

## Survey for Prime for Life 4.5 Program Evaluation (PFL 4.5)

**Baseline Survey Question Count (Max): 80**

**Follow-up Survey Question Count (Max): 67**

[GENERAL SURVEY INSTRUCTIONS, ITEM LABELS, AND PROGRAMMING NOTES INDICATED IN BLUE. TEXT WILL NOT APPEAR IN SURVEY. LINE BREAKS INDICATE NEW PAGE ON ONLINE QUESTIONNAIRE.]

[BASELINE SURVEY INSTRUCTIONS INDICATED IN GREEN. TEXT WILL NOT APPEAR IN SURVEY.]

[FOLLOW-UP SURVEY INSTRUCTIONS INDICATED IN ORANGE. TEXT WILL NOT APPEAR IN SURVEY.]

[UNMARKED SURVEY ITEMS APPEAR IN BOTH THE BASELINE AND FOLLOW-UP SURVEY. TEXT WILL NOT APPEAR IN SURVEY.]

If a respondent is presented with an item and no response is given, then fill the input variable with a value of 98. Every item (excluding UNIQUE ID GENERATION) should include the 98 code.

A footer will be displayed at the bottom of every screen, including the landing page (layout for the FAQ and Help pages that these buttons will display to is provided in the specs). We will use tool-tip for the footer:

Frequently Asked Questions	Helpful Resources
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Thank you for taking the time to complete this survey. The Department of Defense has contracted with NORC at the University of Chicago, an objective, nonpartisan research organization, to support the evaluation of the Prime for Life 4.5 course. Your honest input will help inform improvements to these trainings for early career Marines. **Please complete this survey when you are off duty.**

This survey is **voluntary**. You may skip any questions or stop the questionnaire at any time without penalty. This survey will take about 15 minutes to complete.

This survey is **anonymous**. Your responses will be linked to a unique ID, which consists of information that cannot be linked back to you. This ID will only be used to link your responses at this timepoint and at a future timepoint. Your responses will be combined with others, and the results will be reported in aggregate.

After you complete this survey, you will be emailed a [Baseline: \$10 gift card/Follow-up: \$20 gift card] in thanks for your time.

Please complete the survey in one session.

- If you exit the survey before you are finished, or
- If you leave the survey idle for more than 10 minutes,

...then you will need to begin again.

You can go forward or backward in the survey by clicking on the **Next** or **Back** buttons on the bottom of the page. (DO NOT use your browser's Back or Forward buttons.)

If you have any questions about this survey or the Prime for Life 4.5 evaluation, please contact [Marine-Wellness-Survey@norc.org](mailto:Marine-Wellness-Survey@norc.org).

**OMB CONTROL NUMBER: 0704-0644**

**OMB EXPIRATION DATE: 01/31/2026**

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0644, is estimated to average 15 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](mailto: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.

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### UNIQUE ID GENERATION [4 QUESTIONS]

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NORC is generating a unique participant ID for you. The responses you provide here will be scrambled, and the NORC study team will NOT be able to re-identify you based on the information you provide here. This information will be used ONLY to link your baseline and follow-up survey data.

When you finish this survey, you will be redirected to a separate survey, which cannot be linked back to the information provided on this survey, where you will be asked to provide your email address and phone number so NORC can send you your gift card [Baseline only: and contact you about a follow-up survey].

1. **[ID1] Enter the first two letters of the city or town where you graduated high school, got a GED, or finished home-schooling. (Not case sensitive.)** \_\_\_\_\_

*Examples:*

*If it was Chicago, enter "CH" or "ch" or "Ch" or "cH"*

*If it was John's Creek, enter "JO" or "jo" or "Jo" or "jO"*

*[Hard check to ensure two letters are entered]*

1. **[ID2] Select the day you were born. [Drop down list from 01 to 31]**

*Example: If you were born on April 9, select "09"*

1. **[ID3] Enter the first two letters of your first name. (Not case sensitive.)** \_\_\_\_\_

Examples:

If your name is Cynthia but you go by Cindy, enter "CY" or "cy" or "Cy" or "cY"

If your name is D'Shawn, enter "DS" or "ds" or "Ds" or "dS"

*[Hard check to ensure two letters are entered]*

1. **[ID4] Enter the last four digits of your cell phone number.** \_\_\_\_\_

Example: If your cell phone number is (410) 999-1234, enter 1234

*[Hard check that participants respond to all items. If these items are not filled out, please present a message that says: "You must complete these items to generate your ID."]*

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**The 10 letters/numbers from your answers will be scrambled to create a unique, anonymous code. Please confirm your responses are correct.**

- The first two letters of the city or town where you completed your HS education: [\[Q1 response\]](#)
- The day of your birth: [\[Q2 response\]](#)
- The first two letters of your first name: [\[Q3 response\]](#)
- The last four digits of your cell phone number: [\[Q4 response\]](#)

***Please make your selection and click NEXT:***

- Yes, the above is correct. → [CONTINUES to Q5 \[YOB\]](#)
  - No, need to make a correction. → [RETURNS TO Q1 \[ID1\]](#)
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**DEMOGRAPHICS [7 QUESTIONS]**

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These first few questions are about you. Demographic responses will be scored in a way that prevents anyone from figuring out your identity based on your responses to these questions.

