

BACKGROUND INFORMATION

1. Were you on active duty on November XX, 2024?

- Yes
 No, I have separated or retired

2. What is your current paygrade?

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

3. What is your marital status?

- Married
 Separated
 Divorced
 Widowed
 Never married

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

- Yes
 No

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

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

- Yes
 No

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

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

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

- Yes
 No

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

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

12. What is the **highest** degree or level of school or training that **you** have completed? *Mark the **one answer** that describes the highest grade, degree, or level of training that you have completed.*

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

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

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

- Yes
- No

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

5 years and younger

6–13 years old

14–18 years old

19–22 years old

23 years and older

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

- American Indian or Alaska Native- *Enter, for examples, 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.*
- Black or African American– *Provide details below.*
 - African American
 - Nigerian
 - Jamaican
 - Ethiopian
 - Haitian
 - Somali*Enter for example, Trinidadian and Togobagian, Ghanaian, etc.*
- Middle Eastern or North African– *Provide details below.*
 - Lebanese
 - Syrian
 - Iranian
 - Iraqi
 - Egyptian
 - Israeli*Enter, for example, Moroccan, Yemeni, Kurdish, etc.*
- Native Hawaiian or other Pacific Islander- – *Provide details below.*
 - Native Hawaiian
 - Tongan
 - Samoan
 - Fijian
 - Chamorro
 - Marshallese*Enter, for example, Chuskeese, Palauan, Tahitian, etc.*
- Hispanic or Latino – *Provide details below.*
 - Mexican
 - Cuban
 - Puerto Rican
 - Dominican
 - Salvadorian
 - Guatemalan*Enter, for example, Colombian, Honduran, Spaniard, etc.*
- White- *Provide details below.*
 - English
 - Italian
 - German
 - Polish
 - Irish
 - Scottish*Enter, for example, French, Swedish, Norwegian, etc.*

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

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

17. [Ask if Q16 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession"] Please select from the list below your permanent duty station location (homeport) within one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession.

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

- Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, on base (e.g. run by the military service)
- Government-owned family housing, on base (e.g. run by the military service)
- Government-owned or leased barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, off base (e.g. run by the military service and outside the installation fence line)
- Government-owned or leased family housing, off base (e.g. run by the military service and outside the installation fence line)
- Privatized family or unaccompanied housing, on base, that you rent (e.g. run by a military housing privatization initiative company and inside the installation fence line)
- Privatized family or unaccompanied housing, off base, that you rent (e.g. run by a military housing privatization initiative company, but outside the installation fence line)
- Civilian/community housing, off base, that you rent (e.g. a privately secured rental with a non-military affiliated entity)
- Civilian/community housing, off base, that you own or pay mortgage on
- Other

[Ask if Q18 = "Other"] Please specify where you live at your permanent duty station. Please do not include any personally identifiable information (e.g., names, addresses).

SATISFACTION

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

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

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

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

RETENTION

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

 Years

22. Suppose that you have to decide whether to stay on active duty. Assuming you could stay, how likely is it that you would choose to do so?

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

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

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

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

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

- 16 Military values, lifestyle, and tradition
- 17 Pay and allowances (e.g., basic pay, OHA, BAH, COLA)
- 18 Special pays (e.g., special and incentive pays; bonus programs)
- 19 Health care for you (e.g., dental and medical)
- 20 Health care for family
- 21 Military retirement system
- 22 Spouse/family attitudes
- 23 Family support issues (e.g., spouse employment assistance)
- 24 Child care
- 25 Military housing
- 26 Personal choice/freedoms (e.g., control of where to work, type of work)
- 27 Family concerns
- 28 Family financial stability
- 29 Other

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

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

27. [Ask if Q26 = "13–24 months" OR Q26 = "6–12 months" OR Q26 = "3–5 months" OR Q26 = "Less than 90 days"] To what extent is each of the following a reason for your leaving the Service? *Mark one answer for each item.*

DETAILED RETENTION

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

Please select

- 1 Quality of the work environment based on unit morale, camaraderie, and professionalism
- 2 Quality of leadership
- 3 Choice of jobs
- 4 Sense of accomplishment from doing your job
- 5 Opportunities to be assigned to station of choice
- 6 Amount of personal and family time you have
- 7 Amount of time you spend away from your home station (e.g., deployments, field training exercises)
- 8 Job security
- 9 Opportunities for career advancement (e.g., pace of promotions)
- 10 Opportunities for training and professional development
- 11 Opportunities for stabilized tours (i.e., more time between PCS moves)
- 12 Off-duty education opportunities
- 13 Opportunities to travel
- 14 Thrift Savings Plan (TSP)
- 15 Pride in serving your country

