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**“Challenges of Operational Environments - Carriers”**

**Survey**

**Protocol:**

NHRC.2018.0016

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# Overview/Instructions for Use

The Challenges of Operational Environments Study is a longitudinal study that will assess stressors associated with different operational environments and their effect on mental and behavioral health. Because the operational environment of the Commands involved will change over time, the survey that is being submitted for approval has been designed to adapt similarly. The base survey will remain the same at every time point, while separate modules will be added according to a pre-determined phases (i.e., maintenance period, sea trials, homeport shift, deployment, and post-deployment).



Additionally, several ad hoc modules have been prepared should certain events occur and the Command leadership requests additional examination of these topics. Relevant events that correspond to these ad hoc modules include suicides/suicide clusters among the crew, accidents/mishaps, combat exposure, major leadership change (e.g., a Commanding Officer being relieved of command), and program evaluation of mental/behavioral health programs. The document that follows depicts items in the base survey and each additional module. The subheaders within each section indicate where within the base survey the additional questions for that module will be inserted.

# Base Survey

## Demographics

**Survey participation is voluntary. You can skip questions you choose not answer, and you can stop participating at any time.**

**XX. What sex were you assigned at birth, on your original birth certificate?**

* Male
* Female

**XX. How do you currently describe yourself? Mark all that apply.**

* Male
* Female
* Transgender, non-binary, or another gender

**XX. What is your race and/or ethnicity? [Select as many as apply]**

* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic or Latino
* Middle Eastern or North African
* Native Hawaiian or Pacific Islander
* White

**XX. Do you consider yourself to be…? Please mark one.**

* Heterosexual or straight
* Gay or lesbian
* Bisexual
* I use a different term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to answer

|  |  |  |
| --- | --- | --- |
| **XX. Current marital status:** | **XX. Highest level of completed education:** | **XX. Age:** |
| * Married/Cohabitating
 | * Less than high school
 | * 17-20
 |
| * Divorced
 | * GED
 | * 21-24
 |
| * Widowed
 | * High school diploma
 | * 25-29
 |
| * Never Married
 | * Some college
 | * 30-39
 |
|  | * Associate’s degree
 | * 40+
 |
|  | * Bachelor’s degree
 |  |
|  | * More than a bachelor’s degree
 |  |

**XX. How long have you been stationed at your current command?**

* Less than 6 months
* 6 months to 1 year
* 1 to 2 years
* 3 or more years

|  |
| --- |
| **XX. Where do you currently live?** |
| * Temporary housing situation (such as a hotel while waiting for housing)
 |
| * On the ship
 |
| * Military housing – barracks
 |
| * Military housing – on base
 |
| * Military housing – off base
 |
| * Civilian housing – rented apartment/condo/house
 |
| * Civilian housing – owned apartment/condo/house
 |
| * Other *please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
 |

|  |
| --- |
| XX. **Approximately how many nights per week are you sleeping on the ship/Floating Accommodation Facility (FAF) (including your duty days)?** |
| * 0
 |
| * 1
 |
| * 2
 |
| * 3
 |
| * 4
 |
| * 5
 |
| * 6
 |
| * 7
 |

**In this section of the questionnaire, you will create an identification code that is unique to you but cannot be traced back to you. This ID code will be used instead of your name or other identifying information. If you participate in follow-up questionnaires, we will give you these same instructions to recreate this code so that we can link your questionnaires together without using your name or other specific personal information. Please take care to answer each question accurately.**

**Please respond to the items below:**

**XX.1 Enter the 1st and 2nd letter of your mother's (or primary maternal figure's) first name.**

**(For example, if your mother's first name is Mary, you would enter MA.)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XX.2 Enter the DAY OF THE MONTH that you were born.**

**(For example, if you were born on May 17, 1990, you would enter 17.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XX.3 Enter the 1st and 2nd letter of your father's (or primary paternal figure's) first name.**

**(For example, if your father's name is John, you would enter JO.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XX.4 Enter the 1st and 2nd letter of the CITY WHERE YOU WERE BORN.**

**(For example, if you were born in Detroit, Michigan, you would enter DE.)**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XX.5 Enter the first two letters of your middle name. If you do not have a middle name, enter XX.**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XX.6 Enter the 1st and 2nd letters of the high school you most recently attended. If you did not attend high school, please enter XX.**

**(For example, if you attended Eagle High, you would enter EA.)**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Experience

|  |  |  |
| --- | --- | --- |
| **XX. What is your component?** |  | **XX. Is your assignment to your current command your first tour of duty?** |
| * Active Regular
 |  | * Yes
 |
| * Active Reserve
 |  | * No
 |
| * Selected Reserve
 |  |  |
| * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |

**XX. In what department do you currently work:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Administration
 | * Deck
 | * Medical
 | * Security
 |
| * Aviation Intermediate Maintenance
 | * Engineering
 | * Operations
 | * Supply
 |
| * Air
 | * Intelligence
 | * Reactor
 | * Training
 |
| * Air Wing
 | * Legal
 | * Religious Ministries
 | * Weapons
 |
| * Combat Systems
 | * Media
 | * Safety
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_
 |

**XX. Paygrade/Rank:**

* E1-E4
* E5-E6
* E7-E9
* W1-W5
* O1-O3
* O4 or higher

Display This Question: If Paygrade/Rank: = E1-E4; Or Paygrade/Rank: = E5-E6; Or Paygrade/Rank: = E7-E9

