

**TAB A: LMS Evaluation Study – Marine Corps Safety Needs Assessment Survey Instrument**

IRB Approved at the  
Study Level  
Dec 18, 2023

**OMB Control Number: 0712-LMSA**  
**Expiration Date: XX/XX/XXXX**

**LMS Evaluation Study: Marine Corps Survey Overview**

- Intent: The intent of the Marine Corps Safety Needs Assessment Survey is to analyze the level of awareness of current LMS programs, references for safety devices and locations, and the place of safety within Marine Corps culture. This survey will assist the Marine and Family Programs Division (MF Division) in understanding (from the perspective of Marines) the reach of current LMS efforts and the acceptability of potential LMS activities. The results of the survey will be used to tailor future LMS activities that resonate with Marines, as well as serve as a baseline for evaluating the effectiveness of the activities.
- Respondents: Active duty Marine Corps service members who voluntarily choose to take the survey
- Estimated Number of Respondents: ~9,000
- Procedures: Respondents will be provided informed consent prior to beginning the survey. Respondents may skip any questions they prefer not to answer. CNA will not collect email addresses or other personally identifiable information (PII) through the survey. No one outside of the approved study team will have access to the raw survey data. CNA will analyze the data and provide a written report to the MF Division and DSPO. The report will group respondents in groups of 10 or more to prevent indirect identification of individual responses.

**Marine Corps Safety Needs Assessment Survey Instrument**

This voluntary survey is designed to inform USMC Behavioral Programs about Marines' awareness of current lethal means safety programs, preferences for safety devices and safe storage locations, and thoughts about the place of safety in Marine Corps culture. There are 22 questions and should take less than 15 minutes to answer. You may skip any question that you do not wish to answer. Please do not include any identifiable information (such as names) in text fields. All information collected in this survey will be summarized and reported by CNA. No names, contact information, or any other personally identifiable information will be associated with your survey responses or used in the analysis or reporting of survey results. We thank you in advance for providing information that will contribute to decisions about the design of future lethal means safety efforts.

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, **0704-XXXX**, is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

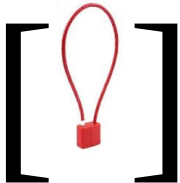
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### *Awareness of Current Lethal Means Safety Programs*





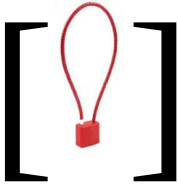
1. For the following safety initiatives, please indicate if you have heard of or received training in the concept (check all that apply):

<b>Concept</b>	<b>I have not heard of this concept/program</b>	<b>I have heard of this concept/program</b>	<b>I have been trained or received information on this concept/program</b>	<b>I have used this concept/program</b>
Counseling on Access to Lethal Means (CALM)				
Gun lock distribution				
Safe prescription and over the counter medication storage				
Controlled substance (medication) disposal				





2. For the following firearm locking devices and storage solutions, please indicate if you have heard of the device/solution, received training on the device/solution, or would like to receive additional training on the device/solution (click on the device name to see an example of the device). Check all that apply:

<b>Locking devices with key, PIN, or dial</b>	<b>I have not heard of this device</b>	<b>I have heard of this device</b>	<b>I have been trained on this device</b>	<b>I would like to receive more training on this device</b>	<b>I have used this device</b>
Cable lock 					
Trigger lock					

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<p>Clamshell/Life Jacket</p> 					
<p>Small lockbox/hard case</p> 					
<p>Vehicle lock box</p> 					
<p><b>Biometric locking devices (e.g. fingerprint)</b></p>	<p><b>I have not heard of this device</b></p>	<p><b>I have heard of this device</b></p>	<p><b>I have been trained on this device</b></p>	<p><b>I would like to receive more training on this device</b></p>	<p><b>I have used this device</b></p>
<p>Cable lock</p> 					
<p>Trigger lock</p>					

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Clamshell/Life Jacket 					
Small lockbox/hard case 					
Vehicle lock box 					
<b>Alternate storage locations</b>	<b>I have not heard of using this option</b>	<b>I have heard of using this option</b>	<b>I have been trained in using this option</b>	<b>I would like to receive more training on this option</b>	<b>I have used this option</b>
Unit Armory					
Store with a trusted friend or family member					
Store with another Marine					
Secure community storage					

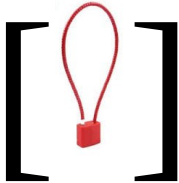


3. While stationed at your current command, have you ever received or voluntarily taken gun locks that were offered or being distributed?
  - a) Yes
  - b) No
4. [IF #3 = YES] Where did you receive this device?
  - a) Suicide Prevention Program Officer (SPPO)
  - b) MCCS Behavioral Health Services (e.g., Family Advocacy Program)
  - c) Command/Unit

