

**CENSUS MILITARY PANEL
TOPICAL 4 QUESTIONNAIRE**

INTRODUCTION/PRIVACY LANGUAGE FOR TOPICAL 4

INTRO Thank you for participating in the Census Military Panel. This survey will focus on a variety of topics and will take approximately 20 minutes to complete.

PRIVACY ACT STATEMENT

The authority for the collection of this information for the Census Military Panel (0607-1027) is provided under 10 U.S.C. Section 1782 and 13 U.S.C. Section 8(b).

The Census Military Panel is a national survey panel by the U.S. Census Bureau (Census) and the U.S. Department of Defense (DoD). Data collected from active-duty service members and their spouses on a variety of topics through the Panel will be used to improve military life and policies affecting active-service members and their families.

Personally identifiable information collected includes Name, Address, Telephone/Cell phone Number, DOB or Age, Email address, and Race or Ethnicity.

Data are shared with staff with a need to know and the survey sponsor.; information is stored on FedRAMP-approved computer systems that are in compliance with the Federal Information Security Management Act. Unsecured telecommunications to transmit individually identifiable information is prohibited.

The Census Bureau, on behalf of the Department of Defense, is conducting this voluntary study under the authority of 10 U.S.C. Section 1782. Your information is protected by the Privacy Act of 1974 (5 U.S.C. Section 552a). Routine uses of these data are limited to those identified in the Privacy Act System of Record Notice titled, COMMERCE/Census-7 Demographic Survey Collection (non-Census Bureau Sampling Frame). Furnishing this information is Voluntary. Failure to do so will produce no consequences. The Census Bureau can use your responses only to produce statistics and is not permitted to publicly release your responses in a way that could identify you.

This collection has been approved by the Office of Management and Budget (OMB). This eight-digit OMB approval number, 0607-1027, confirms this approval and expires on 08/31/2026. Send comments regarding this time estimate or any other aspect of this survey to adrm.pra@census.gov.

The public reporting burden for this collection of information is estimated to average 20 minutes 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. 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.

TOPICAL 4 SURVEY QUESTIONS

ELIGIBILITY

Q1 Our records have your name as **[NAME]**. Is this correct?

- Yes
- Yes but needs to be updated

No

Q2 What is your name?

FIRST NAME _____

LAST NAME _____

Q2a Are you or your spouse currently serving in the U.S. Armed Forces (Active Duty, Reserve, or National Guard)? Reserve and Guard members/spouses who are full-time active duty (AGR/FTS/AR) or currently “activated” should select the “Reserve or National Guard” response(s). *Select all that apply.*

No

Yes, I'm serving on active duty

Yes, I'm serving in the Reserve or National Guard

Yes, my spouse is serving on active duty

Yes, my spouse is serving in the Reserve or National Guard

CONFIRM To confirm, neither you nor your spouse are currently serving in the military. If that is correct, please select 'Confirm' below. Otherwise, please update your response above.

Confirm

GRADE What is your current grade?

E1

E2

E3

E4

Other, please specify: _____

GRADE_SP What is your spouse's current grade?

E1

E2

E3

E4

Other, please specify: _____

Don't know

Confirm2 To confirm, neither you nor your spouse are currently serving in grades E1, E2, E3, or E4. If that is correct, please select 'Confirm' below. Otherwise, please update your response on the previous page.

Confirm

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

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

2. [IF SPOUSE] Do you think your spouse should stay on or leave active duty?

- I strongly favor staying
- I somewhat favor staying
- I have no opinion one way or the other
- I somewhat favor leaving
- I strongly favor leaving

3. [IF MEMBER] 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

VOTING (FVAP)

4. In the general election held on November 5, 2024, did you vote?

- Definitely voted
- Definitely did not vote
- Not sure

FOOD SECURITY (MC&FP)

5. Which statements describe your food availability growing up (before age 16)? Please select all that apply.

- We had no problems consistently accessing adequate food.
- We couldn't afford to eat balanced meals (e.g., fruit, vegetables, whole grains, lean protein, and low-fat dairy).
- We worried whether our food would run out before we got money to buy more.
- We had to cut the size of meals or skip meals because there wasn't enough money for food.
- I lost weight because there wasn't enough money for food.