**XX. What is your rate?**

|  |  |
| --- | --- |
| * Aviation Boatswain’s Mate - Equipment
 | ABE |
| * Aviation Boatswain’s Mate – Fuels
 | ABF |
| * Aviation Boatswain’s Mate - Handling
 | ABH |
| * Air Traffic Controlman
 | AC |
| * Aviation Machinist Mate
 | AD |
| * Aviation Electrician’s Mate
 | AE |
| * Advanced Electronics Computer Field
 | AECF |
| * Aviation Aerographer’s Mate
 | AG |
| * Aircrew Program
 | AIRC/AIRR |
| * Aviation Structural Mechanic
 | AM |
| * Aviation Structural Mechanic - Equipment
 | AME |
| * Aviation Structural Mechanic – Hydraulics
 | AMH |
| * Aviation Structural Mechanic – Structures
 | AMS |
| * Undesignated Airman
 | AN |
| * Aviation Ordanceman
 | AO |
| * Aviation Support Equipment Technician
 | AS |
| * Aviation Equipment Technician
 | AT |
| * Avionics Technician
 | AV |
| * Aviation Warfare Systems Operator
 | AW |
| * Aviation Maintenance Administrationman
 | AZ |
| * Boatswain’s Mate
 | BM |
| * Builder
 | BU |
| * Construction Electrician
 | CE |
| * Construction Mechanic
 | CM |
| * Culinary Specialist
 | CS |
| * Cryptologic Technician
 | CT |
| * Damage Controlman
 | DC |
| * Fleet Diver Program
 | DIVER |
| * Engineering Aid
 | EA |
| * Electricians Mate
 | EM |
| * Engineman
 | EN |
| * Equipment Operator
 | EO |
| * Explosive Ordnance Disposal
 | EOD |
| * Electronics Technician
 | ET |
| * Fire Controlman (Advanced Electronics Computer
 | FC |
| * Fireman (Engine/Mechanical Apprentice)
 | FN |
| * Gunner’s Mate
 | GM |
| * Gas Turbine Systems Technician -
 | GSE |
| * Hospital Corpsman
 | HM |
| * Hull Technician
 | HT |
| * Interior Communications Electrician
 | IC |
| * Intelligence Specialist
 | IS |
| * Information System Technician
 | IT |
| * Legalman
 | LN |
| * Logistics Specialist
 | LS |
| * Master at Arms
 | MA |
| * Mass Communications Specialist
 | MC |
| * Machinist Mate
 | MM |
| * Mineman
 | MN |
| * Machinery Repairman
 | MR |
| * Missile Technician (Advanced Electronics Field)
 | MT |
| * Musician
 | MU |
| * Navy Counselor
 | NC |
| * Nuclear Field
 | NF |
| * Navy Counselor
 | NC |
| * Operations Specialist
 | OS |
| * Personnelman
 | PN |
| * Aircrew Survival Equipmentman
 | PR |
| * Quartermaster
 | QM |
| * Religious Program Specialist
 | RP |
| * SEAL Challenge Program
 | SEAL |
| * Submarine Electronics Computer Field
 | SECF |
| * Ship’s Serviceman
 | SH |
| * Seaman
 | SN |
| * Seaman Subfarer Program
 | SS |
| * Sonar Technician
 | ST |
| * Steelworker
 | SW |
| * Special Warfare Combatant – Craft
 | SWCC |
| * Torpedoman’s Mate
 | TM |
| * Utilitiesman
 | UT |
| * Yeoman
 | YN |
| * Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |

 **XX. How long have you served in the military?**

* Less than 1 year
* 1-2 years
* 3-4 years
* 5-7 years
* 8-10 years
* More than 10 years

**Some of the questions in this survey ask you about your experiences “underway.” We define going underway as a time when you were working aboard your ship while at sea (not in port).**
**XX. Approximately how many total times have you gone underway on a ship for at least 30 days at a time
(since Sept 11, 2001)?**

* 0
* 1
* 2
* 3
* 4 or more

Display This Question: If experience underway 30+ days is 1;2;3;4 or more
**XX. When did you return from your most recent underway period?**

Month: Select
*Response Options: January, February, March, April, May, June, July, August, September, October, November, December*
Year: Select
*Response options: 2001, 2002, 2003..., 2023*

Display This Question: If experience underway 30+ days is 1;2;3;4 or more
**XX. How long was your most recent underway period?**

* Less than 1 week
* 1-2 weeks
* 3-4 weeks
* 1-6 months
* 6+ months

## Help Seeking

|  |
| --- |
| XX. In the past 6 months, while stationed on the *<command name>*, have you used or attempted to use any of the following resources to deal with issues related to stress, family/relationships, substance/alcohol use, and/or mental or behavioral health? |
|  | No, I did not seek help from this resource | I sought help but did not receive it from this resource | I sought and received help from this resource |
| Medical – Primary Care Provider such as the Senior Medical Officer, Senior Nurse Officer, Corpsman, etc.  |  |  |  |
| Medical – Mental Health Provider such as the Psych Boss, Licensed Clinical Social Worker, etc.  |  |  |  |
| Medical – A military-affiliated medical provider outside of the <command name> |  |  |  |
| Medical – Tricare Doctor on Demand  |  |  |  |
| Chaplain |  |  |  |
| Marriage and Family Life Counselor (MFLC) |  |  |  |
| Deployment Resiliency Counselor (DRC) |  |  |  |
| Military OneSource |  |  |  |
| Fleet and Family Service Center |  |  |  |
| Military-affiliated mental health resource not listed above |  |  |  |
| Civilian mental health resource not listed above |  |  |  |
| Other (please specify) |  |  |  |