2. **[YOB]** **[Baseline only]** What is your year of birth? **[ENTER NUMBER, VALID RANGE 2024-1924]**
3. **[TIMEMARINES]** **[Baseline only]** How long have you served in active duty in the Marine Corps? *Mark the closest response.*
- ☐ Less than 1 month **(1)**
  - ☐ 1 month to less than 2 months **(2)**
  - ☐ 2 months to less than 3 months **(3)**
  - ☐ 3 months to less than 6 months **(4)**
  - ☐ 6 months to less than 1 year **(5)**
  - ☐ 1 year or less than 2 years **(6)**
  - ☐ 2 years or more **(7)**
4. **[SEX]** **[Baseline only]** What is your sex?
- ☐ Female **(2)**
  - ☐ Male **(1)**
5. **[RACE]** What is your race and/or ethnicity? *Select all that apply and enter additional details in the spaces below. **The survey is programmed to automatically recode your response into only two categories, preventing anyone from identifying you based on your answer to this question. No one will see your original response.***

☐ **American Indian or Alaska Native** - Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

**[RANGE: 500 characters]**

☐ **Asian** - Provide details below.

- |                                     |                                       |                                   |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean       | <input type="checkbox"/> Japanese |

*Enter, for example, Pakistani, Hmong, Afghan, etc.*

**[RANGE: 500 characters]**

☐ **Black or African American** - Provide details below.

- |   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican  | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian         | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali  |

*Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.*

**[RANGE: 500 characters]**

☐ **Hispanic or Latino** - Provide details below.

- ☐ Mexican                      ☐ Puerto Rican                      ☐ Salvadoran  
☐ Cuban                      ☐ Dominican                      ☐ Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

[RANGE: 500 characters]

☐ **Middle Eastern or North African** - Provide details below.

- ☐ Lebanese                      ☐ Iranian                      ☐ Egyptian  
☐ Syrian                      ☐ Iraqi                      ☐ Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

[RANGE: 500 characters]

☐ **Native Hawaiian or Pacific Islander** - Provide details below.

- ☐ Native Hawaiian                      ☐ Samoan                      ☐ Chamorro  
☐ Tongan                      ☐ Fijian                      ☐ Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

[RANGE: 500 characters]

☐ **White** - Provide details below.

- ☐ English                      ☐ German                      ☐ Irish  
☐ Italian                      ☐ Polish                      ☐ Scottish

Enter, for example, French, Swedish, Norwegian, etc.

[RANGE: 500 characters]

**IT PROGRAMMING NOTE:** Collapse responses into output: ANY American Indian/Alaskan Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, ASSIGN 1=NONWHITE; If White exclusive, ASSIGN 2=WHITE; Blank/skip, ASSIGN=99.

6. **[STATION]** **[Follow-up only]** Please select from the drop-down list where you are currently stationed. [DROP DOWN LIST INCLUDING: Camp Courtney, Camp Elmore, Camp Foster, Camp Hansen, Camp Kinser, Camp Mujuk, Camp Schwab, CATC Camp Fuji, Henderson Hall, Marine Barracks, 8th and I, MCAGCC/MAGTFTC Twenty-nine Palms, MCAS Beaufort, MCAS Cherry Point, MCAS Futenma, MCAS Iwakuni, MCAS Miramar, MCAS New River, MCAS Yuma, MCB Camp Butler, MCB Camp Lejeune, MCB Camp Pendleton, MCB Hawaii, MCB Quantico, MCLB Albany, MCRD Parris Island, MCRD San Diego, None of these, Other – An Installation or facility not listed here [Open Response], I prefer not to answer]
7. **[MOS]** Do you [Baseline: already] know which Military Operational Specialty (MOS) you are assigned to?
  - o Yes (1)
  - o No (2)
  - o Not sure (99)

8. **[MOSNUM]** **[IF MOS=Yes]** Please select your Military Operational Specialty (MOS) from the drop-down list. **[DROP DOWN LIST INCLUDING: 01 – Personnel and Administration, 02 – Intelligence, 03 – Infantry, 04 – Logistics, 05 – Marine Air-Ground task Force Plans, 06 – Communications, 08 – Field Artillery, 09 – Training, 11 – Utilities, 13 – Engineer, Construction, Facilities & Equipment, 18 – Amphibious Assault Vehicle, 21 – Ground Ordnance Maintenance, 23 – Ammunition and Explosive Ordnance Disposal, 26 – Signals Intelligence, Ground Electronic Warfare, 27 – Linguist, 28 – Ground Electronics Maintenance, 30 – Supply Administration & Operations, 31 – Distribution Management, 33 – Food Service, 34 – Financial Management, 35 – Motor Transport Career, 41 – Morale Welfare & Recreation, 44 – Legal Services, 45 – Communication Strategy, 55 – Music, 57 – Chemical, Biological, Radiological & Nuclear Defense, 58 – Military Police & Corrections, 59 – Electronics Maintenance, 60, 61, 62 – Aircraft Maintenance, 63, 64 – Avionics, 65 – Aviation Ordnance, 66 – Aviation Logistics, 68 – Meteorology & Oceanography, 70 – Airfield Services, 72 – Air Control, Air Support, Anti-Air Warfare, Air Traffic Control, 73 – Navigation Officer, Enlisted Flight Crews, 80 – Miscellaneous Requirements MOS]**
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**KNOWLEDGE [5 QUESTIONS]**  
**(Source: PRI PFL Pre/Post Test)**