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. Involuntarily retired or separated/not accepted for reenlistment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Near maximum age.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Near maximum total time in grade.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Overall job dissatisfaction.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Longer than normal duty days.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Too much time away from home (excluding deployments).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Too many deployments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Too few deployments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Continue my education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Time to do something else.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. The military is not for me.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
i. Spouse had difficulty finding job due to frequent PCS moves.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Spouse had trouble finding a job that matches her/his skills, education, or work experience.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Family burden.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Financial security better as a civilian than in the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Deployment to hostile or dangerous locations.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q. Civilian salary.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Very large extent	Large extent	Moderate extent	Small extent	Not a problem
e. Purchasing or renting your current residence.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Amount of time to prepare for PCS move.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Packing of household goods.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Shipping/storing household goods.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Availability of non-base temporary lodging or nearby commercial lodging.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Making a reservation for PCS lodging.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Temporary lodging expenses.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Costs related to security deposit(s).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Costs of moving pets.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Costs of moving vehicles.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Costs of setting up new residence (e.g., curtains, carpeting, painting).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Settling damage claims.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q. Non-reimbursed transportation costs incurred during the move.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r. Timeliness of reimbursements.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
s. Accuracy of reimbursements.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
t. Change in cost of living.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
u. Transferability of college credits.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
v. Time off at destination to complete move.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
w. Receiving your PCS orders in a timely manner.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
x. Feeling stressed by the process of moving.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
y. Difficulty making new connections and/or friends	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PERMANENT CHANGE OF STATION (PCS) MOVES

28. Have you **ever** made a PCS move?

- Yes
- No

29. [Ask if Q28 = "Yes"] How many months has it been since your **last** PCS move? *To indicate less than one month, enter "0". To indicate more than 99 months, enter "99".*

Months

30. [Ask if Q28 = "Yes"] For your **most recent** PCS move, to what extent were the following a problem? *Mark one answer for each item.*

	Very large extent	Large extent	Moderate extent	Small extent	Not a problem
a. Change in PCS orders (report date or destination).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Hours and/or location of offices providing PCS assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Waiting for permanent housing to become available.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Selling or renting out your former residence.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

TEMPO

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

Days

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

Nights

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

- Yes
- No

34. [Ask if Q33 = "Yes"] Are you **currently** on a deployment that has lasted longer than 30 consecutive days?

- Yes
- No

35. [Ask if Q33 = "Yes" AND Q34 = "Yes"] Where are you **currently** deployed?

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

36. [Ask if Q33 = "Yes" AND Q34 = "Yes" AND Q35 = "In one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession"] Please select from the list below your deployment location within one of the 50 states, D.C., Puerto Rico, or a U.S. territory or possession.

[Ask if Q33 = "Yes" AND Q34 = "Yes" AND Q35 = "Other or not sure"] Please enter the name of the country or installation where you are currently deployed.

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

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

38. What impact has time away (or lack thereof) from your permanent duty station (homeport) in the **past 12 months** had on your military career intentions?

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

READINESS

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

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

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

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

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

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

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

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

STRESS

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

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

44. Overall, how would you rate the current level of stress in your **personal** life?

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

FAMILY LIFE

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

- Yes
- No

46. [Ask if Q13 = "Yes" AND Q45 = "Yes"] At any time during the 2023–2024 school year, how many children in this household were enrolled in kindergarten through 12th grade or grade equivalent? Please select the number of children enrolled in each type of school. To indicate none, select "0." To indicate more than nine, select "9."

Number enrolled in a public school

Number enrolled in a private school

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

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

CHILD CARE

47. [Ask if (Q3 = "Married" OR Q3 = "Separated") AND (Q14 a > "0" OR Q14 b > "0")] Do you have child(ren) who are routinely enrolled in child care so you and your spouse can work?

- Yes
- No

48. [Ask if (Q3 = "Divorced" OR Q3 = "Widowed" OR Q3 = "Never married") AND (Q14 a > "0" OR Q14 b > "0")] Do you have child(ren) who are routinely enrolled in child care so you can work?

- Yes
- No

49. [Ask if (Q14 a > "0" OR Q14 b > "0") AND (Q47 = "No" OR Q48 = "No")] Do you need child care arrangements so you (and/or your spouse) can work?