|  |
| --- |
| XX. Using the scale provided, rate each of the possible concerns that might affect your decision to seek treatment for a psychological or mental health problem (such as stress or depression) from a mental health professional (such as a counselor). |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
| It would be too embarrassing |  |  |  |  |  |
| My shipmates might treat me differently |  |  |  |  |  |
| I don't think I'll actually get help |  |  |  |  |  |
| It might harm my career |  |  |  |  |  |
| I don’t know where to get help |  |  |  |  |  |
| It’s difficult to schedule an appointment |  |  |  |  |  |
| I don’t trust mental health providers |  |  |  |  |  |
| It would be difficult to get time off work or school |  |  |  |  |  |

## Stressors

|  |
| --- |
| XX. In the past 6 months, while you've been working aboard the <Command Name>/Floating Accommodation Facility (FAF), how much of a problem have each of the following been for you? |
|  | Not a problem at all | A little bit of a problem | A moderate problem | A big problem | A very serious problem | N/A |
| The overhead lighting in my work area |  |  |  |  |  |  |
| The temperature in my work area |  |  |  |  |  |  |
| The air quality in my work area |  |  |  |  |  |  |
| Exposure to loud noises |  |  |  |  |  |  |
| Access to fresh, quality food |  |  |  |  |  |  |
| Access to safe drinking water |  |  |  |  |  |  |
| Access to working bathrooms |  |  |  |  |  |  |
| Access to administrative services |  |  |  |  |  |  |
| Access to mental health services |  |  |  |  |  |  |
| Access to medical care for health issues |  |  |  |  |  |  |
| Long working hours |  |  |  |  |  |  |
| Lack of ability to take breaks |  |  |  |  |  |  |
| Not getting along with people in my unit |  |  |  |  |  |  |
| Lacking the tools or equipment to do my job |  |  |  |  |  |  |
| Not having enough people to complete the mission |  |  |  |  |  |  |
| Not having the training necessary to do my job |  |  |  |  |  |  |
| Concerns about well-being of loved ones |  |  |  |  |  |  |
| Maintaining relationships with family and friends |  |  |  |  |  |  |
| Lack of clear and meaningful tasking |  |  |  |  |  |  |
| Boredom |  |  |  |  |  |  |
| Working outside my rate |  |  |  |  |  |  |

|  |
| --- |
| XX. In the last 6 months while you’ve been assigned to <*command name*>, how difficult has serving in the Navy been for you and your family? |
|   | Not difficult at all | A little bit difficult | Moderately difficult | Quite a bit difficult | Extremely difficult |
| For myself |  |  |  |  |  |
| For my family |  |  |  |  |  |

|  |
| --- |
| XX. On average over the past month, how much stress have you experienced... |
|  | None at all | A little | A moderate amount | Quite a bit | A lot | N/A |
| At work or while carrying out your military duties? |  |  |  |  |  |  |
| In your family life or in a relationship with a significant other? |  |  |  |  |  |  |
| Due to financial issues? |  |  |  |  |  |  |

## Mental/Behavioral Health

|  |
| --- |
| XX. Over the LAST 2 weeks, how often have you been bothered by any of the following problems? |
|  | Not at all | Few or several days | More than half the days | Nearly every day |
| Little interest or pleasure in doing things |  |  |  |  |
| Feeling down, depressed, or hopeless |  |  |  |  |
| Trouble falling or staying asleep, or sleeping too much |  |  |  |  |
| Feeling tired or having little energy |  |  |  |  |
| Poor appetite or overeating |  |  |  |  |
| Feeling bad about yourself – or that you are a failure or have let yourself or your family down |  |  |  |  |
| Trouble concentrating on things, such as reading the newspaper or watching television |  |  |  |  |
| Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual |  |  |  |  |
| Thoughts that you would be better off dead or of hurting yourself in some way |  |  |  |  |

Display This Pop-up: If selected ‘few or several days’, ‘more than half the days’, or ‘nearly every day’ for “thoughts that you would be better off dead or of hurting yourself in some way”
**XX. If you need help or someone to talk to, please call, text, or chat 988 (Suicide & Crisis Lifeline) and/or contact the other resources listed at the end of this survey at any time. A printed copy of the resources can also be provided to you upon your request. You may also speak with a member of the survey team right now.**

|  |
| --- |
| XX. Over the LAST 2 weeks, how often have you been bothered by any of the following problems? |
|  | Not at all | Few or several days | More than half the days | Nearly every day |
| Feeling nervous, anxious, or on edge |  |  |  |  |
| Not being able to stop or control worrying |  |  |  |  |
| Worrying too much about different things |  |  |  |  |
| Trouble relaxing |  |  |  |  |
| Being so restless that it is hard to sit still |  |  |  |  |
| Becoming easily annoyed or irritable |  |  |  |  |
| Feeling afraid as if something awful might happen |  |  |  |  |