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**For the following questions, please select the answer you believe to be correct.**

**[RANDOMIZE KNOWLEDGE1-KNOWLEDGE5]**

9. **[KNOWLEDGE1]** Occasional impairment from drinking is not high risk.
- ☐ True (0)
  - ☒ **False (1)**
10. **[KNOWLEDGE2]** Anyone can develop alcoholism.
- ☒ **True (1)**
  - ☐ False (0)
11. **[KNOWLEDGE3]** A person can avoid the progression into alcoholism by consistently making low-risk choices.
- ☒ **True (1)**
  - ☐ False (0)
12. **[KNOWLEDGE4]** A standard drink of 12% alcohol-by-volume wine is 3 oz., a standard drink of 5% alcohol beer is 16 oz., and a standard drink of 80-proof alcohol is 2 oz.
- ☐ True (0)
  - ☒ **False (1)**
13. **[KNOWLEDGE5]** Having a biological relative (e.g., sibling, parent, grandparent) with addiction increases a person's own risk for developing addiction.
- ☒ **True (1)**
  - ☐ False (0)

**[CREATE VARIABLE KNOWLEDGENUM WHICH COUNTS NUMBER OF CORRECT ANSWERS IN KNOWLEDGE1-KNOWLEDGE5 (RANGE 0-5). CORRECT ANSWERS ARE INDICATED IN GREEN.]**

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**SOCIAL SUPPORT [4 QUESTIONS]**  
**[Source: PROMIS Emotional Support Scale]**

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**Please indicate your response for each statement.**

14. **[SUPPORT1]** I have someone who will listen to me when I need to talk.
- ☐ Never (0)
  - ☐ Rarely (1)
  - ☐ Sometimes (2)
  - ☐ Usually (3)
  - ☐ Always (4)
15. **[SUPPORT2]** I have someone to confide in or talk to about myself or my problems.
- ☐ Never (0)
  - ☐ Rarely (1)
  - ☐ Sometimes (2)
  - ☐ Usually (3)
  - ☐ Always (4)
16. **[SUPPORT3]** I have someone who makes me feel appreciated.
- ☐ Never (0)
  - ☐ Rarely (1)
  - ☐ Sometimes (2)
  - ☐ Usually (3)
  - ☐ Always (4)
17. **[SUPPORT4]** I have someone to talk with when I have a bad day.
- ☐ Never (0)
  - ☐ Rarely (1)
  - ☐ Sometimes (2)
  - ☐ Usually (3)
  - ☐ Always (4)
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**RISK TAKING ATTITUDES [4 QUESTIONS]**  
**[Source: General Risk Propensity Scale (GRiPS)]**

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Please indicate how much you personally agree or disagree with each statement.

**[RANDOMIZE RISK1-RISK4]**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Disagree nor Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
18. <b>[RISK1]</b> My friends would say that I'm a risk taker.	1	2	3	4	5
19. <b>[RISK2]</b> I enjoy taking risks in most aspects of my life.	1	2	3	4	5
20. <b>[RISK3]</b> I commonly make risky decisions.	1	2	3	4	5
21. <b>[RISK4]</b> I am attracted, rather than scared, by risk.	1	2	3	4	5

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**PERSONAL RISK PERCEPTION [7 QUESTIONS]****[Source: Hallgren et al 2011--PFL Evaluation]**

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The next two questions ask about your beliefs about *most other people's drinking behaviors* (i.e., not yourself).

22. [PERCRISK\_OTHERS] How many drinks do you believe **most people** can drink in a day before it will cause injuries or other problems for them? [Drop-down 0, 1, 2, 3, 4... 24 or more]

23. [PERCRISK\_OTHERSD] How many drinks do you believe **most people** can drink before they are too impaired to drive? [Drop-down 0, 1, 2, 3, 4... 24 or more]

The next two questions ask about your beliefs about *your own drinking behaviors*.

24. [PERCRISK\_SELF] How many drinks can **you** drink in a day before it will cause injuries or other problems for you? [Drop-down 0, 1, 2, 3, 4... 24 or more]

25. [PERCRISK\_SELFD] How many drinks can **you** drink before you are too impaired to drive? [Drop down 0, 1, 2, 3, 4...24 or more]

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26. [PERCRISK\_GEN] How much risk would you say you have for developing alcoholism **in general**?

- ☐ No risk (0)
- ☐ Low risk (1)
- ☐ Moderate risk (2)
- ☐ High risk (3)
- ☐ Very high risk (4)

27. [PERCRISK\_BIO] How much risk would you say you have for developing alcoholism **due to biology (i.e., biological family member with alcoholism)**?

- ☐ No risk (0)
- ☐ Low risk (1)
- ☐ Moderate risk (2)
- ☐ High risk (3)
- ☐ Very high risk (4)

28. [PERCRISK\_CHOICES] How much risk would you say you have for developing alcoholism **due to your drinking behaviors**?

