**Highlighted Questions are questions that were added to the previously approved survey. Crossed out question (Q8) has been moved to question 6 and is now 6d.**

OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 05/31/2025

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0704-0553, is estimated to average 10 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. 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. 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.

**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. |  |

|  |  |  |
| --- | --- | --- |
| \* | 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. |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| \* | 2. How did you meet with your counselor? |  |
|  | * In Person |  |
|  | * Telephone |  |
|  | * Online Chat |  |
|  | * Video Link |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| \* | 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. |  |  |  |  |  | | My counselor explained things in a way that was easy to understand. |  |  |  |  |  | | My counselor was attentive to my needs. |  |  |  |  |  | | My counselor understood military culture. |  |  |  |  |  | |  |
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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 |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| \* | 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**

1. Satisfaction – Overall, how satisfied or dissatisfied are you with your experience with Military

OneSource?

o Very Dissatisfied

o Somewhat Dissatisfied

o Neither Satisfied nor Dissatisfied

o Somewhat Satisfied

o Very Satisfied

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

* Very high quality
* high quality
* neither high nor low quality
* low quality
* very low quality

1. **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 agree
* Agree
* Neither agree nor disagree,
* Disagree
* Strongly disagree

1. **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

|  |  |  |
| --- | --- | --- |
| \* | 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. How likely is it that you would recommend Military OneSource to a friend or colleague?~~ |  |
|  | * ~~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.* |  |
|  |  |  |