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- d) Chaplain
  - e) Embedded personnel (e.g., EPBHCs)
  - f) Other (please specify)
5. [IF #3 = YES] Have you used this device since receiving it?
- a) Yes
  - b) No
6. [IF #3 = Yes] Has this device made it easier for you to implement lethal means safety practices?
- a) Yes
  - b) No

### ***Preferences for Safety Devices and Locations***


7. Of these safe storage options for firearms, which would be your preference?
- [Code this as four different drop-down boxes for preferences 1-4, options will be the same for each drop-down]:
- a) Most preferred?
  - b) Second most preferred?
  - c) Third most preferred?
  - d) Fourth most preferred?

Locking devices with key, PIN, or dial
Cable lock 
Trigger lock 
Clamshell/Life Jacket 
Small lockbox/hard case

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Vehicle lock box

<b>Biometric locking devices (e.g. fingerprint)</b>
Cable lock

Trigger lock

Clamshell/Life Jacket

Small lockbox/hard case

Vehicle lock box

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<b>Alternate storage locations</b>
Armory
Store with a trusted friend or family member
Store with another Marine (peer)
Secure community storage
Other (specify, please do not include any identifiable information in text fields): _____

8. Indicate how much you agree or disagree with the following statement: “Most Marines use safe storage practices for firearms.” [multiple choice]
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
  
9. What are the barriers to Marines using safe storage practices for firearms? (check all that apply)
  - a) Concern that safe storage will interfere with ability to protect one’s home
  - b) Concern about care for weapons (e.g. concerned about gun lock damaging weapons)
  - c) Weight of safes
  - d) Access to alternate storage locations during off-hours
  - e) Other, specify (please do not include any identifiable information in text fields): \_\_\_\_\_
  
10. Indicate how much you agree or disagree with the following statement: “Most Marines use safe storage practices for medications.” [multiple choice]
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
  
11. As a Marine, which safety measures should a Marine take if they or someone in their household is experiencing a mental health crisis? (check all that apply)

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- a) Secure all firearms in the home<sup>1,2,3, 4</sup>
- b) Lock up all knives and scissors in the home<sup>2,3,4</sup>
- c) Lock up all household cleaners, pesticides, and industrial chemicals<sup>2,3</sup>
- d) Limit or lock all ropes, belts, shoelaces, electrical wire, and long cords within the home<sup>2,3,4</sup>
- e) Secure and lock high level windows and access to rooftops<sup>3</sup>
- f) Remove all alcohol from the home
- g) Lock up any alcohol from the home<sup>2,3</sup>
- h) Store medication in a locked cabinet or box<sup>1,2,3,4</sup>
- i) Dispose of unused or expired medications<sup>1,2,3,4</sup>
- j) Controlling access to car keys<sup>2,3</sup>
- k) Other, specify (please do not include any identifiable information in text fields):

12. How likely are the following **initiatives** to be effective in encouraging Marines to store lethal means more safely [multiple choice for each safety initiative]

Safety initiative	Very unlikely	Unlikely	Likely	Very likely
Training on safe prescription and over the counter medication storage and disposal				
Training on safe storage of chemicals, such as household cleaners, pesticides, and industrial chemicals				
Focused training on the benefits of gun safety				
Gun locks provided free at the point of sale				
Peer advocates for gun safety at the unit				
Command advocacy for gun safety				
Lockable weapon storage				

<sup>1</sup> Defense Suicide Prevention Office Lethal Means Safety Guide

[https://www.dspo.mil/Portals/113/Documents/DSPO%20Lethal%20Means%20Safety%20Guide%20for%20Military%20Service%20Members%20and%20Their%20Families\\_v34\\_FINAL.pdf?ver=AF6RRG7pGAlcAqjtQQDyVg%3D%3D](https://www.dspo.mil/Portals/113/Documents/DSPO%20Lethal%20Means%20Safety%20Guide%20for%20Military%20Service%20Members%20and%20Their%20Families_v34_FINAL.pdf?ver=AF6RRG7pGAlcAqjtQQDyVg%3D%3D)

<sup>2</sup> Safer Homes Coalition <https://saferhomescoalition.org/resources/learn/>

<sup>3</sup> Suicide Safety: Precautions at Home, American Academy of Child & Adolescent Psychiatry.