|  |
| --- |
| XX. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully and fill in a bubble to indicate *how much you have been bothered by that problem in the last month.* |
|  | Not at all | A little bit | Moderately | Quite a bit | Extremely |
| Repeated, disturbing and unwanted memories of the stressful experience |  |  |  |  |  |
| Feeling very upset when something reminded you of the stressful experience |  |  |  |  |  |
| Avoiding memories, thoughts or feelings related to the stressful experience |  |  |  |  |  |
| Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? |  |  |  |  |  |
| Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something wrong with me, no one can be trusted, the world is completely dangerous) |  |  |  |  |  |
| Loss of interest in activities you used to enjoy |  |  |  |  |  |
| Feeling jumpy or easily startled |  |  |  |  |  |
| Having difficulty concentrating |  |  |  |  |  |

|  |
| --- |
| XX. In the past month, how often did you do each of the following *at work*? |
|  | Never | Once | Twice | 3-4 times | 5 or more times |
| Got angry with someone and yelled or shouted at them |  |  |  |  |  |
| Got angry with someone and kicked or smashed something |  |  |  |  |  |
| Threatened someone with physical violence |  |  |  |  |  |
| Got into a fight with someone and hit or physically harmed the person |  |  |  |  |  |

**XX. During the past month, when have you usually gone to bed at night?**

 *Response options: 0000, 0015, 0030, 0045, 0100…2345*

**XX. During the past month, how long in minutes has it taken you to fall asleep each night?**

* 15 minutes or less
* 16-30 minutes
* 31-60 minutes
* More than 60 minutes

**XX. During the past month, what time have you usually gotten up in the morning?**

*Response options: 0000, 0015, 0030, 0045, 0100…2345*

**XX. During the past month, about how many hours of actual sleep did you get each night? (This may be different
 than the number of hours you spend in bed.)**

*Response options: 1 hr, 2hrs, 3 hrs…12 hrs*

**XX. During the past month, how would you rate your sleep quality overall?**

* Very good
* Fairly good
* Fairly bad
* Very bad

|  |  |  |
| --- | --- | --- |
| **XX. How often do you have a drink containing alcohol?** | **XX. How many drinks containing alcohol do you have on a typical day when you are drinking?** | **XX. How often do you have six or more drinks on one occasion?** |
| * Never
 | * 0 drinks
 | * Never
 |
| * Monthly or less
 | * 1-2 drinks
 | * Less than monthly
 |
| * 2-4 times/month
 | * 3-4 drinks
 | * Monthly
 |
| * 2-3 times/week
 | * 5-6 drinks
 | * Weekly
 |
| * 6 or more times/week
 | * 7-9 drinks
 | * Daily or almost daily
 |
|  | * 10 or more drinks
 |  |
|  |

|  |
| --- |
| XX. In the past 6 months, |
|  | Yes | No |
| Have you had thoughts of killing yourself? |  |  |
| Have you ever actually made a plan to kill yourself? |  |  |
| Have you made an actual attempt to kill yourself in which you had at least some intent to die? |  |  |
| Have you engaged in non-suicidal self-injury (that is, purposely hurt yourself without wanting to die, for example by cutting or burning)? |  |  |

Display This Pop-up: If selected ‘yes’ to any of the above items
**XX. If you need help or someone to talk to, please call, text, or chat 988 (Suicide & Crisis Lifeline) and/or contact the other resources listed at the end of this survey at any time. You may also speak with a member of the survey team right now.**

## Job Satisfaction

**XX. Overall, how satisfied are you with your military job/career?**

* Very Dissatisfied
* Dissatisfied
* Neutral
* Satisfied
* Very Satisfied

|  |
| --- |
| XX. How much do you agree or disagree with the following: |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| My experiences at my current duty station will advance my career |  |  |  |  |  |
| My experiences at my current duty station are meaningful and rewarding |  |  |  |  |  |

Display This Question: If Paygrade/Rank: = E1-E4; Or Paygrade/Rank: = E5-E6; Or Paygrade/Rank: = E7-E9
**XX. How likely are you to re-enlist after completing your current tour of duty?**

* Very unlikely
* Somewhat unlikely
* Somewhat likely
* Very Likely

Display This Question: If Paygrade/Rank: = W1-W5; Or Paygrade/Rank: = O1-O3; Or Paygrade/Rank: = O4 or higher
**XX. How likely are you to recommission after completing your current tour of duty?**

* Very unlikely
* Somewhat unlikely
* Somewhat likely
* Very Likely

**XX. In the past week, how many hours of work have you averaged per day?**

*Response options: 0, 1, 2, 3…24*

## Command Climate

|  |
| --- |
| XX. Thinking about Sailors assigned to this ship, rate the degree to which you agree with the following statements. |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| Sailors on this ship have trust in each other |  |  |  |  |  |
| Sailors on this ship care about each other |  |  |  |  |  |
| Sailors on this ship work well together to get the job done |  |  |  |  |  |
| Sailors on this ship support each other as a team |  |  |  |  |  |
| I have a sense of belonging with Sailors on this ship |  |  |  |  |  |
| I feel like an outsider on this ship |  |  |  |  |  |

|  |
| --- |
| XX. Please indicate the extent to which you agree with each of the following statements… |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| I tend to bounce back quickly after hard times. |  |  |  |  |  |
| I have a hard time making it through stressful events. |  |  |  |  |  |
| It does not take me long to recover from a stressful event. |  |  |  |  |  |
| It is hard for me to snap back when something bad happens. |  |  |  |  |  |
| I usually come through difficult times with little trouble. |  |  |  |  |  |
| I tend to take a long time to get over setbacks in my life. |  |  |  |  |  |

|  |  |
| --- | --- |
| **XX. Please rate your current level of morale:** | **XX. Please rate the current level of morale of your shipmates:** |
| * Very low
 | * Very low
 |
| * Low
 | * Low
 |
| * Moderate
 | * Moderate
 |
| * High
 | * High
 |
| * Very High
 | * Very High
 |