6. During the last 12 months, was there a time when, because of lack of money or other resources...

	Yes	No
a. You were worried you would not have enough food to eat?	<input type="radio"/>	<input type="radio"/>
b. You were unable to eat healthy and nutritious food?	<input type="radio"/>	<input type="radio"/>
c. You ate only a few kinds of foods?	<input type="radio"/>	<input type="radio"/>
d. You had to skip a meal?	<input type="radio"/>	<input type="radio"/>
e. You ate less than you thought you should?	<input type="radio"/>	<input type="radio"/>
f. Your household ran out of food?	<input type="radio"/>	<input type="radio"/>
g. You were hungry but did not eat?	<input type="radio"/>	<input type="radio"/>
h. You went without eating for a whole day?	<input type="radio"/>	<input type="radio"/>

7. [IF ANY Q5A-H=YES] Please explain why or what factors contributed to the situation.
[Open text box]

9. Have you used any of these dietary supplements one or more times per week in the past 30 days?

	Yes	No
Multi-Vitamin/Mineral Supplements (such as Centrum or One-a-Day)	<input type="radio"/>	<input type="radio"/>
b. Individual Vitamin/Mineral Supplements (such as Vitamin C, Vitamin D, Iron, Calcium)	<input type="radio"/>	<input type="radio"/>
Protein Supplements (such as whey, casein, soy, powders, shakes, pills)	<input type="radio"/>	<input type="radio"/>
Herbal Supplements (such as Ginseng, Echinacea, Ginkgo Biloba)	<input type="radio"/>	<input type="radio"/>
Muscle Building Supplements (such as Creatine, Deer Antler, Ripped)	<input type="radio"/>	<input type="radio"/>
Weight/Fat Loss Products (such as Dexatrim, Hydroxycut)	<input type="radio"/>	<input type="radio"/>
Pre-Workout Supplements (such as N.O.-Xplode, C4)	<input type="radio"/>	<input type="radio"/>
Post-Workout Supplements (such as BCAAs)	<input type="radio"/>	<input type="radio"/>
Joint Health Supplements (such as Glucosamine, Osteo Bi-Flex)	<input type="radio"/>	<input type="radio"/>
Omega 3 Supplements (such as Fish Oil, Flax Seed Oil)	<input type="radio"/>	<input type="radio"/>
Probiotics Supplements	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

10. [IF ANY Q9A-L=YES] In the past 30 days, approximately how much money have you spent, in total, on the supplements listed above?

[Open text box]

11. How have you received nutrition education, guidance, or instruction during your military career? *Please select all that apply.*

- Have never received nutrition education, guidance, or instruction during my military career.
- Researched nutrition on my own.
- Received guidance through chain of command.
- Received instruction during Training course/school about what to eat.
- Attended nutrition class(es) at college or university.
- Received group instruction by a medical professional.
- Received group instruction by a nutritionist or dietitian.
- Individual appointment with nutritionist or dietitian
- Other

12. Over the past 30 days on average...

	Never	Rarely	Some-times	Often	Always
I intentionally ate food that would improve my performance (to include physical or mental).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I wanted to eat nutritious food (e.g., fruit, vegetables, whole grains, lean protein, and low-fat dairy.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I planned what I was going to eat ahead of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DSLO Question:

Since being in the military, have you or your family experienced any form of discrimination because of your connection to the military? If so, in what areas?

	Yes	No
Your child's education	<input type="radio"/>	<input type="radio"/>
e. Housing & real estate	<input type="radio"/>	<input type="radio"/>
f. Public Accommodation	<input type="radio"/>	<input type="radio"/>
g. Credit/Lending	<input type="radio"/>	<input type="radio"/>
h. Debt Collection	<input type="radio"/>	<input type="radio"/>
Insurance	<input type="radio"/>	<input type="radio"/>
Your employment [IF SPOUSE]	<input type="radio"/>	<input type="radio"/>
k. Your spouse's employment [IF MEMBER]	<input type="radio"/>	<input type="radio"/>
Public Utilities/Service	<input type="radio"/>	<input type="radio"/>
m. Medical Health Services	<input type="radio"/>	<input type="radio"/>
n. Other	<input type="radio"/>	<input type="radio"/>

POINT OF CONTACT VERIFICATION FOR TOPICAL 4

POC_display **Please review the contact information we have for you and indicate whether the information is correct or needs to be updated.**

Q3 Our records have your phone number as [PHONE NUMBER]. Is this correct?

Yes

No

Q6 What is a good phone number to reach you?

Q7 Is this number a cell phone or land line?

Cell phone

Land line

Neither

Q8 We send reminders and survey invitations via text message. Message and data rates may apply, depending on your mobile phone service plan. You can opt out of these messages at any time by replying STOP.

Would you like us to contact you by text message?

Yes

No

Q9 Our records have your email address as **[EMAIL]**. Is this correct?

Yes

No

Q10 What is your email address?

Q11 Our records have the following address as your home address where we will mail incentives for taking surveys. Is this correct?

[ADDRESS]

Yes

No

Q12 Please enter your home address.

Address 1 _____

Address 2 _____

City _____

State _____

ZIP Code _____

SURVEY SUBMISSION FOR TOPICAL 4

SUBMIT Thank you for your response. Please use the "Submit" button below to record your response.

If you have any questions about the Census Military Panel, please contact us at addp.military.panel@census.gov or call 1-866-593-6155.