

DOW Survivor Survey



Providing policy, tools and resources to further enhance the quality of life of service members and their families

This script is expected to be read verbatim by the call center agents, except for the following:
(FILL-IN:XXXXXXX) = information that will automatically be filled in by web server
{ } - tentatively planned to be automatically filled in by web server
Side notes to explain to approval personnel (only for the Word version included in approval submissions) - most are what will be pre-programmed skip patterns
Directions for call center agents; extra answers that can be marked but will not be read

Prior to phone call:

Respondent ID XXXXXXXXXX

Please confirm the following information is correct for the respondent ID you provided:
NOTE: Other information being passed into system to autredirect the questions, this just being used to authenticate that this is the right respondent)

Deceased's name:

Next of kin's name:

Next of kin's birth date:

Deceased is the

Deceased's sex:

Deceased's service:

Date of birth:

Date of death:

If the information is incorrect, go back to previous page and retype.

Has respondent already started answering interview questions?

- Yes (will automatically redirect to where respondent left off, based on respondent ID. If respondent has begun the interview it will redirect to section q1a)
- No - (redirects to section q1a1)

Dial phone number: 678-520-4884 609-724-4227

Q1a1: Hello, my name is () and I am calling on behalf of the Department of War. May I please speak to {XXXXXXXXXX}

- Respondent answers (redirect to section A)
- Answer - Respondent not available redirect to section B
- Answer - different language (redirect to section L)
- No answer (completion of process, system saves and returns to interview login page)
- Non-Working Number (completion of process, system saves and returns to interview login page)
- Person Deceased (completion of process, system saves and returns to interview login page)

Dial phone number and receive a voicemail or answering machine.

Q1a2: Hello, this message is for {Mrs. Lewis}, My name is XXXXXXXXXX and I am calling on behalf of the Department of War about the casualty assistance received from the (Army). Please contact me at your convenience at _____ to schedule an interview.

Dial phone number.

Q1a: My name is xxxxxxxx and I am calling for {xxxxxxx} to continue the interview we started. Is {xxxxxxx} available? Pause. If yes... Are you ready to continue?

- No (redirect to section C)
 - Yes (will automatically redirect to where respondent left off, based on respondent ID)
-

SECTION A

Hello {xxxxxxx}. My name is xxxxxxxxxx and I'm calling about the casualty assistance you received from the (Army) when your (Husband) {xxxxxxx} passed away.

I will spend a few minutes talking to you about the purpose of this call, and then ask you a series of questions that should take about 30-40 minutes. Is this a good time for you?

- Yes (redirect to interview questions)
 - No, call later (redirect to section C)
 - Don't want to participate, but give general comments on support received (redirect to section D)
 - Don't want to participate (redirect to section E)
-

SECTION B

When would be a good time to call {xxxxxxxx} back?

- Call back scheduled

SECTION C

When would be a good time to call back?

- Call back scheduled

SECTION D

I can record that comment and add it to our general comments if you would prefer to do that than do the complete interview. Please do not provide any Personally Identifiable Information (PII).

SECTION E

Are there any lingering issues with which I can assist you?

SECTION L

Are you able to complete this survey in English?

- Yes (redirect to Section M)
- No (redirect to Section N)

SECTION M

I have questions for {xxxxxx} regarding assistance received when {xxxxxxxxx} died. Would you be able to translate for us?

- Yes
- No (redirect to Section N)

SECTION N

Thank you for your time. Goodbye. (HANG UP, CONTACT COMPLETE – NO FURTHER CALLS REQUIRED)

BEGINNING OF INTERVIEW

Before we get started, let me tell you a little more about what we are asking you to do. The telephone interview will take about 30-40 minutes of your time and will focus on your experiences with the (Army) Casualty Assistance Program. I will ask you questions about your (CAO) and any assistance you were provided since you were notified of {xxxxxxxxx}'s death. The answers you provide regarding the survey will be kept confidential. Your name, your (Husband)'s name, and any uniquely identifying information will not be recorded with your answers. You may choose to participate or not, and you can refuse to answer any of the interview questions that you don't want to answer. Just tell me and we will skip to the next one. If, after we start the interview, you need to take a break or need to stop the interview for any reason, just let me know. The Privacy Act of 1974, as amended, requires that you be informed of the purpose of this survey and of the uses to be made of the information collected. Authority to request this information is granted to the Office of the Deputy Assistant Secretary of War for Military Community and Family Policy under 10 U.S.C. 136, UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS and 5 U.S.C. 301, Departmental Regulations. License to administer this survey is granted in accordance with 5 CFR 1320 (b). under OMB Control Number 0704-0660, which expires April 30, 2026.

