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“Challenges of Operational Environments - Carriers” Survey

Protocol:

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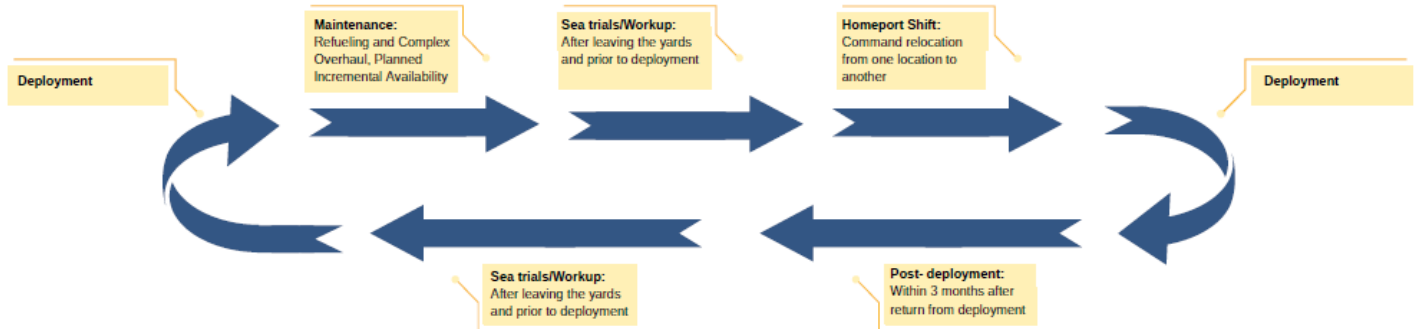
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Overview/Instructions for Use

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:

- Married/Cohabiting
- Divorced
- Widowed
- Never Married

XX. Highest level of completed education:

- Less than high school
- GED
- High school diploma
- Some college
- Associate's degree
- Bachelor's degree
- More than a bachelor's degree

XX. Age:

- 17-20
- 21-24
- 25-29
- 30-39
- 40+

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?

- Active Regular
- Active Reserve
- Selected Reserve

XX. Is your assignment to your current command your first tour of duty?

- Yes
- No

Other _____

XX. In what department do you currently work:

<input type="radio"/> Administration	<input type="radio"/> Deck	<input type="radio"/> Medical	<input type="radio"/> Security
<input type="radio"/> Aviation Intermediate Maintenance	<input type="radio"/> Engineering	<input type="radio"/> Operations	<input type="radio"/> Supply
<input type="radio"/> Air	<input type="radio"/> Intelligence	<input type="radio"/> Reactor	<input type="radio"/> Training
<input type="radio"/> Air Wing	<input type="radio"/> Legal	<input type="radio"/> Religious Ministries	<input type="radio"/> Weapons
<input type="radio"/> Combat Systems	<input type="radio"/> Media	<input type="radio"/> Safety	<input type="radio"/> 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?

<input type="radio"/> Aviation Boatswain's Mate - Equipment	ABE	<input type="radio"/> Aviation Maintenance Administrationman	AZ
<input type="radio"/> Aviation Boatswain's Mate - Fuels	ABF	<input type="radio"/> Boatswain's Mate	BM
<input type="radio"/> Aviation Boatswain's Mate - Handling	ABH	<input type="radio"/> Builder	BU
<input type="radio"/> Air Traffic Controlman	AC	<input type="radio"/> Construction Electrician	CE
<input type="radio"/> Aviation Machinist Mate	AD	<input type="radio"/> Construction Mechanic	CM
<input type="radio"/> Aviation Electrician's Mate	AE	<input type="radio"/> Culinary Specialist	CS
<input type="radio"/> Advanced Electronics Computer Field	AECF	<input type="radio"/> Cryptologic Technician	CT
<input type="radio"/> Aviation Aerographer's Mate	AG	<input type="radio"/> Damage Controlman	DC
<input type="radio"/> Aircrew Program	AIRC/AIRR	<input type="radio"/> Fleet Diver Program	DIVER
<input type="radio"/> Aviation Structural Mechanic	AM	<input type="radio"/> Engineering Aid	EA
<input type="radio"/> Aviation Structural Mechanic - Equipment	AME	<input type="radio"/> Electricians Mate	EM
<input type="radio"/> Aviation Structural Mechanic - Hydraulics	AMH	<input type="radio"/> Engineman	EN
<input type="radio"/> Aviation Structural Mechanic - Structures	AMS	<input type="radio"/> Equipment Operator	EO
<input type="radio"/> Undesignated Airman	AN	<input type="radio"/> Explosive Ordnance Disposal	EOD
<input type="radio"/> Aviation Ordnanceman	AO	<input type="radio"/> Electronics Technician	ET
<input type="radio"/> Aviation Support Equipment Technician	AS	<input type="radio"/> Fire Controlman (Advanced Electronics Computer)	FC
<input type="radio"/> Aviation Equipment Technician	AT	<input type="radio"/> Fireman (Engine/Mechanical Apprentice)	FN
<input type="radio"/> Avionics Technician	AV	<input type="radio"/> Gunner's Mate	GM
<input type="radio"/> Aviation Warfare Systems Operator	AW	<input type="radio"/> Gas Turbine Systems Technician -	GSE