## Leadership

**XX. What is the rank of your immediate supervisor?**

*Response options: E1, E2, E3…O6*Display This Question: If Immediate Supervisor Rank: = E1-E4; Or Immediate Supervisor Rank: = E5-E6; Or Immediate Supervisor Rank: = E7-E9

|  |
| --- |
| XX. Please rate how much you agree or disagree with the following statements about your immediate supervisor: |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| My immediate supervisor treats me with respect |  |  |  |  |  |
| My immediate supervisor supports and encourages the development of others |  |  |  |  |  |
| My immediate supervisor communicates a clear and motivating vision of the future |  |  |  |  |  |
| My immediate supervisor knows how to get the job done |  |  |  |  |  |
| My immediate supervisor has explosive outbursts |  |  |  |  |  |
| My immediate supervisor blames others for failures |  |  |  |  |  |
| My immediate supervisor puts people down in my unit |  |  |  |  |  |

Display This Question: If Immediate Supervisor Rank: = E1-E4; Or Immediate Supervisor Rank: = E5-E6; Or Immediate Supervisor Rank: = E7-E9

|  |
| --- |
| XX. Please rate how much you agree or disagree with the following statements about your immediate Senior Enlisted Leader: |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| My immediate senior enlisted leader treats me with respect |  |  |  |  |  |
| My immediate senior enlisted leader supports and encourages the development of others |  |  |  |  |  |
| My immediate senior enlisted leader communicates a clear and motivating vision of the future |  |  |  |  |  |
| My immediate senior enlisted leader knows how to get the job done |  |  |  |  |  |
| My immediate senior enlisted leader has explosive outbursts |  |  |  |  |  |
| My immediate senior enlisted leader blames others for failures |  |  |  |  |  |
| My immediate senior enlisted leader puts people down in my unit |  |  |  |  |  |

Display This Question: If Immediate Supervisor Rank: = E1-E4; Or Immediate Supervisor Rank: = E5-E6; Or Immediate Supervisor Rank: = E7-E9; Or Immediate Supervisor Rank: = O1-O4

|  |
| --- |
| XX. Please rate how much you agree or disagree with the following statements about your immediate Officer Leader: |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| My immediate supervising officer treats me with respect |  |  |  |  |  |
| My immediate supervising officer supports and encourages the development of others |  |  |  |  |  |
| My immediate supervising officer communicates a clear and motivating vision of the future |  |  |  |  |  |
| My immediate supervising officer knows how to get the job done |  |  |  |  |  |
| My immediate supervising officer has explosive outbursts |  |  |  |  |  |
| My immediate supervising officer blames others for failures |  |  |  |  |  |
| My immediate supervising officer puts people down in my unit |  |  |  |  |  |

Display This Question: If Immediate Supervisor Rank: = E1-E4; Or Immediate Supervisor Rank: = E5-E6; Or Immediate Supervisor Rank: = E7-E9; Or Immediate Supervisor Rank: = O1-O5

|  |
| --- |
| XX. Please rate how much you agree or disagree with the following statements about your Commanding Officer (CO): |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| My CO treats me with respect |  |  |  |  |  |
| My CO supports and encourages the development of others |  |  |  |  |  |
| My CO communicates a clear and motivating vision of the future |  |  |  |  |  |
| My CO knows how to get the job done |  |  |  |  |  |
| My CO has explosive outbursts |  |  |  |  |  |
| My CO blames others for failures |  |  |  |  |  |
| My CO puts people down in my unit |  |  |  |  |  |

## Safety

|  |
| --- |
| XX. Please rate the degree to which you agree with the following statements about your current work center. |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| My work center has enough experienced personnel |  |  |  |  |  |
| Effective communication exists within my work center |  |  |  |  |  |

## Free Response

**XX. Is there anything else you would like us to know? Please do not include any personally identifiable information.**

# Maintenance Phase

## Stressors

|  |
| --- |
| XX. How much of a problem have each of the following been for you while living aboard the <Command Name>/Floating Accommodation Facility (FAF) (including on your duty days)? |
|  | Not a problem at all | A little bit of a problem | A moderate problem | A big problem | A very serious problem | N/A |
| Uncomfortable sleeping conditions (e.g., size and quality of my rack) |  |  |  |  |  |  |
| Lack of sleep |  |  |  |  |  |  |
| The amount of motion or vibration |  |  |  |  |  |  |
| Lack of privacy |  |  |  |  |  |  |
| Cleanliness or sanitation |  |  |  |  |  |  |
| Adequate personal storage space |  |  |  |  |  |  |
| Ability to exercise |  |  |  |  |  |  |

|  |
| --- |
| XX. In the past 6 months, while you've been working in the shipyard, how much of a problem have each of the following been for you? |
|  | Not a problem at all | A little bit of a problem | A moderate problem | A big problem | A very serious problem | N/A |
| Lengthy commute to work |  |  |  |  |  |  |
| Lack of parking near the work site |  |  |  |  |  |  |
| Being spread out across multiple work locations |  |  |  |  |  |  |
| Traveling between multiple work locations |  |  |  |  |  |  |
| Exposure to smoke or fumes at work |  |  |  |  |  |  |
| Exposure to mold at work |  |  |  |  |  |  |
| Lack of access to necessary PPE |  |  |  |  |  |  |