- ☐ No risk (0)
  - ☐ Low risk (1)
  - ☐ Moderate risk (2)
  - ☐ High risk (3)
  - ☐ Very high risk (4)
-

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**EXPECTATIONS OF HIGH-RISK USE [6 QUESTIONS]**  
[Source: Lee et al 2015]

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Please rate your level of agreement or disagreement with each of the following statements.

After a few drinks of alcohol...

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not relevant/ I do not drink alcohol
29. [BINGE_EXPECT1] I don't always keep to the boundaries I make for myself about sex.	1	2	3	4	5	99
30. [BINGE_EXPECT2] I am less nervous about sex.	1	2	3	4	5	99
31. [BINGE_EXPECT3] I am more likely to do sexual things that I wouldn't do when sober.	1	2	3	4	5	99

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Please rate your level of agreement or disagreement with each of the following statements.

If I engage in drinking behaviors like binge drinking... (HOVER OVER BINGE DRINKING: The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as drinking 4 or more drinks [for women] or 5 or more drinks [for men] in about a two-hour time window)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not relevant/ I do not drink alcohol
32. [BINGE_EXPECT4] I am more likely to develop a problem with alcohol.	1	2	3	4	5	99
33. [BINGE_EXPECT5] I am more likely to behave in a way that offends the people I am with.	1	2	3	4	5	99
34. [BINGE_EXPECT6] I am more likely to put myself in danger.	1	2	3	4	5	99

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**ALCOHOL USE [10 QUESTIONS]**  
[Source: PRI]

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Here are some questions about your alcohol use and related experiences. For these questions, think of one drink as 12 oz of beer, 5 oz of wine, or 1.50 oz of hard liquor (80-proof).



Image Source: Centers for Disease Control and Prevention (CDC)

For this first set of questions, please think about the **LAST** 90 days.

35. [USE1] In the **last** 90 days, when I drank, the number of drinks I **usually** had in a day was: [DROP DOWN LIST WITH RESPONSE OPTIONS: I did not drink, 1, 2, ...23, 24 or more]
36. [USE2] In the **last** 90 days, the **most** drinks I had in a day was: [DROP DOWN LIST WITH RESPONSE OPTIONS: I did not drink, 1, 2, ...23, 24 or more]

For this next set of questions, please think about the **NEXT** 90 days.

37. [USE3] In the **next** 90 days, when I drink, the number of drinks I intend to **usually** have in a day is: [DROP DOWN LIST WITH RESPONSE OPTIONS: I will not drink, 1, 2, ...23, 24 or more]
38. [USE4] In the **next** 90 days, when I drink, the **most** drinks I intend to have in a day is: [DROP DOWN LIST WITH RESPONSE OPTIONS: I will not drink, 1, 2, ...23, 24 or more]
-

Please indicate whether you have had the following experiences related to drinking ***in the last 90 days***.

	Yes	No	Unsure	N/A, I did not drink alcohol in the last 90 days
39. [USEEXP1] I drank more -- or for a longer time -- than intended. (For example, I planned to only have two drinks but instead had six.)	2	0	1	99
40. [USEEXP2] I spent a lot of time being hungover from using alcohol.	2	0	1	99
41. [USEEXP3] I failed to do what was normally expected of me (for instance, at work, school, or home) because of my drinking.	2	0	1	99
42. [USEEXP4] I drank in situations where it was physically dangerous to do so (for instance, when driving).	2	0	1	99
43. [USEEXP5] I continued drinking even though I knew it was causing problems in my relationships (with family, friends, co-workers, etc.), or making them worse.	2	0	1	99
44. [USEEXP6] I stopped doing things that used to be important to me. (For instance, I didn't hang out with old friends anymore because they didn't drink, or I gave up important hobbies.)	2	0	1	99

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**MOTIVATION/INTENTION TO CHANGE [4 QUESTIONS]**  
(Source: PRI USCG Measures)

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45. **[CONFIDENCE]** How **confident** are you that you *could* change your drinking behaviors right now, if you chose to?
- ☐ Not at all confident (1)
  - ☐ Somewhat confident (2)
  - ☐ Confident (3)
  - ☐ Very confident (4)
46. **[MOTIVATION]** How **motivated** are you to change your drinking behaviors right now?
- ☐ Not at all motivated (1)
  - ☐ Somewhat motivated (2)
  - ☐ Motivated (3)
  - ☐ Very motivated (4)
47. **[INTENTION]** How **likely** are you to change your drinking behaviors right now?
- ☐ Not at all likely (1)
  - ☐ Somewhat likely (2)
  - ☐ Likely (3)
  - ☐ Very likely (4)
- 
48. **[MOTIVATION-REASON]** Regardless of how motivated you are, there may be barriers to changing drinking behaviors. Which of the following applies to you? *Select all that apply.*
- ☐ Drinking seems like an important part of my friendships (1)
  - ☐ It seems like there is nothing else to do on base (2)
  - ☐ I need a way to relieve stress/blow off steam (3)
  - ☐ Drinking helps me have romantic/sexual relationships (4)
  - ☐ If I did not drink, I would stand out from my peers (5)
  - ☐ I am not sure where to start (6)
  - ☐ I am not sure I will be able to change my drinking (7)
  - ☐ I don't drink alcohol (8) **[EXCLUSIVE]**
  - ☐ None of these apply (9) **[EXCLUSIVE]**
  - ☐ Not listed, please explain: (10)
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**SEXUAL HARASSMENT PERPETRATION [8 QUESTIONS, 1 MATRIX] [Source: ISAPPP]**


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During the last 90 days...