The purpose of this survey is to collect data to evaluate and improve the services provided to surviving family members of other service members. The information you provide will be grouped with other interviews. The information provided in this questionnaire will be analyzed and maintained by the Office of the Deputy Assistant Secretary of War for Military Community and Family Policy, in a secure location not accessible by outsiders and where it may be used to determine changing trends in the Department of War. Datasets without any personally identifiable information may be analyzed by researchers outside of the Office of the Deputy Assistant Secretary of War for Military Community and Family Policy and may be used in future research.

Completion of this survey is entirely voluntary. Failure to respond to any of the questions will NOT result in any penalties except possible lack of representation of your views in the final results and outcomes. You may discontinue participation at any time without negative impact in any way.

Do you have any questions before we start?

- Yes (answer based on FAQ)
- No

NOTE: This is the beginning of the second website. Casualty info from the provided database are passed in for use here and will be dropped out of data when analyzed (except for the service, month, and year). The following questions ask about your (Casualty Assistance Officer). If you interacted with more than one, please answer thinking about the one you were in contact with the most.

1. Did your (Casualty Assistance Officer) provide you with his or her contact information when you first met?

- Refused to Answer
- Yes
- No
- Don't Remember

2. Usually when you tried to contact your (Casualty Assistance Officer), did he or she respond within a 24-hour period?

- I never needed to contact anyone.
- They always answered when I called.
- Yes, within 24 hours.
- No
- Refused to Answer

3. Was your (Casualty Assistance Officer) available as long as you needed assistance?

- Yes
- No
- Refused to Answer

4. Did your (Casualty Assistance Officer) provide you with accurate information?

- No
 - Don't Know
 - Refused to Answer
 - Yes
-

5. How satisfied or dissatisfied were you overall with your (Casualty Assistance Officer)? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very Satisfied
 - Somewhat Satisfied
 - Neither Satisfied nor Dissatisfied
 - Somewhat Dissatisfied
 - Refused to Answer
 - Very Dissatisfied
-

6. Without including any personally identifiable information (such as names), can you tell me what did they do, or not do, that made you (Very Satisfied)?

7. Without including any personally identifiable information (such as names), do you have any additional comments regarding your (Casualty Assistance Officer) and/or your (Army) Casualty Office?

No.

Now about the Notification process ...

8. How satisfied or dissatisfied were you with the professionalism of the notification team? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied

- Somewhat dissatisfied
 - Very dissatisfied
 - Refused to answer
 - Not Applicable
-

9. If somewhat or very dissatisfied Do you have any recommendations you would like considered to improve the notification process?

10. When you were notified, were you provided basic information about the circumstances surrounding {xxxxxxx}'s death?

- Yes
 - No
 - Unsure/Don't Remember
 - Refused to answer
-

Dignified Transfer (Section only presented to those who are indicated in data to have a combat related death)

11. Did you travel to Dover Air Force Base to observe the dignified transfer of your loved one?

- Yes
 - No (Skip to 16)
 - Refused to answer (Skip to 16)
-

12. How satisfied or dissatisfied were you with the travel arrangements made for you to observe the dignified transfer? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very Satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
 - Refused to answer
 - Somewhat satisfied
-

13. (for those answering dissatisfied or very dissatisfied) Without including any personally identifiable information (such as names), why were you dissatisfied?

14. Would you recommend that other families attend the dignified transfer of their loved one?

- Yes
 - No
 - Refused to answer
-

15. Why or why not?

16. Did you have a clear understanding of the mortuary services available to you? (Question only asked of the PADD, info which will be passed into the system.)

- Yes
 - No
 - Refused to Answer
-

17. Were you kept informed about the status of your loved one's return?

- Yes
 - No
 - Not Applicable
 - Refused to Answer
-

18. Did the explanation of funeral options provided by the (Casualty Assistance Officer) help you make informed decisions? (Question only asked of the PADD, info which will be passed into the system. Renumbering of questions and skips will have to occur to reflect that previous question was deleted)

- Yes
 - No
 - Don't Know / Don't Remember
 - Refused to Answer
-

19. Was payment for the funeral/memorial services made within 30 days of submitting the claim? (Question only asked of the PADD, info which will be passed into the system.)

- Yes
 - No
 - Refused to Answer
-

20. Did you attend the funeral service?

- Yes
- No (skip to 25)
- Refused to Answer

21. How satisfied or dissatisfied were you with the military funeral honors presented in honor of your loved one? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very Satisfied
 - Somewhat Satisfied
 - Neither Satisfied nor Dissatisfied
 - Somewhat Dissatisfied
 - Very Dissatisfied
 - Refused to Answer
-

22. (For those who answered dissatisfied or very dissatisfied) Without including any personally identifiable information (such as names), why were you dissatisfied? (Capture positive comments as well)

23. Were you assisted in arranging travel to the funeral/memorial service?

- Yes
 - No
 - Refused to Answer
 - Not Applicable
-

24. (if yes) Were your travel claims processed within 30 days from when you submitted all the appropriate documents?