[https://www.aacap.org/AACAP/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/suicide-safety-130.aspx](https://www.aacap.org/AACAP/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/suicide-safety-130.aspx)

<sup>4</sup> VA Safe Home Environment

[https://www.mentalhealth.va.gov/suicide\\_prevention/docs/TWC\\_Safe\\_Home\\_Environment\\_CLEARED\\_508\\_1-9-20.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/TWC_Safe_Home_Environment_CLEARED_508_1-9-20.pdf)

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containers provided free at the point of sale				
Training in how to store a weapon safely for home defense				
Mandatory firearm registration				
Gun safe at barracks				
Other, specify (please do not include any identifiable information in text fields):				

13. What methods of **training** would be most effective to communicate the following safety initiatives to Marines (check all that apply)?

<b>Safety initiative</b>	<b>In-person instructor-led briefing with slides</b>	<b>In-person group discussion</b>	<b>Virtual classroom</b>	<b>Self-paced online training</b>	<b>Other, please specify</b>
Safe medication storage					
Safe disposal of medications					
Benefits of firearm safety					
Storing a weapon for home defense					
Non-lethal weapons for personal defense					
Supporting a friend in distress by providing resources or removing lethal means					

14. What types of **messaging** would be most effective to communicate the following safety initiatives to Marines (check all that apply)?

<b>Initiative</b>	<b>Flyers or brochures (paper)</b>	<b>Article or newsletters, MOL messages, emails, MARADMIN (electronic)</b>	<b>Social media posts</b>	<b>Podcasts</b>	<b>Blog posts</b>	<b>Other, please specify</b>

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Safe medication storage						
Safe disposal of medications						
Benefits of firearm safety						
Storing a weapon for home defense						
Non-lethal weapons for personal defense						
Supporting a friend in distress by providing resources or removing lethal means						

15. How impactful would you find messages on ***firearm*** safety from each of the following groups? (multiple choice for each messenger type)

<b>Messenger</b>	<b>Not impactful at all</b>	<b>Minimally impactful</b>	<b>Somewhat impactful</b>	<b>Very impactful</b>
USMC leadership (e.g., CMC, SMMC)				
Unit leadership				
Medical professionals				
Chaplains or other religious leaders				
Fellow Marines				
Military veterans				
Public safety officials				
Firearm education groups (e.g. NRA)				
Other, specify (please do not include any identifiable information in text fields):				

16. How impactful would you find messages on ***medication*** safety from each of the following groups? [multiple choice for each messenger type]

<b>Messenger</b>	<b>Not impactful at</b>	<b>Minimally impactful</b>	<b>Somewhat impactful</b>	<b>Very impactful</b>
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	<b>all</b>			
USMC leadership (e.g., CMC, SMMC)				
Unit leadership				
Medical professionals				
Chaplains or other religious leaders				
Fellow Marines				
Military veterans				
Public safety officials				
Other, specify (please do not include any identifiable information in text fields):				

17. What social media platform(s) for distributing lethal means safety messages to Marines would be most effective (check all that apply):

- a) Facebook
- b) YouTube
- c) Instagram
- d) Snapchat
- e) Twitter/X
- f) LinkedIn
- g) Reddit
- h) Other, specify (please do not include any identifiable information in text fields):

18. Which of the following non-lethal safety devices would you most want to use to protect your home (check all that apply)?

- a) Pepper spray guns
- b) Pepper spray ball guns
- c) Self-defense alarms and whistles
- d) Personal items and household goods (e.g. baseball bat, belt, etc.)
- e) Self-defense knives
- f) Batons or personal security umbrella
- g) Tactical flashlights
- h) Pocket self-defense weapons (e.g. shock pen, stun knuckle)
- i) Stun guns
- j) Tasers
- k) Other, specify (please do not include any identifiable information in text fields):

***Place of Safety in Marine Corps Culture***

19. How frequently does your command provide information on safe ***firearm*** storage? [multiple choice]

- a) Multiple times each week
- b) Weekly
- c) More than weekly, but less than monthly
- d) Monthly
- e) Less than monthly
- f) Never

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- g) I don't know
20. How frequently does your command provide information on safe **medication** storage and disposal? [multiple choice]
- a) Multiple times each week
  - b) Weekly
  - c) More than weekly, but less than monthly
  - d) Monthly
  - e) Less than monthly
  - f) Never
  - g) I don't know
21. How frequently does your command provide information on **how to support a fellow Marine in distress**? [multiple choice]
- a) Multiple times each week
  - b) Weekly
  - c) More than weekly, but less than monthly
  - d) Monthly
  - e) Less than monthly
  - f) Never
  - g) I don't know
22. My command encourages lethal means safety. [multiple choice]
- a) Agree
  - b) Disagree
  - c) Unsure
  - d) Decline to answer

### ***Demographics Questions***

All information collected in the following questions will be summarized and reported by CNA. No names, contact information, or any other personally identifiable information will be associated with your survey responses or used in the analysis or reporting of survey results. We are asking for demographics to understand better how Marines might differ in their responses to the questions above.

