

AGENCY DISCLOSURE NOTICE

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eCMS Military OneSource Call Center Feedback Form

Military OneSource Non-Medical Counseling First Session

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)

- ☐ Relationships at Home and Work
- ☐ Stress Management
- ☐ Marital and Communication Issues.
- ☐ Adjustment to Military Culture.
- ☐ Phases of Deployment.
- ☐ Parenting Skills.
- ☐ Grief and Loss.

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2. How did you meet with your counselor?

- ☐ In Person
- ☐ 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 counselor 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 counselor 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 counselor was attentive to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My counselor 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., behavioral, family), 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

6. Overall Participant Satisfaction

a. Satisfaction – 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

b. Quality - How would you rate the quality of the care that you received?

- ☐ Very low quality
- ☐ Low quality
- ☐ Neither high nor low quality
- ☐ High quality
- ☐ Very high quality

c. **Effectiveness** - How much do you agree or disagree with the following statement? *The service I have received helped me to deal more effectively with my problems.*

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree,
- ☐ Agree
- ☐ Strongly agree

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

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

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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

8. 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!

Closing

Thank you for sharing your feedback. Your responses will help us improve the quality of our programs and services.