# SEA TRIALS

## Stressors

|  |
| --- |
| XX. How much of a problem have each of the following been for you while living aboard <Command Name>/Floating Accommodation Facility (FAF) (including on your duty days)? |
|  | Not a problem at all | A little bit of a problem | A moderate problem | A big problem | A very serious problem | N/A |
| Uncomfortable sleeping conditions (e.g., size and quality of my rack) |  |  |  |  |  |  |
| Lack of sleep |  |  |  |  |  |  |
| The amount of motion or vibration |  |  |  |  |  |  |
| Lack of privacy |  |  |  |  |  |  |
| Cleanliness or sanitation |  |  |  |  |  |  |
| Adequate personal storage space |  |  |  |  |  |  |
| Ability to exercise |  |  |  |  |  |  |

#

# HOMEPORT SHIFT

## Stressors

|  |
| --- |
| XX. How much of a problem have each of the following been for you since relocating? |
|  | Not a problem at all | A little bit of a problem | A moderate problem | A big problem | A very serious problem | N/A |
| Making friends |  |  |  |  |  |  |
| Adjusting to local culture and customs |  |  |  |  |  |  |
| Ensuring personal safety |  |  |  |  |  |  |
| Dealing with administrative problems |  |  |  |  |  |  |
| Difference in cost of living |  |  |  |  |  |  |
| Finding satisfactory housing |  |  |  |  |  |  |
| Changes in spouse or partner employment |  |  |  |  |  |  |
| Change in children’s school or childcare |  |  |  |  |  |  |
| Dealing with family adjustment problems |  |  |  |  |  |  |
| Inability to access resource due to geographic location |  |  |  |  |  |  |

# DEPLOYMENT

## Stressors

|  |
| --- |
| XX. How much of a problem have each of the following been for you while living aboard the <Command Name>/Floating Accommodation Facility (FAF) (including on your duty days)? |
|  | Not a problem at all | A little bit of a problem | A moderate problem | A big problem | A very serious problem | N/A |
| Uncomfortable sleeping conditions (e.g., size and quality of my rack) |  |  |  |  |  |  |
| Lack of sleep |  |  |  |  |  |  |
| The amount of motion or vibration |  |  |  |  |  |  |
| Lack of privacy |  |  |  |  |  |  |
| Cleanliness or sanitation |  |  |  |  |  |  |
| Adequate personal storage space |  |  |  |  |  |  |
| Ability to exercise |  |  |  |  |  |  |

|  |
| --- |
| XX. Please rate the impact that your deployment had on each of the following: |
|  | Strong negative impact | Moderate negative impact | No impact | Moderate positive impact | Strong positive impact |
| On my career |  |  |  |  |  |
| On my social life |  |  |  |  |  |
| On my family life |  |  |  |  |  |
| On my physical health |  |  |  |  |  |
| On my mental health |  |  |  |  |  |

# POST DEPLOYMENT

## Stressors

|  |
| --- |
| XX. How much of a problem have each of the following been for you since you returned from deployment? |
|   | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | N/A |
| I am having difficulty returning to my role in my family. |  |  |  |  |  |  |
| I feel my family resents my absence. |  |  |  |  |  |  |
| My family doesn't understand what I went through. |  |  |  |  |  |  |
| I have felt alienated or alone since returning. |  |  |  |  |  |  |
| It is difficult reconnecting with my circle of friends. |  |  |  |  |  |  |
| I have changed or others have changed. |  |  |  |  |  |  |
| I miss the structure and focus of being deployed. |  |  |  |  |  |  |
| I feel my current work duties are less meaningful now compared to on deployment. |  |  |  |  |  |  |
| I am having a hard time getting "back to normal." |  |  |  |  |  |  |

# SUICIDE(S)

## Mental/Behavioral Health

|  |
| --- |
| XX. The following statements are intended to assess your beliefs about your current problems. Please read each statement carefully and select the option that best describes how you feel right now. |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| I am completely unworthy of love. |  |  |  |  |  |
| Nothing can help solve my problems. |  |  |  |  |  |
| I can’t cope with my problems any longer. |  |  |  |  |  |
| I can’t imagine anyone being able to withstand this kind of pain. |  |  |  |  |  |
| There is nothing redeeming about me. |  |  |  |  |  |
| Suicide is the only way to stop this pain. |  |  |  |  |  |

## Command Climate

|  |
| --- |
| **XX. Do you know anyone from this command who has died by suicide?** |
|  Yes |
|  No |

Display Question XX.2 and XX.3 If: Do know anyone who has attempted suicide recently: = Yes

**XX.2 What was your relationship to the person who died by suicide?**

|  |  |  |
| --- | --- | --- |
| **XX.3 How close would you describe your relationship with this person?**  |  | **XX.4 Thinking about the effect of the person’s suicide on your life, please mark:** |
|  1 – Not close at all  |  |  1 – The death had little effect on my life |
|  2 |  |  2 |
|  3 – Somewhat close  |  |  3 |
|  4 |  |  4 |
|  5 – Very close |  |  5 – The death had a significant or devastating effect on me that I still feel.  |