	N o	Y e s
49. [SHP-1] Did you tell <b>sexual jokes</b> that may have made someone feel awkward, uncomfortable, angry or upset?	0	1
50. [SHP-2] Did you <b>make sexual comments about someone's appearance or body</b> that may have made someone feel awkward, uncomfortable, angry, or upset?	0	1
51. [SHP-3] Did you <b>view or share pornography</b> with someone in a way that may have made someone feel awkward, uncomfortable, angry, or upset?	0	1
52. [SHP-4] Did you <b>share intimate pictures</b> in a way that may have made someone feel awkward, uncomfortable, angry, or upset?	0	1
53. [SHP-5] Did you <b>repeatedly flirt with someone junior to you</b> in a way that may have made them feel awkward, uncomfortable, angry, or upset?	0	1
54. [SHP-7] Did you <b>pursue an unwanted romantic or sexual relationship</b> (e.g., repeatedly asking them out for coffee, asking them for sex or to 'hook-up', etc.)	0	1
55. [SHP-8] Did you <b>brush up against or touch someone in a sexual way</b> when they may not have wanted you to? This could include brushing against their genitals, breasts, chest, buttocks, or brushing against their body with your genitals.	0	1

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**SEXUAL HARASSMENT VICTIMIZATION [8 QUESTIONS, 1 MATRIX] [SOURCE: ISAPPP]**

The following questions are about unwanted sexual experiences that may have happened to you. As a reminder, your responses are confidential. Your individual responses will not be shared with anyone in your chain of command.

During the last 90 days...

	No	Yes
56. [SHV-1] Did someone tell <b>sexual jokes</b> that made you feel awkward, uncomfortable, angry, or upset?	0	1
57. [SHV-2] Did someone make <b>sexual comments about your or someone's appearance or body</b> that made you feel awkward, uncomfortable, angry, or upset?	0	1
58. [SHV-3] Did someone <b>view or share pornography</b> in a way that made you feel awkward, uncomfortable, angry, or upset?	0	1
59. [SHV-4] Did someone <b>share intimate pictures</b> in a way that made you feel awkward, uncomfortable, angry, or upset?	0	1
60. [SHV-5] Did someone <b>repeatedly flirt with you</b> in a way that made you feel awkward, uncomfortable, angry, or upset?	0	1
61. [SHV-7] Did someone <b>make attempts to establish an unwanted romantic or sexual relationship with you</b> (e.g., repeatedly asking you out for coffee, asking you for sex or to 'hook-up', etc.)?	0	1
62. [SHV8] Did someone <b>intentionally brush up against you or touch you in a sexual way</b> when you did not want them to? This could include brushing against your genitals, breasts, chest, buttocks, or brushing their genitals anywhere on your body.	0	1

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**ANXIETY AND DEPRESSION [4 QUESTIONS, 1 MATRIX] [Sources: GAD-2 (Anxiety); PHQ-2 (Depression)]**

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<b>Over the last two weeks, how often have you been bothered by the following problems? [RANDOMIZE]</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
63. [GAD1] Feeling nervous, anxious, or on edge	0	1	2	3
64. [GAD2] Not being able to stop or control worrying	0	1	2	3
65. [PHQ1] Little interest or pleasure in doing things	0	1	2	3
66. [PHQ2] Feeling down, depressed, or hopeless	0	1	2	3

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**SUICIDALITY [4 QUESTIONS] [Source: SBQ-R]**

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**Please indicate the statement or phrase that best applies to you.** As a reminder, all response data will be analyzed in aggregate, without any personally identifying information.

67. **[SUICIDE1]** Have you thought about or attempted to kill yourself **in the last 90 days?**

(Check one only.)

- ☐ Never (0)
- ☐ It was just a brief passing thought (1)
- ☐ I have had a plan at least once to kill myself but did not try to do it (2)
- ☐ I have had a plan at least once to kill myself and really wanted to die (3)
- ☐ I have attempted to kill myself, but did not want to die (4)
- ☐ I have attempted to kill myself, and really hoped to die (5)

68. **[SUICIDE2]** **[Present on same page if SUICIDE1 = 1-5]** How often have you thought about killing yourself **in the last 90 days?** (Check one only.)

- ☐ Never in the last 90 days (1)
- ☐ Rarely (1 time) (2)
- ☐ Sometimes (2 times) (3)
- ☐ Often (3-4 times) (4)
- ☐ Very often (5 or more times) (5)

69. **[SUICIDE3]** **[Present on same page if SUICIDE1 = 1-5]** **In the last 90 days**, have you told someone that you were going to die by suicide, or that you might do it? (Check one only.)

- ☐ No (1)
- ☐ Yes, at one time, but did not really want to die (2)
- ☐ Yes, at one time, and really wanted to die (3)
- ☐ Yes, more than once, but did not want to do it (4)
- ☐ Yes, more than once, and really wanted to do it (5)

70. **[SUICIDE4]** How likely is it that you would attempt suicide someday? (Check one only.)

