Q30 = "6–12 months" OR Q30 = "3–5 months" OR Q30 = "Less than 90 days"] To what extent is each of the following a reason for your leaving the Service? *Mark one answer for each item.*

	Not at all				
	Small extent				
	Moderate extent				
	Large extent				
	Very large extent				
a. Involuntarily retired or separated/not accepted for reenlistment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near maximum age.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Near maximum total time in grade.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Overall job dissatisfaction.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Longer than normal duty days.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Too much time away from home (excluding deployments).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Too many deployments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Too few deployments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Continue my education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Time to do something else.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. The military is not for me.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Spouse had difficulty finding job due to frequent PCS moves.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Spouse had trouble finding a job that matches her/his skills, education, or work experience.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Family burden.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Financial security better as a civilian than in the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Deployment to hostile or dangerous locations.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q. Civilian salary.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

TEMPO

32. Have you ever made a Permanent Change of Station (PCS) move?

- Yes
- No

33. [Ask if Q32 = "Yes"] How many months has it been since your last PCS move? *To indicate less than one month, enter "0". To indicate more than 99 months, enter "99".*

Months

34. In the past 12 months, how many days have you had to work longer than your normal duty day (i.e., overtime)? *To indicate none, enter "0".*

Days

35. In the past 12 months, how many nights have you been away from your permanent duty station (homeport) because of your military duties? *To indicate none, enter "0".*

Nights

36. In the past 24 months, have you been deployed longer than 30 consecutive days?

- Yes
- No

37. [Ask if Q36 = "Yes"] Are you currently on a deployment that has lasted longer than 30 consecutive days?

- Yes
- No

38. [Ask if Q36 = "Yes" AND Q37 = "Yes"]

Where are you currently deployed?

- In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession
- Afghanistan
- Iraq
- Other North African, Near Eastern, or South Asian country (e.g., Bahrain, Kuwait, Saudi Arabia, Diego Garcia)
- Europe (e.g., Germany, Italy, Belgium, United Kingdom)
- Former Soviet Union (e.g., Russia, Tajikistan, Uzbekistan, Kazakhstan)
- East Asia and Pacific (e.g., Australia, Japan, Korea)
- Sub-Saharan Africa (e.g., Djibouti, Kenya, Liberia, South Africa)
- Western Hemisphere (e.g., Cuba, Honduras, Peru)
- Other or not sure

39. [Ask if Q36 = "Yes" AND Q37 = "Yes" AND Q38 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession"]

Please select from the list below your deployment location within one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession.

[Ask if Q36 = "Yes" AND Q37 = "Yes" AND Q38 = "Other or not sure"] Please enter the name of the country or installation where you are currently deployed.

40. In the past 12 months, have you spent more or less time away from your permanent duty station (homeport) than you expected when you first entered the military?

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

41. What impact has time away (or lack thereof) from your permanent duty station (homeport) 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

42. 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

43. 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

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

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

45. How well has your training prepared you to perform your wartime job in support of joint operations?

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

STRESS

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

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

47. 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

48. [Ask if Q13 = "Yes"] Do you have any children under the age of 18 who usually live with you?

- Yes
- No

49. [Ask if Q13 = "Yes" AND Q48 = "Yes"] At any time during the 2022–2023 school year, how many children in this household were enrolled in kindergarten through 12th grade or grade equivalent? *Please select the number of children enrolled in each type of school. To indicate none, select "0." To indicate more than nine, select "9."*

Number enrolled in a public school

Number enrolled in a private school

Number enrolled in a Department of Defense-run school (DoDEA Americas, DoDEA Europe, or DoDEA Pacific)

Number homeschooled, that is not enrolled in public or private school

50. [Ask if Q13 = "Yes" AND Q48 = "Yes" AND (Q49 a > "0" OR Q49 b > "0" OR Q49 c > "0" OR Q49 d > "0")] During the 2022–2023 school year, how did the children in this household receive their education? *Mark all that apply.*

- Children received live instruction from a teacher in person at their school
- Children received live instruction from a teacher on-line/virtually
- Children learned on their own using on-line materials provided by their school
- Children learned on their own using paper materials provided by their school
- Children learned on their own using materials that were NOT provided by their school
- Children did not participate in any learning activities because their school was closed
- Children were sick and could not participate in education
- Other

51. [Ask if Q13 = "Yes" AND Q48 = "Yes"] In the past 12 months, were any children in the household unable to attend daycare or another child care arrangement because of the coronavirus pandemic? *Please include before school care, after school care, and all other forms of child care that were unavailable.*

