

## AGENCY DISCLOSURE NOTICE

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## Military OneSource Peer Support

**Welcome to Military OneSource Feedback! We greatly appreciate your willingness to complete this brief questionnaire to give feedback on the services you received from Military OneSource. Your feedback will help improve the services we provide to our service members and their families.**

**Your participation in this survey is strictly voluntary and your information will not be shared outside of the program office.**

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### 1. Reason for seeking services (Please select all that apply)

- ☐ Spouse/partner related issue
- ☐ Housing issue
- ☐ Health
- ☐ Academic/educational problem
- ☐ Command related problem
- ☐ Deployment
- ☐ Decision Making
- ☐ Adjusting to being in the military
- ☐ Retirement/Separation
- ☐ Issues secondary to a legal issue
- ☐ Problem related to unemployment
- ☐ Skill building

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**2. How did you meet with your consultant?**

- ☐ Telephone
- ☐ Online Chat
- ☐ Video Link

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**3. Please rate the extent to which you agree or disagree with the following statements. Select one response per row.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My consultant was knowledgeable in the area of my specific concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My consultant explained things in a way that was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My consultant was attentive to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My consultant understood military culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**4. Thinking about your most recent concern (e.g., health, deployment, retirement), before you connected with Military OneSource, how would you rate the severity of your concern?**

- ☐ Low
- ☐ Moderate
- ☐ Severe
- ☐ Very Severe
- ☐ Don't Know

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**5. Now that you have received services from Military OneSource, how would you rate the severity of this concern now?**

- ☐ Low
- ☐ Moderate
- ☐ Severe
- ☐ Very Severe
- ☐ Don't Know

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**6. Overall, how satisfied or dissatisfied are you with your experience with Military OneSource?**

- ☐ Very Dissatisfied
- ☐ Somewhat Dissatisfied
- ☐ Neither Satisfied nor Dissatisfied
- ☐ Somewhat Satisfied
- ☐ Very Satisfied

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**7. How likely are you to reach out to Military OneSource for additional resources or services?**

- ☐ Very Unlikely
- ☐ Unlikely
- ☐ Not Sure
- ☐ Likely
- ☐ Highly Likely

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**8. How likely is it that you would recommend Military OneSource to a friend or colleague?**

- ☐ Very Unlikely
- ☐ Unlikely
- ☐ Not Sure
- ☐ Likely
- ☐ Highly Likely

**9. Please tell us anything we should know about your experience with Military OneSource. We appreciate any detail you can provide, especially if our service was less than satisfactory. You will help us to learn and improve. (Please do not share any personally identifying information in your response.)**

**Your responses have been registered!**

**We strive to provide excellent service and all questions, comments and suggestions are welcome! If you would like to be contacted to discuss the service you received, please e-mail us at [quality.control@militaryonesource.com](mailto:quality.control@militaryonesource.com). Thank you for your service and for the opportunity to serve you!**