- ☐ Never (0)
  - ☐ Rather unlikely (1)
  - ☐ Unlikely (2)
  - ☐ Likely (3)
  - ☐ Rather likely (4)
  - ☐ Very likely (5)
- 
-

---

**CONTACT [TEXT]**

---

**[Baseline Only]** Thank you for your time and responses today. As a thank you for your participation, you will be sent a \$10 gift card.

Click SUBMIT to complete and be directed to a separate website (that is completely disconnected from your survey responses) to obtain your gift card. The separate website is necessary to maintain the anonymity of your survey responses.

**[Follow-up only]** Thank you for your time and responses today. As a thank you for your participation, you will be sent a \$20 gift card.

When you click the SUBMIT button, you will be redirected to a separate website, where you will enter the email address where would like us to send your gift card.

---

**CONTACT [6 QUESTIONS]**

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*Redirect to separate page.*

Please provide your contact information below. NORC will use this information to:

- Send you details regarding your **[Baseline: \$10 / Follow-up: \$20]** digital gift card, and
- **[Baseline Only]** Reach you via email or text (no calls) for the follow-up evaluation survey in about 90 days.

NORC will *not* use your personal information for any non-stated purpose. NORC will not share your personal information with USMC or DoD.

Privacy Advisory: Personal contact information is being collected by the NORC at the University of Chicago for the sole purpose of distributing gift cards in thanks for your participation **[Baseline Only]** and to contact you for the follow-up PFL evaluation survey]. Your contact information cannot be linked to your survey responses. Your information will be securely stored by NORC at the University of Chicago, will not be delivered to DoD, and will be destroyed no later than December 31, 2026 at the conclusion of NORC's data collection period for this evaluation. Providing your information is voluntary, however, choosing not to provide your personal contact information will result in NORC's inability to offer the **[Baseline Only \$10]** gift card as a thank you for your participation today **[Baseline Only]** and exclusion from the follow-up evaluation survey (\$20 gift card for completing a follow-up survey)].

**MIL\_EMAIL**

What is your military (.mil) email address? \_\_\_\_\_

**PER\_EMAIL**

What is your personal email address? \_\_\_\_\_

**[Soft check that MIL\_EMAIL and PER\_EMAIL are filled out. If not, display the message: "Please provide your .mil and personal email to receive your digital gift card and get notified about the follow-up evaluation survey."]**

---

**CELL**

**[Baseline Only]** To allow NORC to text you with the link to the follow-up survey, please enter your cell phone number below:

What is your cell phone number? XXX-XXX-XXXX

*Enter area code and phone number with no dashes.*

[\[VALIDATE PHONE NUM: 10 DIGITS. NO SYMBOLS. NO LETTERS.\]](#)

*By providing this number, you allow NORC to text you using an automated text system. We will only use your phone number for the 90-day follow-up evaluation survey. NORC will not share, sell, or otherwise use this number. You can reply STOP to our text messages to opt out at any time. Reply HELP for help. Standard messaging and data rates may apply. Messaging frequency may vary.*

**[Soft check that CELL is filled out. If not, display the message: "Please provide your cell phone number to receive the link to the follow-up survey via text."]**

---

**PII CONFIRMATION**

**CONFIRM**

Is the below information correct? *If any piece of the below information is incorrect, select "No, need to make a correction."*

Military Email: [MIL\_EMAIL]  
Personal Email: [PER\_EMAIL]  
[Baseline Only] Cell Phone: [CELL]

- 1 Yes, all information is correct. → **GO TO EMAIL\_INCSUR**  
2 No, need to make a correction. → **GO TO PIIUPDATE**

---

**PIIUPDATE**

Please edit your responses below to update the information, then hit "Next."

**MIL\_EMAIL\_UP**

Military Email: \_\_[MIL\_EMAIL]\_\_

**PER\_EMAIL\_UP**

Personal Email: \_\_[PER\_EMAIL]\_\_

**[Baseline Only] CELL\_UP**

Cell Phone: \_\_[CELL]\_\_

Hidden variable PIIUPDATE set to 1

[Baseline Only] Set MIL\_EMAIL - CELL to MIL\_EMAIL\_UP – CELL\_UP

[Follow-Up Only] Set MIL\_EMAIL – PER\_EMAIL to MIL\_EMAIL\_UP – PER\_EMAIL

→ LOOP TO CONFIRM

\_UP variables are temporary and will not be exported with survey data

PIIUPDATE=1 indicates data was changed

---

**EMAIL\_INCSUR**

Please select the email address you monitor regularly to receive your [Baseline: \$10 / Follow-up: \$20] e-gift code within 7 days and the follow-up survey link in 90 days.

- 1 MIL\_EMAIL  
2 PER\_EMAIL

[NEXT button appears. Display CLOSE screen.]

---

[CLOSE] Thank you for your participation. This completes the survey.

Once we confirm receipt of your response, you will receive an email with your [Baseline: \$10 gift card/Follow-up: \$20 gift card]. Please allow up to 7 days for delivery.

Email **Marine-Wellness-Survey@norc.org** if you have any questions.