- | | | | |
|---|----|--|------|
| <input type="radio"/> Hospital Corpsman | HM | <input type="radio"/> Operations Specialist | OS |
| <input type="radio"/> Hull Technician | HT | <input type="radio"/> Personnelman | PN |
| <input type="radio"/> Interior Communications Electrician | IC | <input type="radio"/> Aircrew Survival Equipmentman | PR |
| <input type="radio"/> Intelligence Specialist | IS | <input type="radio"/> Quartermaster | QM |
| <input type="radio"/> Information System Technician | IT | <input type="radio"/> Religious Program Specialist | RP |
| <input type="radio"/> Legalman | LN | <input type="radio"/> SEAL Challenge Program | SEAL |
| <input type="radio"/> Logistics Specialist | LS | <input type="radio"/> Submarine Electronics Computer Field | SECF |
| <input type="radio"/> Master at Arms | MA | <input type="radio"/> Ship's Serviceman | SH |
| <input type="radio"/> Mass Communications Specialist | MC | <input type="radio"/> Seaman | SN |
| <input type="radio"/> Machinist Mate | MM | <input type="radio"/> Seaman Subfarer Program | SS |
| <input type="radio"/> Mineman | MN | <input type="radio"/> Sonar Technician | ST |
| <input type="radio"/> Machinery Repairman | MR | <input type="radio"/> Steelworker | SW |
| <input type="radio"/> Missile Technician (Advanced Electronics Field) | MT | <input type="radio"/> Special Warfare Combatant - Craft | SWCC |
| <input type="radio"/> Musician | MU | <input type="radio"/> Torpedoman's Mate | TM |
| <input type="radio"/> Navy Counselor | NC | <input type="radio"/> Utilitiesman | UT |
| <input type="radio"/> Nuclear Field | NF | <input type="radio"/> Yeoman | YN |
| <input type="radio"/> Navy Counselor | NC | <input type="radio"/> 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:

Response Options: January, February, March, April, May, June, July, August, September, October, November, December

Year:

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical – Mental Health Provider such as the Psych Boss, Licensed Clinical Social Worker, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical – A military-affiliated medical provider outside of the <command name>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical – Tricare Doctor on Demand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chaplain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marriage and Family Life Counselor (MFLC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deployment Resiliency Counselor (DRC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military OneSource	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fleet and Family Service Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military-affiliated mental health resource not listed above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civilian mental health resource not listed above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My shipmates might treat me differently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I don't think I'll actually get help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It might harm my career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know where to get help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's difficult to schedule an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't trust mental health providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be difficult to get time off work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The temperature in my work area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The air quality in my work area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to loud noises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to fresh, quality food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to safe drinking water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to working bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to administrative services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to medical care for health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long working hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to take breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not getting along with people in my unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lacking the tools or equipment to do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough people to complete the mission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having the training necessary to do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about well-being of loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining relationships with family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of clear and meaningful tasking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boredom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working outside my rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your family life or in a relationship with a significant other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Due to financial issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling very upset when something reminded you of the stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding memories, thoughts or feelings related to the stressful experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of interest in activities you used to enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling jumpy or easily startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got angry with someone and kicked or smashed something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened someone with physical violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got into a fight with someone and hit or physically harmed the person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- Never
- Monthly or less
- 2-4 times/month
- 2-3 times/week
- 6 or more times/week

XX. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 0 drinks
- 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- 7-9 drinks
- 10 or more drinks

XX. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

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

Disagree with the following:

- | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| uty station will | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sailors on this ship care about each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sailors on this ship work well together to get the job done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sailors on this ship support each other as a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a sense of belonging with Sailors on this ship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like an outsider on this ship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time making it through stressful events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

It does not take me long to recover from a stressful event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to snap back when something bad happens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually come through difficult times with little trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to take a long time to get over setbacks in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