- Yes
- No

50. [Ask if (Q14 a > "0" OR Q14 b > "0") AND (Q47 = "Yes" OR Q48 = "Yes")] During the work day, do you routinely use the following sources of child care? Mark "Yes" or "No" for each item.

	Yes	No
a. On-installation child care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Off-installation child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

51. [Ask if (Q14 a > "0" OR Q14 b > "0") AND (Q47 = "Yes" OR Q48 = "Yes") AND Q50 a = "Yes"] How satisfied are you with each of the following aspects of **on-installation** child care? Mark one answer for each item.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
b.	Quality of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Affordability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

52. [Ask if (Q14 a > "0" OR Q14 b > "0") AND (Q47 = "Yes" OR Q48 = "Yes") AND Q50 b = "Yes"] How satisfied are you with each of the following aspects of **off-installation** child care? *Mark one answer for each item.*

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a.	Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Quality of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Affordability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

53. [Ask if (Q14 a > "0" OR Q14 b > "0") AND (Q47 = "Yes" OR Q48 = "Yes")] What is the **total** amount that you spent **last month** on child care arrangements for your child(ren)? *If you didn't spend anything for child care arrangements last month, enter "0".*

						Dollars
--	--	--	--	--	--	---------

54. [Ask if (Q14 a > "0" OR Q14 b > "0") AND (Q47 = "Yes" OR Q48 = "Yes")] What is your preference for child care?

- ON installation center-based care
- ON installation home based care
- OFF installation center-based care
- OFF installation home based care
- Other

55. [Ask if (Q14 a > "0" OR Q14 b > "0") AND (Q47 = "Yes" OR Q48 = "Yes")] In considering your preference for child care, what is the **primary** motivator for your selection? *Mark one.*

- Quality of care
- Availability of care
- Cost of care
- Other

56. [Ask if Q13 = "Yes" AND Q45 = "Yes"] To what extent do you feel that child care issues will impact whether you stay in the military?

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

DEPLOYMENTS IN PAST 5 YEARS

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

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

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

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

[Ask if Q57 h = "Marked"] Please specify the other operation/contingency for which you have been deployed to support (either directly or indirectly) in the **past 5 years**. *Please do not include any personally identifiable information (e.g., names, addresses).*

--

58. [Ask if Q57 b = "Marked" OR Q57 c = "Marked" OR Q57 d = "Marked" OR Q57 e = "Marked" OR Q57 f = "Marked" OR Q57 g = "Marked" OR Q57 h = "Marked"] In the **past 5 years**, how many times have you been deployed?

		Times
--	--	-------

59. [Ask if Q57 b = "Marked" OR Q57 c = "Marked" OR Q57 d = "Marked" OR Q57 e = "Marked" OR Q57 f = "Marked" OR Q57 g = "Marked" OR Q57 h = "Marked"] In the **past 5 years**, have you been deployed to a combat zone or an area where you drew imminent danger pay or hostile fire pay?

- Yes
- No

60. [Ask if (Q57 b = "Marked" OR Q57 c = "Marked" OR Q57 d = "Marked" OR Q57 e = "Marked" OR Q57 f = "Marked" OR Q57 g = "Marked" OR Q57 h = "Marked") AND Q59 = "Yes"] For your **most recent deployment**, how many months have you been or were you deployed to an area where you drew imminent danger pay or hostile fire pay? **Include partial months.** For example, if you were deployed to a combat zone for 2 days, and those days were in different months, enter "2".

		Months
--	--	--------

61. [Ask if Q57 b = "Marked" OR Q57 c = "Marked" OR Q57 d = "Marked" OR Q57 e = "Marked" OR Q57 f = "Marked" OR Q57 g = "Marked" OR Q57 h = "Marked"] Were you involved in combat operations?

- Yes
- No

62. [Ask if (Q33 = "Yes" AND Q34 = "Yes") AND (Q57 b = "Marked" OR Q57 c = "Marked" OR Q57 d = "Marked" OR Q57 e = "Marked" OR Q57 f = "Marked" OR Q57 g = "Marked" OR Q57 h = "Marked") AND Q59 = "Yes"] Are you **currently** deployed to a combat zone or an area where you are drawing imminent danger pay or hostile fire pay?

- Yes
- No

63. [Ask if Q57 b = "Marked" OR Q57 c = "Marked" OR Q57 d = "Marked" OR Q57 e = "Marked" OR Q57 f = "Marked" OR Q57 g = "Marked" OR Q57 h = "Marked"] Were any of your deployments in the **past 5 years** longer than you expected?