**Click the SUBMIT button and then you may close the window.**

[\[END SURVEY\]](#)



## Frequently Asked Questions

### Who is NORC at the University of Chicago (NORC)?

NORC is a not-for-profit organization affiliated with the University of Chicago that has been conducting survey research in the public interest for government agencies, educational institutions, private foundations, non-profit organizations, and private corporations since 1941. For more information, visit [www.norc.org](http://www.norc.org).

### What is the purpose of the survey?

The DoD and U.S. Marine Corps have partnered with NORC at the University of Chicago, an objective, nonpartisan research organization to support an evaluation related to healthy behaviors and social relationships among early career Marines. Specifically, the purpose of the survey is to collect information about the knowledge, motivations, behaviors, and intentions of early career Marines. For more information, visit the NORC evaluation page [here](#).

### How do I know the survey is anonymous?

NORC is using a "self-generated ID" coding system to ensure that your survey responses remain anonymous and cannot be traced to you. The Follow-Up survey will ask the same questions so that your responses can be linked across time while *maintaining anonymity*.

### Am I required to complete the survey?

The survey is voluntary. You may skip any questions or stop the questionnaire at any time without penalty. While you are not required to complete the survey, your participation is encouraged by the Department of Defense because your responses are important for the success of the evaluation.

### How long will the survey take to complete?

The survey will take about 15 minutes to complete.

### Why does the survey ask for my email and phone number?

The survey requests your email and phone number so that NORC can contact you to complete the one follow-up survey and process your gift card(s). Any email address and phone number that you provide *cannot* be linked with your survey responses, will not be shared with the U.S. Marine Corps or DoD, and will not be used for any purposes other than stated above.

### Why should I participate?

The benefits to your participation may include better harmful behavior prevention and improved health and wellness among Marines.

### Are there any immediate benefits to me?

As thank you for your participation, you will be emailed a \$10 digital gift card after completing the baseline survey and a \$20 digital gift card after completing the follow-up survey.

### Where and when will I receive the gift cards?

The gift cards will be sent to your email within 7 days after completing each survey.

### What is the survey about?



The survey is about the knowledge, motivations, behaviors, and intentions of early career Marines.

**I closed my survey and it did not save any of my responses.**

We ask that you complete the survey in one session to protect your anonymity; your responses are not saved until you submit the survey. If you accidentally close out or your survey window crashes, you will have to restart the survey.

**I returned to my survey after stepping away and now I get an error message that says “Sorry Invalid Request”.**

This happens if you left the survey idle for more than 10 minutes. Because the survey is anonymous, and we do not have a way of accessing the survey where you left off, you will have to restart the survey if you exit unexpectedly.

**Who can I contact if I have questions about the survey, gift card, or evaluation?**

If you have any questions, please contact the NORC project team at [Marine-Wellness-Survey@norc.org](mailto:Marine-Wellness-Survey@norc.org).



## Resource List

### Military Resources

#### *Substance Use Resources*

##### **MCCS Substance Assessment and Counseling Center (SACC)**

(910) 451-2865 for Camp Lejeune or (910) 449-5249 for New River

##### **Substance Abuse Rehabilitation Program (SARP)**

(910) 451-1175

Intensive substance abuse program.

#### *Mental Health Resources*

##### **Military Crisis Line**

1 (800) 273-8255 and press 1

24/7 free and confidential crisis line for all service members.

##### **Military One Source**

1 (800) 342-9647

24/7 connection to information and resources available to service members and dependents.

Military One Source can also provide virtual counseling services.

##### **Naval Medical Center Camp Lejeune Mental Health Clinic**

(910) 450-4700

Walk-in appointments are available Monday through Friday 7:30 am to 3:00 pm.

##### **MLG Psychiatry**

(910) 451-6628

Command specific. Walk-in appointments are available Wednesday from 7:30 am to 12:00 pm.

##### **Division Psychiatry**

(910) 450-5485

Command specific. Walk-in appointments are available Monday through Friday from 8:00 am to 3:00 pm.

##### **MCCS Community Counseling Program**

(910) 451-2864 for Camp Lejeune at Midway Park or (910) 449-6110 for New River

No referral needed; walk-in appointments are available.

#### *Sexual Assault and Domestic Violence Resources*

##### **Camp Lejeune 24/7 Sexual Assault Support Line**

(910) 750-5852

##### **DoD Safe Helpline**

(877) 995-5247 or chat at [online.safehelpline.org](https://online.safehelpline.org)

Anonymous, confidential support for members of the DoD community and their loved ones affected by sexual assault.

**24/7 Domestic Violence MCB Helpline**

(910) 376-5675

**Sexual Assault Prevention and Response (SAPR)**

(910) 451-5973 for Camp Lejeune or (910) 449-5243 for New River

*Other Resources*

**Unit Chaplain**

**Unit Military Family Life Counselor (MFLC)**

**MCIEAST-MCB Camp Lejeune Chaplain Corps**

(910) 451-3210 or (910) 451-2414 for the After-Hours Duty Chaplain  
Offices open Monday through Friday from 7:30 am to 4:30 pm.

**Military Family Life Counselor (MFLC)**

(910) 260-7736 for Camp Lejeune or (910) 915-3888 for New River

**Naval Medical Center Camp Lejeune**

(910) 450-4300 or (910) 450-4840 for the emergency department

**MCCS Family Advocacy Program (FAP)**

(910) 449-9563 for Camp Lejeune or (910) 449-6110 for New River

**Base Legal Services**

(910) 451-1903

Open Monday through Friday 7:30 am to 11:30 am and 1:00 pm to 4:30 pm.