- No
 - Refused to answer
 - Yes
-

Benefits (Section only presented to those who are indicated in data to be receiving benefits)

25. The next few questions deal with monetary benefits. Did someone review your benefits with you and explain what you are/were entitled to?

- Refused to answer
 - Yes
 - No
-

26. Did you receive assistance in filing for your benefits?

- Yes
- No
- Refused to answer

27. Did you receive a print out from the (Service) outlining your benefits and entitlements? (Question only presented to appropriate spouses or guardians of minors, based on passed in information.)

- Yes
 - No
 - Don't remember/Unsure
 - Refused to answer
-

28. Do you know how to access the Online Survivor's Benefit Report? (Question only presented to appropriate spouses or guardians of minors, based on passed in information.)

- Yes
 - No
 - Unsure
 - Refused to answer
-

29. Did you receive any payouts from Servicemembers' Group Life Insurance (SGLI)? (Question only presented to SGLI beneficiaries, based on passed in information.)

- Yes
 - No (Skip to 33)
 - Don't remember (Skip to 33)
 - Refused to answer (Skip to 33)
-

30. Are you aware of the financial planning services offered by SGLI? (Question only presented to SGLI beneficiaries, based on passed in information.)

- Yes
 - No
 - Refused to answer
-

31. (if yes to previous) Did you use the SGLI financial planning services? (Question only presented to SGLI beneficiaries, based on passed in information.)

- Yes
 - No
 - Refused to answer
-

32. If no, why did you opt to not use this service? (Question only presented to SGLI beneficiaries, based on passed in information.)

xxxxxxxxxxxxx's Personal Effects (Only presented to those who are indicated in data to be PERE)

33. Were you provided an inventory list of (Name of Decedent's) personal effects?

- Yes
- No
- Refused to Answer

34. To your knowledge, was the inventory list accurate? (Question only presented to Person Entitled to Receive Effects based on passed in information.)

- Yes
- No
- Don't know
- Refused to answer

35. Were all items on the list returned to you?

- Yes
- No
- Refused to answer

36a. IF NO Were you told why they were not returned?

- Yes
- No
- Refused to answer

36b. IF NO TO Q37 Did you make a claim for missing personal effects?

- Yes
- No
- Refused to answer

36c. IF YES Were you provided assistance with your claim?

- Yes
- No
- Refused to answer

Long Term Care

The Services provide long term care. (The Service's long term care is provided through their *Name of Program*.) These programs have resources that include Support Coordinators, Financial Counselors, and Benefits Counselors.

37. How satisfied or dissatisfied were you with the long-term support you received? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very Satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Did not use
- Don't remember/Unsure
- Refused to answer

A few last general questions

38. Were you provided "The Days Ahead Binder?"

- Yes
- No
- Don't remember
- Refused to answer

39. (if yes to q39) did you find it helpful?

- Yes
- No
- Have not had a chance to review it
- Refused to answer

40. (if yes to q39) What did you find helpful about it?

41. Is there anything you think should be changed?

42. Is there anything you think should not be changed?

43. Were you made aware of free bereavement counseling services offered by the (Service) and Military OneSource? (Question only asked of spouses and guardians of minors, based on passed in information.)

- Yes
 - No
 - Refused to answer
-

44. Were you made aware of free bereavement counseling services offered by the Department of Veterans Affairs?

- Yes
 - No
 - Refused to answer
-
-

45. Were you made aware of education benefits provided by the Department of Veterans Affairs and other non-government agencies? (Question only asked of spouses and guardians of minors, based on passed in information.)

- Yes
 - No
 - Unsure
 - Refused to answer
-

46. Overall, how satisfied or dissatisfied were you with the assistance provided by the (Army)? (if needed, repeat: Would you say you are Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very dissatisfied?)

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Refused to answer

47. If you had to pick something for us to improve so we can better support the next family in need, what would it be?

48. Is there anything we should NOT change when we support the next family in need?

49. Were you made aware that if you had a complaint concerning casualty assistance or receipt of benefits you could contact your Service's Gold Star and Surviving Family Member Liaison?

- Yes
- No
- Refused to answer

50. (if yes to q49) How did you learn about it? (select as many answers that apply)

- Casualty Assistance Officer
- The Days Ahead Binder
- Military OneSource
- Other:
- Survivor Survey Letter

SECTION E

Are there any lingering issues with which I can assist you?