- Yes
- No

FINANCIAL WELL-BEING AND EDUCATION

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

- Very comfortable and secure
- Able to make ends meet without much difficulty
- Occasionally have some difficulty making ends meet
- Tough to make ends meet but keeping your head above water
- In over your head

65. Compared to 12 months ago, is your financial situation better, worse, or has it stayed the same?

- Much better
- Somewhat better
- Stayed the same
- Somewhat worse
- Much worse

66. [Ask if Q65 = "Much better" OR Q65 = "Somewhat better"] Which of the following are reasons why your financial situation is **better** than it was 12 months ago? **Mark "Yes" or "No" for each item.**

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

67. [Ask if Q65 = "Much worse" OR Q65 = "Somewhat worse"] Which of the following are reasons why your financial situation is **worse** than it was 12 months ago? **Mark "Yes" or "No" for each item.**

	Yes	No
a. Change related to your employment (e.g., lost job, decrease in pay)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Change related to your spouse's employment (e.g., lost job, decrease in pay, could not find job).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Change in your family situation (e.g., got married or divorced, had a baby, provided financial support for family).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
d. Increased debt and/or expenses (e.g., unplanned expenses, additional loans).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Financial management challenges (e.g., used savings, did not follow budget).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Not at all	Very little	Somewhat	Very well	Completely
a. Because of my money situation, I feel like I will never have the things I want in life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I am just getting by financially.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I am concerned that the money I have, or will save, won't last.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Never	Rarely	Sometimes	Often	Always
a. I have money left over at the end of the month.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. My finances control my life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

70. Which of the following statements **best** describes your (and your spouse's, if applicable) spending and saving habits over the last 12 months?

- Usually spend more than income—unable to save or invest
- Usually spend about as much as income—unable to save or invest
- Usually spend less than income—save or invest whatever is left over at the end of the month
- Usually spend less than income—save or invest regularly by putting money aside each month

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

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

72. Suppose that you have an emergency expense that costs \$400/\$500. Based on your current financial situation, how would you pay for this expense? *If you would use more than one method to cover this expense, please mark all that apply.*

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

73. Which best describes how you (and/or your spouse, if applicable) have paid bills over the last 12 months?

- Paid all bills on time
- Paid most bills on time
- Paid some bills on time
- Paid very few bills on time

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

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

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

	Yes	No
a. Failed to make a monthly/minimum payment on your credit card	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
b. Failed to make a rent or mortgage payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Had a debt referred to a collection agency.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Had telephone, cable, or Internet shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Had water, heat, or electricity shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Failed to make a vehicle payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Had a vehicle repossessed.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Filed for personal bankruptcy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Paid overdraft fees to your bank or credit union.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Borrowed money from family and/or friends to pay bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Took money out of a retirement fund or investment to pay bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Had personal relationship problems with your partner due to finances.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Received a notification about your security clearance due to your financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Had adverse personnel action due to your financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Provided unplanned financial support to a family member who did not live with you.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

77. How often do you engage in the following activities in order to manage your finances? *Mark one answer for each item.*

	Always	Often	Sometimes	Never
a. Make short-term financial plans (e.g., renting a house, purchasing a vehicle, saving for vacation, medical/dental/vision expenses).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Make and/or monitor long-term financial plans (e.g., home ownership, retirement, insurance, children's college education).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Follow a monthly budget or spending plan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Contribute to a savings account for emergency savings or other savings goal.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Review your Leave and Earnings Statement (LES).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Contribute to a retirement account (e.g., the Thrift Savings Plan (TSP), IRA, 401(k)).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Monitor your credit score/rating.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

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

80. If you were to set a financial goal for yourself today, how confident are you in your ability to achieve it?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident
- Don't know

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

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

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

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

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

83. Is the following statement true or false?

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

- True
- False
- Don't know

84. Is the following statement true or false?

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

- True
- False
- Don't know

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

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

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

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

FOOD ASSISTANCE

87. In the **past 12 months**, have you and/or your family used a commissary?

- Yes
- No, although a commissary was available
- No, a commissary was **not** available

88. [Ask if Q87 = "Yes"] In the **past 12 months**, how often, on average, did you and/or your family shop at a commissary?

- Daily
- More than once a week
- Weekly
- 2-3 times a month
- Once a month
- Less than once a month

89. [Ask if Q87 = "Yes"] On average, what percentage of commercial retail prices do you think you and/or your family have saved in the **past 12 months** by shopping at the commissary?