23. What are your current living arrangements? [multiple choice]
- Barracks
  - On-base family housing
  - Off-base housing
  - Other, specify (please do not include any identifiable information in text fields):
24. What is your gender? [multiple choice]
- a) Male
  - b) Female
25. What is your paygrade? [multiple choice]
- a) E1-E3

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- b) E4-E5
- c) E6-E9
- d) W1-W5
- e) O1-O3
- f) O4-O6

26. Where are you currently serving? [multiple choice]

- CONUS-East coast
- CONUS-West coast
- OCONUS

27. [filter based on #26] What is your current installation? [drop down box with list of installations]

CONUS-East	CONUS-West	OCONUS
<ul style="list-style-type: none"> <li>• Camp Elmore</li> <li>• Henderson Hall</li> <li>• Marine Barracks, 8<sup>th</sup> and I</li> <li>• MCAS Beaufort</li> <li>• MCAS Cherry Point</li> <li>• MCAS New River</li> <li>• MCB Camp Lejeune</li> <li>• MCB Quantico</li> <li>• MCLB Albany</li> <li>• MCRD Parris Island</li> <li>• Decline to answer</li> </ul>	<ul style="list-style-type: none"> <li>• MCAGCC/MAGTFCTC</li> <li>• Twenty-nine Palms</li> <li>• MCAS Miramar</li> <li>• MCAS Yuma</li> <li>• MCB Camp Pendleton</li> <li>• MCRD San Diego</li> <li>• Decline to answer</li> </ul>	<ul style="list-style-type: none"> <li>• Camp Courtney</li> <li>• Camp Foster</li> <li>• Camp Hansen</li> <li>• Camp Kinser</li> <li>• Camp Mjuk</li> <li>• Camp Schwab</li> <li>• CATC Camp Fuji</li> <li>• MCAS Futenma</li> <li>• MCAS Iwakuni</li> <li>• MCB Camp Butler</li> <li>• MCB Hawaii</li> <li>• Decline to answer</li> </ul>

28. What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

- ☐ **American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- ☐ **Asian** – Provide details below.

- ☐ Chinese
- ☐ Vietnamese
- ☐ Asian Indian
- ☐ Korean
- ☐ Filipino
- ☐ Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

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☐ **Black or African American** – Provide details below.

☐ African American

☐ Nigerian

☐ Jamaican

☐ Ethiopian

☐ Haitian

☐ Somali

*Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.*

☐ **Hispanic or Latino** – Provide details below.

☐ Mexican

☐ Cuban

☐ Puerto Rican

☐ Dominican

☐ Salvadoran

☐ Guatemalan

*Enter, for example, Colombian, Honduran, Spaniard, etc.*

☐ **Middle Eastern or North African** – Provide details below.

☐ Lebanese

☐ Syrian

☐ Iranian

☐ Iraqi

☐ Egyptian

☐ Israeli

*Enter, for example, Moroccan, Yemeni, Kurdish, etc.*

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☐ **Native Hawaiian or Pacific Islander** – Provide details below.

☐ Native Hawaiian

☐ Tongan

☐ Samoan

☐ Fijian

☐ Chamorro

☐ Marshallese

*Enter, for example, Chuukese, Palauan, Tahitian, etc.*

☐ **White** – Provide details below.

☐ English

☐ Italian

☐ German

☐ Polish

☐ Irish

☐ Scottish

*Enter, for example, French, Swedish, Norwegian, etc.*

29. What is your MOS category? [multiple choice]

- a) Infantry
- b) Ground Combat Element Forces (i.e. any non-infantry direct ground combat roles such as Field Artillery, AAVs, Reconnaissance)
- c) Ground Combat Support Services (ex. Logistics, Supply, Medical, Transport, Engineer Support)
- d) Aviation Combat Element and Aviation Combat Support Services (ex. Air Traffic Control, Avionics, Aviation Logistics)
- e) Command Element (ex. Military Police, Military Intelligence, Signal)
- f) Administrative Support (ex. Personnel/Admin, Finance, Legal)
- g) Non-Combat Miscellaneous (ex. MWR, Music, Other)