#

# ACCIDENTS

**XX. In the past month, have you had an accident or made a mistake that affected the mission because of sleepiness?**

 Yes

 No

**XX. In the past month, have you had a near miss that could have that affected the mission because of sleepiness?**

 Yes

 No

**XX. In the past month, how often did you struggle to stay awake while performing your duties?**

 Never

 A few times

 Several times a week

 More than half the days

 Nearly everyday

|  |
| --- |
| XX. Please indicate the extent to which you agree with each of the following statements … |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|  All members of my work center have the authority to halt unsafe activities until the hazards/risks are addressed. |  |  |  |  |  |
|  Members of my work center report hazards(s) to our supervisor. |  |  |  |  |  |
|  Members of my work center are comfortable reporting safety violations, unsafe behaviors, or hazardous conditions. |  |  |  |  |  |
|  Members of my work center, from the top down, incorporate operational risk management (ORM) into daily activities. |  |  |  |  |  |
|  My chain of command enforces safety rules during daily work. |  |  |  |  |  |
|  My work center does not sacrifice safety for mission accomplishment. |  |  |  |  |  |
|  Morale in my work center is high. |  |  |  |  |  |
|  Members of my work center are comfortable approaching their supervisor about personal issues/fatigue |  |  |  |  |  |
|  Leaders/Supervisors in my work center care about my quality of life. |  |  |  |  |  |
|  Leaders/Supervisors in my work center set aside regular time for coaching and mentoring. |  |  |  |  |  |
|  Members of my work center arrive at work prepared (i.e., well rested, properly equipped, motivated, etc.) to do their jobs safely and effectively. |  |  |  |  |  |
|  Leaders/Supervisors in my work center set a good example for following standards.  |  |  |  |  |  |
|  My work center has adequate resources (e.g., tools, equipment, publications, etc.) to perform its current tasks. |  |  |  |  |  |
|  Required publications are current and used in every job in my work center. |  |  |  |  |  |

# COMBAT

## Stressors

|  |
| --- |
| XX. Indicate whether you experienced each of the following during your most recent deployment: |
|  | Yes | No |
| Passed through hostile waters or air space |  |  |
| Were harassed by hostile vessels  |  |  |
| Were in fear of artillery, missile, rocket, or bomb attack |  |  |
| Feared death, injury, or entrapment below the waterline |  |  |
| Encountered a “near miss” incident where you were in imminent danger of being injured or killed |  |  |
| Artillery, rockets, missiles, mines, or something similar exploded in the air or in the water close to your ship |  |  |
| Sustained an injury that required medical treatment |  |  |
| Had to board a hostile vessel at sea |  |  |
| Saw shipmates or civilians who were killed, dead, dying, or maimed |  |  |
| Were on a ship which suffered a collision or was otherwise damaged or sunk |  |  |
| Performed damage control for fire or water hazards |  |  |
| Participated in operations that killed someone or you think might have killed someone |  |  |
| Suffered ill effects of extreme heat or extreme cold |  |  |
| Had difficulty breathing as a result of exposure to oil, smoke, fumes, dust, or other contaminants in the air |  |  |
| Had to drink water contaminated with fuel, oil, sewage or other chemical or biological agents |  |  |
| Came into contact with POWs or displaced refugees |  |  |

# LEADERSHIP CHANGE

## Leadership

|  |
| --- |
| XX. Using the scale provided, rate the degree to which you agree with the following statements about the recent change in <leadership position, such as Commanding Officer>: |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| I think that the command will benefit from this change. |  |  |  |  |  |
| There are legitimate reasons for the command to make this change. |  |  |  |  |  |
| This change will make my job easier to accomplish. |  |  |  |  |  |
| The leadership has encouraged all of us to embrace this change. |  |  |  |  |  |
| I am worried about the change. |  |  |  |  |  |
| There isn't anything for me to gain from this change. |  |  |  |  |  |
| I don't believe this change is actually going to fix anything. |  |  |  |  |  |
| The time we are spending on this change should be spent on something else. |  |  |  |  |  |

# PROGRAM EVALUATION

## Help Seeking

|  |
| --- |
| XX. Indicate whether you have participated in any of the following: |
|  | Yes | No |
| Mentorship and sponsorship programs |  |  |
| Trainings and coaching  |  |  |
| Activities and events  |  |  |

**XX. Which of the following have you participated in while serving at your current command?
Please check ALL that apply:**

 Mentored a crew member through a formal mentorship program
 Have been mentored by a crew member through a formal mentorship program
 Sponsored a crew member
 Have been sponsored by a crew member
 Received Extended Operational Stress Control (E-OSC) instructor training
 Received some E-OSC training modules
 Received ASIST training
 Received safeTALK training
 Attended command-sponsored PT event(s)
 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 None

**For each activity checked,**

|  |
| --- |
| XX. How has each of the following affected your mental/behavioral health? |
|  | Made it much worse | Made it slightly worse | Did not affect it | Made it somewhat better | Made it much better |
| Mentored a crew member through a formal mentorship program |  |  |  |  |  |
| Have been mentored by a crew member through a formal mentorship program |  |  |  |  |  |
| Sponsored a crew member |  |  |  |  |  |
| Have been sponsored by a crew member |  |  |  |  |  |
| Received Extended Operational Stress Control (E-OSC) instructor training |  |  |  |  |  |
| Received some E-OSC training modules |  |  |  |  |  |
| Received ASIST training |  |  |  |  |  |
| Received safeTALK training |  |  |  |  |  |
| Attended command-sponsored PT event(s) |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |

Display if: Medical – Primary Care Provider = Yes

**XX.1.** **Were you able to get help from Medical – Primary Care Provider such as the Senior Medical Officer, Senior Nurse Officer, Corpsman, etc.?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from Medical – Primary Care Provider = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from Medical – Primary Care Provider such as the Senior Medical Officer, Senior Nurse Officer, Corpsman, etc.?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from Medical – Primary Care Provider such as the Senior Medical Officer, Senior Nurse Officer, Corpsman, etc.?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: Medical – Mental Health Provider = Yes

**XX.1.** **Were you able to get help from Medical – Mental Health Provider such as the Psych Boss, Licensed Clinical Social Worker, etc.?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from Medical – Mental Health Provider = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from Medical – Mental Health Provider such as the Psych Boss, Licensed Clinical Social Worker, etc.?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from Medical – Mental Health Provider such as the Psych Boss, Licensed Clinical Social Worker, etc.?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: Medical – Military-Affiliated Provider Outside of the <command name> = Yes

**XX.1.** **Were you able to get help from Medical – A military-affiliated medical provider outside of the <command name>?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from Medical – Military-affiliated medical provider outside of <Command name> = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from Medical – A military-affiliated medical provider outside of the <command name>?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from Medical – A military-affiliated medical provider outside of the <command name>?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: Medical – Tricare Doctor on Demand = Yes

**XX.1.** **Were you able to get help from Medical – Tricare Doctor on Demand?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from Medical – Tricare Doctor on Demand = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from Medical – Tricare Doctor on Demand?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from Medical – Tricare Doctor on Demand?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: Chaplain = Yes

**XX.1.** **Were you able to get help from the Chaplain?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from the Chaplain = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from the Chaplain?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from the Chaplain?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: MFLC = Yes

**XX.1.** **Were you able to get help from the Marriage and Family Life Counselor (MFLC)?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from the Marriage and Family Life Counselor (MFLC) = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from the Marriage and Family Life Counselor (MFLC)?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from the Marriage and Family Life Counselor (MFLC)?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: Deployment Resiliency Counselor (DRC) = Yes

**XX.1.** **Were you able to get help from the Deployment Resiliency Counselor?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from Deployment Resiliency Counselor (DRC) = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from the Deployment Resiliency Counselor?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from the Deployment Resiliency Counselor?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: Military OneSource = Yes

**XX.1.** **Were you able to get help from Military OneSource?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from Military OneSource = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from Military OneSource?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from Military OneSource?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: Fleet and Family Service Center = Yes

**XX.1.** **Were you able to get help from Fleet and Family Service Center?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from Fleet and Family Service Center = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from Fleet and Family Service Center?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from Fleet and Family Service Center?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: Military-affiliated mental health resource not listed above = Yes

**XX.1.** **Were you able to get help from the other military-affiliated mental health resource you indicated?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from Military-affiliated mental health resource not listed above = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from the other military-affiliated mental health resource you indicated?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from the other military-affiliated mental health resource you indicated?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

Display if: Civilian-affiliated mental health resource not listed above = Yes

**XX.1.** **Were you able to get help from the other civilian mental health resource you indicated?**

* Yes
* No, I was turned away because they did not provide the service I was looking for
* No, I was turned away because they didn’t have any available appointments or services
* No, it took too long to get an appointment
* No, I tried but I could not get in touch with this resource
* No, other reason : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display XX.2 & XX.3 If: Were you able to get help from Civilian-affiliated mental health resource not listed above = Yes

**XX.2.** **How would you rate your overall satisfaction with the help you received from the other civilian mental health resource you indicated?**

* Very Satisfied
* Moderately satisfied
* Neither satisfied nor dissatisfied
* Moderately dissatisfied
* Very dissatisfied

**XX.3.** **How long did it take for you to receive help from the other civilian mental health resource you indicated?**

* Less than 2 Weeks
* More than 2 weeks but less than 1 month
* 1-2 months
* 3-4 months
* 5 months or more

**XX.** **How distressed were you before using or trying to use mental or behavioral health resource(s)?**

* Very distressed
* Moderately distressed
* Slightly distressed
* Not at all distressed

**XX.** **In the past 6 months, have you provided another crew member(s) with social support?**

* Yes
* No

**XX.** **In the past 6 months, have you helped navigate any crew member(s) to mental or behavioral health care?**

* Yes
* No

|  |
| --- |
| XX. Using the scale provided, rate each of the possible concerns that might affect your decision to seek treatment for a psychological or mental health problem (e.g., stress or depression) from a mental health professional(e.g., a counselor). |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
| It would be too embarrassing |  |  |  |  |  |
|  My peers would blame me for the problem |  |  |  |  |  |
|  I would be seen as weak |  |  |  |  |  |
|  People important to me would think less of me |  |  |  |  |  |
|  It would harm my reputation |  |  |  |  |  |
|  I don’t have adequate transportation |  |  |  |  |  |

**XX.** **Which of these changes do you think will lead to the greatest improvement in the health, well-being, and readiness of the <Command Name> crew? [check only one]**

* Giving incoming Sailors a guide to outline what to expect while working aboard the <Command Name>, as well as advice on where to live to minimize commuting time
* Allowing Sailors to have shorter terms (1-2 years) serving aboard carriers in RCOH
* Reducing number of first tour sailors serving aboard carriers in RCOH
* Providing BAS (Basic Allowance for Subsistence)
* Providing more options for high-quality food
* Providing closer parking or shuttles to and from existing parking areas
* Reducing environmental stressors on the ship (e.g., noise, mold, etc.)
* Reviewing and addressing manning on carriers in RCOH
* Reducing shipyard interference with workflow
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_