- Yes
- No
- Does not apply

52. [Ask if Q13 = "Yes" AND Q48 = "Yes" AND Q51 = "Yes"] Which, if any, of the following occurred as a result of child care being closed or unavailable? *Mark all that apply.*

- You (or another adult) took unpaid leave to care for your children
- You (or another adult) used vacation or sick days in order to care for your children
- You (or another adult) cut your hours in order to care for your children
- You (or another adult) left a job in order to care for your children
- You (or another adult) lost a job because of time away to care for your children
- You (or another adult) did not look for a job in order to care for your children
- You (or another adult) supervised one or more children while working
- None of the above

53. [Ask if Q13 = "Yes" AND Q48 = "Yes"] To what extent do you feel that child care issues will impact whether you stay in the military?

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

DEPLOYMENTS IN PAST 5 YEARS

Operation Inherent Resolve (OIR) officially began 15 Jun 2014 and includes military intervention against extremists in Iraq and Syria.

Operation Freedom's Sentinel (OFS), a follow-on mission to Operation Enduring Freedom (OEF), officially began 1 Jan 2015 and includes missions to train Afghan soldiers and conduct counterterrorism operations against extremists in Afghanistan.

54. In the past 5 years, for which of the following operations/contingencies have you been deployed to support (either directly or indirectly)? *Mark all that apply.*

- I have not deployed in the past 5 years
- Operation Inherent Resolve
- Operation Freedom's Sentinel
- Peacekeeping operation
- Humanitarian operation
- Military exercise or training
- COVID-19 Response
- Other

[Ask if Q54 h = "Marked"] Please specify the other operation/contingency for which you have been deployed to support (either directly or indirectly) in the past 5 years. *Please do not include any personally identifiable information (e.g., names, addresses).*

55. [Ask if Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked"] In the past 5 years, how many times have you been deployed?

		Times
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56. [Ask if Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked"] In the past 5 years, have you been deployed to a combat zone or an area where you drew imminent danger pay or hostile fire pay?

- Yes
- No

57. [Ask if (Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked") AND Q56 = "Yes"] For your most recent deployment, how many months have you been or were you deployed to an area where you drew imminent danger pay or hostile fire pay? *Include partial months. For example, if you were deployed to a combat zone for 2 days, and those days were in different months, enter "2".*

		Months
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58. [Ask if Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked"] Were you involved in combat operations?

- Yes
- No

59. [Ask if (Q36 = "Yes" AND Q37 = "Yes") AND (Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked") AND Q56 = "Yes"] Are you currently deployed to a combat zone or an area where you are drawing imminent danger pay or hostile fire pay?

- Yes
- No

60. [Ask if Q54 b = "Marked" OR Q54 c = "Marked" OR Q54 d = "Marked" OR Q54 e = "Marked" OR Q54 f = "Marked" OR Q54 g = "Marked" OR Q54 h = "Marked"] Were any of your deployments in the past 5 years longer than you expected?

- Yes
- No

FINANCIAL WELL-BEING AND EDUCATION

61. 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

62. 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

63. [Ask if Q62 = "Much better" OR Q62 = "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"/>

64. [Ask if Q62 = "Much worse" OR Q62 = "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"/>

	Yes	No
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"/>
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"/>

65. 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"/>

66. 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"/>

	Yes	No
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"/>
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"/>

67. 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

68. 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"/>

69. 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

70. 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

71. 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

72. 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"/>

73. 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"/>

74. 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"/>

75. 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."*

76. 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

77. 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

78. 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

79. 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

80. 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

81. 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

82. 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

83. 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

84. 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

85. 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

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

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

87. [Ask if Q3 = "Married" OR Q3 = "Separated" OR Q4 = "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.

88. 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

89. 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

90. [Ask if Q89 a = "Marked" OR Q89 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

91. [Ask if Q89 a = "Marked" OR Q89 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

92. 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

93. 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

94. 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

95. [Ask if Q94 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

96. [Ask if Q94 a = "Marked" AND Q95 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

97. 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"/>

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	
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
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- Military & Family Life Counseling (MFLC)—information available at installation level
- CG SUPRT Line (Coast Guard)—1-855-247-8778

TAKING THE SURVEY

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

99. 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.”*

98. 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.

100. 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.

101. [Ask if Q1 = "No, I have 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 AD-Survey@mail.mil.