**Personal Financial Management Program**

(910) 451-3219 for Camp Lejeune or (910) 449-4979 for New River

**Transition Readiness**

(910) 451-3781 for Camp Lejeune or (910) 449-4914 for New River

**National Resources**

*Substance Use Resources*

**Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline**

Toll-Free: 1 (800) 662-HELP (4357)

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

## *Mental Health Resources*

### **Suicide & Crisis Lifeline**

Toll-Free: Dial 988 or chat at [988Lifeline.org](https://988lifeline.org)

This crisis lifeline provides 24/7 confidential support (via text, call, or chat) and help if you are feeling mental health struggles, emotional distress, depression, substance abuse concerns, and/or thoughts about suicide. Judgement-free counselors are available to provide immediate support.

### **NAMI (National Alliance on Mental Illness) Helpline**

Toll-Free: 1 (800) 950-NAMI (6264)

The NAMI HelpLine is a free, nationwide peer-support service providing information, resource referrals, and support to people living with a mental health condition, their family members and caregivers, mental health providers, and the public. HelpLine staff and volunteers are experienced, well-trained, and able to provide guidance. Contact the NAMI HelpLine Monday through Friday, 10 AM - 10 PM ET, or email [info@nami.org](mailto:info@nami.org).

## *Sexual Assault, Domestic Violence, and Other Victim Resources*

### **RAINN National Sexual Assault Hotline**

Toll-Free: 1 (800) 656-HOPE (4673), [hotline.rainn.org/online](https://hotline.rainn.org/online) or [hotline.rainn.org/es](https://hotline.rainn.org/es) (Español)

This hotline connects you to a trained staff member from a sexual assault service provider in your area. The staff member can provide confidential support (via online chat or call) in finding local resources, such as referrals for short- or long-term support and information about the laws in your community. The Rape, Abuse, Incest National Network (RAINN) is a partnership of more than 1,100 local rape treatment hotlines that maintains an online referral resource directing you to local rape crisis centers nationwide.

### **National Domestic Violence Hotline**

Toll-Free: 1 (800) 799-7233 or chat at [thehotline.org](https://thehotline.org)

This hotline provides 24/7 support (via text, call, or chat) to talk confidentially if you are experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of your relationship.

### **National Network to End Domestic Violence (NNEDV) Safety Net Project**

[techsafety.org](https://techsafety.org)

This website provides resources and information on the use of technology for agencies and survivors of domestic violence, sexual assault, stalking, and trafficking. These include survivor, agency, app safety center, confidentiality, and legal systems toolkits.

### **National Network to End Domestic Violence (NNEDV)**

[womenslaw.org](https://womenslaw.org) or [womenslaw.org/es](https://womenslaw.org/es) (Español), Email Hotline: [hotline.womenslaw.org/public](mailto:hotline.womenslaw.org/public)

This website provides information relevant to anyone with questions about domestic violence, sexual violence, and other relevant topics. The email hotline site will provide legal information to anyone, not just women, who reaches out with legal questions or concerns regarding these topics.

### **Love is Respect, National Dating Abuse Helpline**

Toll-Free: 1 (866) 331-9474 or text "LOVEIS" to 22522

This support line provides 24/7 assistance and help if you or someone you know is in an unhealthy or unsafe dating relationship, no matter how casual, or if you want to know more about personal safety and healthy relationships. Call center support is offered via text, call, or chat.

### **National Center for Victims of Crime**

Toll-Free: 1 (855) 484-2846 helpline or [victimconnect.org](https://victimconnect.org)

This website has information to help victims of crimes learn about their rights and options confidentially. It provides a phone-based helpline, an online chat tool, and web-based information and service referrals. The hotline provides support and directs you to a state referral service for legal assistance or mental health care providers. They can also refer you to a local service provider who can provide more specific referrals. This number can be reached Monday-Friday from 12 PM-5 PM ET.

### **National Human Trafficking Hotline**

Toll-Free: 1 (888) 373-7888, text “BeFree” to 233733, or visit [polarisproject.org](https://polarisproject.org)

This national hotline provides 24/7 support to answer calls, texts, and live chats from anywhere in the United States in more than 200 languages. The National Hotline's mission is to connect human trafficking victims and survivors to critical support and services to get help and stay safe and to equip the anti-trafficking community with the tools to combat all forms of human trafficking effectively.

### **Nonconsensual Pornography Hotline**

Toll-Free: 1 (844) 878-2274 Cyber Civil Rights Initiative Helpline

This hotline provides 24/7 support to victims of nonconsensual pornography (“NCP”, also known as “revenge porn”), recorded sexual assault (RSA), or sextortion. They can provide information, support, referrals, and non-legal advice.

### **Stalking Prevention and Awareness Resource Center (SPARC)**

[stalkingawareness.org](https://stalkingawareness.org)

SPARC provides nationwide training, technical assistance, and resources to allied professionals, including victim service providers, law enforcement, prosecutors, court personnel, judges, corrections, treatment providers, mental health professionals, campus student conduct offices, campus police/security, Title IX offices, and others.