- 0%
- 1-5%
- 6-10%
- 11-20%
- 21-30%
- 31-40%
- 41% or more

90. [Ask if Q87 = "Yes"] Think about the quality of your experiences with military commissaries in the **past 12 months**. How would you and/or your family rate the following: *Mark one answer for each item.*

	Excellent	Very good	Good	Fair	Poor
a. Convenience of store locations.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Convenience of store hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Prices for products, given the quality.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Variety and selection of merchandise.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Availability of merchandise.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Courtesy and helpfulness of staff.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Layout and cleanliness of the store.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Excellent	Very good	Good	Fair	Poor
h. Speed of the checkout process.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Ability to provide brand name products.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Frequency of sales and promotions.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

91. Choose the best statement that represents your home/barracks/dorm/ship **TODAY** (where you are living now): *Mark all that apply.*

- Kitchen with major appliances (e.g., refrigerator, stove, microwave) and food prep/cooking supplies.
- Shared kitchen in building with major appliances and food prep/cooking supplies.
- Shared kitchen in building with major appliances, without any food prep/cooking supplies.
- No kitchen in building, but have mini-refrigerator and microwave in room.
- Room/Rack without any food prep/cooking capability.

92. In a typical week, how many meals do you get at the military dining facility (DFAC)/galley?

		Meals
--	--	-------

93. When you don't eat at the military dining facility (DFAC)/galley, what are the reasons? *Mark all that apply.*

- Not applicable (I always go to the DFAC/galley)
- No DFAC/galley available or closed
- No transportation to get there
- Lines are too long to wait
- Not enough time
- Don't like the food at the DFAC/galley
- Eat at home or bring food from home
- Prefer to eat at fast food or other local restaurant
- Other

94. Are you and/or your family currently receiving support from any of the following nutrition assistance resources? *Mark all that apply.*

- SNAP (Supplemental Nutrition Assistance Program/ Food Stamps)
- WIC (Women, Infants, and Children) program
- National School Lunch Program (children receive free or reduced meals at school)
- Food banks or pantries, on or off the military installation
- Grocery, commissary, or food gift cards from Chaplains or other military leadership
- Some other assistance resource
- No, I am not using any nutrition assistance resource

95. Do you have any additional feedback related to access to quality food for you and your family? *Please do not include any personally identifiable information (e.g., names, addresses).*

PROGRAMS AND SERVICES

This item asks about your and your family's use of services provided by your installation's Military and Family Support Center. Your installation may refer to this service provider as: Army Community Services, Fleet & Family Support, Marine & Family Support, or Military and Family Readiness.

96. How often have you and/or a family member used the following services in the **past 12 months**? *Mark one answer for each item.*

	Never	Almost never	Sometimes	Fairly often	Very often
a. Transition assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Employment readiness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relocation assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Deployment assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Personal financial management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Workshops and/or classes....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Individual or family counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Almost never	Sometimes	Fairly often	Very often
h. Exceptional Family Member Program (EFMP)....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Family Advocacy Program (FAP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. New Parent Support Program (NPSP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

97. [Ask if Q96 a = "Very often" OR Q96 a = "Fairly often" OR Q96 a = "Sometimes" OR Q96 a = "Almost never"] How satisfied are you and/or your family, in general, with the programs or services you and/or a family member have used in the **past 12 months**?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. Transition assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Employment readiness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relocation assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Deployment assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Personal financial management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Workshops and/or classes....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Individual or family counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exceptional Family Member Program (EFMP)....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Family Advocacy Program (FAP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. New Parent Support Program (NPSP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

98. Are you aware of the following resources that support military life? *Mark one answer for each item.*

	No, I am not aware of this resource	Yes, but I have not used this resource	Yes, and I have used this resource
a. Military and Family Support Centers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military OneSource.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Personnel Office.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

COMPENSATION

99. How satisfied are you with each of the following? *Mark one answer for each item.*

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a. Basic pay.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Military retirement system.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your medical benefits.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your dental benefits.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your education benefits.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Family benefits.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Thrift Savings Plan (TSP).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

100. Have you received any of the following forms of compensation in the **past 12 months**? *Mark "Yes" or "No" for each item.*

	No	
	Yes	
a. Special pay (e.g., incentive, reenlistment, continuation, family separation pay, hazardous duty pay)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Basic Allowance for Subsistence (BAS).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Basic Allowance for Housing (BAH).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Overseas Housing Allowance (OHA).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Overseas Cost of Living Allowance (COLA).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Continental US (CONUS) COLA.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

101. [Ask if Q100 a = "Yes"] How satisfied are you with the following forms of compensation you have received in the **past 12 months**? *Mark one answer for each item.*

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a. Special pay (e.g., incentive, reenlistment, continuation, family separation pay, hazardous duty pay).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Basic Allowance for Subsistence (BAS).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Basic Allowance for Housing (BAH).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
d. Overseas Housing Allowance (OHA).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Overseas Cost of Living Allowance (COLA).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Continental US (CONUS) COLA.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102. [Ask if Q100 c = "Yes"] To what extent does your Basic Allowance for Housing (BAH) cover your expenses?