XX. Please rate your current level of morale:

XX. Please rate the current level of morale of your shipmates:

<input type="radio"/> Very low	<input type="radio"/> Very low
<input type="radio"/> Low	<input type="radio"/> Low
<input type="radio"/> Moderate	<input type="radio"/> Moderate
<input type="radio"/> High	<input type="radio"/> High
<input type="radio"/> Very High	<input type="radio"/> 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervisor supports and encourages the development of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervisor communicates a clear and motivating vision of the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervisor knows how to get the job done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervisor has explosive outbursts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervisor blames others for failures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervisor puts people down in my unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate senior enlisted leader supports and encourages the development of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate senior enlisted leader communicates a clear and motivating vision of the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate senior enlisted leader knows how to get the job done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate senior enlisted leader has explosive outbursts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate senior enlisted leader blames others for failures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate senior enlisted leader puts people down in my unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervising officer supports and encourages the development of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervising officer communicates a clear and motivating vision of the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervising officer knows how to get the job done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervising officer has explosive outbursts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervising officer blames others for failures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate supervising officer puts people down in my unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My CO supports and encourages the development of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My CO communicates a clear and motivating vision of the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My CO knows how to get the job done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My CO has explosive outbursts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My CO blames others for failures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My CO puts people down in my unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective communication exists within my work center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Free Response

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

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of motion or vibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleanliness or sanitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate personal storage space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nothing can help solve my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't cope with my problems any longer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't imagine anyone being able to withstand this kind of pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is nothing redeeming about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide is the only way to stop this pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

1 - Not close at all

2

3 - Somewhat close

4

5 - Very close

XX.4 Thinking about the effect of the person's suicide on your life, please mark:

1 - The death had little effect on my life

2

3

4

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my work center report hazards(s) to our supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my work center are comfortable reporting safety violations, unsafe behaviors, or hazardous conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my work center, from the top down, incorporate operational risk management (ORM) into daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My chain of command enforces safety rules during daily work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work center does not sacrifice safety for mission accomplishment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morale in my work center is high.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my work center are comfortable approaching their supervisor about personal issues/fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaders/Supervisors in my work center care about my quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaders/Supervisors in my work center set aside regular time for coaching and mentoring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my work center arrive at work prepared (i.e., well rested, properly equipped, motivated, etc.) to do their jobs safely and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaders/Supervisors in my work center set a good example for following standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work center has adequate resources (e.g., tools, equipment, publications, etc.) to perform its current tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required publications are current and used in every job in my work center.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>
Were harassed by hostile vessels	<input type="radio"/>	<input type="radio"/>
Were in fear of artillery, missile, rocket, or bomb attack	<input type="radio"/>	<input type="radio"/>
Feared death, injury, or entrapment below the waterline	<input type="radio"/>	<input type="radio"/>
Encountered a "near miss" incident where you were in imminent danger of being injured or killed	<input type="radio"/>	<input type="radio"/>
Artillery, rockets, missiles, mines, or something similar exploded in the air or in the water close to your ship	<input type="radio"/>	<input type="radio"/>
Sustained an injury that required medical treatment	<input type="radio"/>	<input type="radio"/>
Had to board a hostile vessel at sea	<input type="radio"/>	<input type="radio"/>
Saw shipmates or civilians who were killed, dead, dying, or maimed	<input type="radio"/>	<input type="radio"/>
Were on a ship which suffered a collision or was otherwise damaged or sunk	<input type="radio"/>	<input type="radio"/>
Performed damage control for fire or water hazards	<input type="radio"/>	<input type="radio"/>
Participated in operations that killed someone or you think might have killed someone	<input type="radio"/>	<input type="radio"/>
Suffered ill effects of extreme heat or extreme cold	<input type="radio"/>	<input type="radio"/>
Had difficulty breathing as a result of exposure to oil, smoke, fumes, dust, or other contaminants in the air	<input type="radio"/>	<input type="radio"/>
Had to drink water contaminated with fuel, oil, sewage or other chemical or biological agents	<input type="radio"/>	<input type="radio"/>
Came into contact with POWs or displaced refugees	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are legitimate reasons for the command to make this change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This change will make my job easier to accomplish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The leadership has encouraged all of us to embrace this change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about the change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There isn't anything for me to gain from this change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't believe this change is actually going to fix anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time we are spending on this change should be spent on something else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAM EVALUATION

Help Seeking

XX. Indicate whether you have participated in any of the following:

	Yes	No
Mentorship and sponsorship programs	<input type="radio"/>	<input type="radio"/>
Trainings and coaching	<input type="radio"/>	<input type="radio"/>
Activities and events	<input type="radio"/>	<input type="radio"/>

**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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have been mentored by a crew member through a formal mentorship program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sponsored a crew member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have been sponsored by a crew member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received Extended Operational Stress Control (E-OSC) instructor training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received some E-OSC training modules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received ASIST training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received safeTALK training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended command-sponsored PT event(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My peers would blame me for the problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be seen as weak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People important to me would think less of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would harm my reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have adequate transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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): _____