- More than covers expenses
- Covers expenses
- Covers basic expenses
- Requires supplement sometimes to cover basic expenses
- Requires supplement all the time to cover basic expenses

HOUSING

103. Considering all factors, please tell us how satisfied you are with the following: *Mark one answer for each item.*

	Don't know, no opinion, or NA				
	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a. Your home.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The health and safety of your home.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The affordability of your home.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

104. Suppose that you have to decide whether to stay on active duty. How much of a factor are each of the following in this decision? *Mark one answer for each item.*

	A significant factor				
	A factor				
	Somewhat of a factor				
	Not a factor				
a. The physical condition of housing.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A significant factor			
	A factor			
	Somewhat of a factor			
	Not a factor			
b.	The availability of suitable housing.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	The affordability of housing.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

105. In the past 12 months, how many times have you contacted the military housing office for assistance with any issue besides finding a home (e.g., to conduct a home inspection or to help resolve a dispute with a landlord, utility company, or neighbor)?

0 times
 1 or 2 times
 3 or 4 times
 5 or more times

COMBATING TRAFFICKING IN PERSONS (CTIP) PROGRAM

Trafficking:

- Victims are forced, defrauded, or coerced into trafficking. Even if victims initially offer consent, that consent is rendered meaningless by the actions of the traffickers to exploit them for labor, services, and/or commercial sex.
- Human trafficking is a crime committed against an individual.
- Trafficking need not entail the physical movement of a person.

Smuggling:

- Individuals consent to being smuggled.
- Smuggling is a crime committed against a country and its borders.
- Smuggling involves the illegal transport of an individual across a national border and is always transnational.

106. Before reading the descriptions of “trafficking” and “smuggling” above, were you aware of the differences between “trafficking” and “smuggling?”

Yes
 No

107. Are you aware that, under the UCMJ, sex trafficking and patronizing a prostitute are illegal, even if prostitution is legal in the region to which you are assigned?

Yes
 No

108. Suppose a Service member reported an incident of another Service member engaging in sex trafficking or patronizing a prostitute to their own chain of command. How likely is it that... Mark one answer for each item.

	Very unlikely				
	Unlikely				
	Neither likely nor unlikely				
	Likely				
	Very likely				
a.	Their chain of command would take the report seriously?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Their chain of command would forward the report outside the unit to criminal investigators?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Their chain of command would take corrective actions to address the factors that may have led to the individual's actions?....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Unit members would support the person who reported the incident?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Unit members would retaliate against the person who reported the incident?....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

“Off-limits” establishments: Places that the command has determined its personnel should not patronize. Some examples include commercial establishments that have indicators of TIP, such as bars, brothels, dance clubs, strip clubs, massage parlors, spas, escort services, and private parties.

109. Are you aware of your command's current list of “off limits” establishments?

Yes
 No

110. How much do you agree or disagree with each of the following statements based on how well your unit/organization addresses these areas related to combating trafficking in persons (CTIP)? Mark one answer for each item.

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a.	My unit/organization and leadership take TIP seriously.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
b. My unit/organization publicizes reporting options for TIP.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. My unit/organization encourages reporting of TIP incidents.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. My unit/organization actively discourages patronizing a prostitute.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. My unit/organization provides information about current laws and policies related to TIP.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. My unit/organization communicates that CTIP is relevant to warfighter readiness.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

TAKING THE SURVEY

111. Military members are sometimes asked to complete exit interviews or exit surveys when they leave commands or are about to leave their Service. **In the past 5 years, have you been asked to complete a military exit interview or a military exit survey? Mark one answer.**

- Yes, an exit interview only
- Yes, an exit survey only
- Yes, both an exit interview and an exit survey
- No, neither an exit interview nor an exit survey
- Don't know

Please describe your exit interview and/or your exit survey? Please do not include any personally identifiable information (e.g., names, addresses).

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