

**BACKGROUND INFORMATION**

1. **What is your marital status?**
  - Married
  - Separated
  - Divorced
  - Widowed
  
2. **Is your spouse currently serving on active duty (not a member of the National Guard or Reserve)?**
  - Yes
  - No
  
3. **How many years have you been married? To indicate less than 1 year, enter "0".** Years
  
4. **In the last 12 months, how many nights has your spouse been away from home because of military duties (e.g., deployments, TDYs, training, time at sea, field exercises/alerts)? Add up all nights away from home.** Nights
  
5. **Which of the following best describes where you live? Mark one.**
  - Military housing, on base
  - Military housing, off base
  - Civilian housing
  
6. **[Ask if Q5 = "Military housing, off base" or Q5 = "Civilian housing"] How close do you live to a military base/installation? Mark one.**
  - Less than 30 minutes
  - 30 minutes to less than 1 hour
  - 1 to 2 hours
  - More than 2 hours
  
7. **Are you Spanish/Hispanic/Latino?**
  - No, not Spanish/Hispanic/Latino
  - Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

8. **What is your race? Mark one or more races to indicate what you consider yourself to be.**
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
  - Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)
  
9. **How old are you?** Years old
  
10. **Are you...**
  - Male?
  - Female?

**EDUCATION AND EMPLOYMENT**

11. **What is the highest degree or level of school that you have completed? Mark the one answer that describes the highest grade or degree that you have completed.**
  - 12 years or less of school (no diploma)
  - High school graduate—high school diploma or equivalent (e.g., GED)
  - Vocational or technical diploma
  - Some college credit, but less than 1 year
  - 1 or more years of college, no degree
  - Associate's degree
  - Bachelor's degree
  - Master's degree
  - Doctoral or professional school degree
  
12. **Did you use any of the following resources to fund an educational certificate, diploma, or degree? Mark "Yes" or "No" for each item.**

	Yes	No
a. Employment or savings.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Post 9/11 GI Bill from your spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Post 9/11 GI Bill from yourself.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Scholarships or financial aid.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Student loans.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Parents.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Military Spouse Career Advancement Accounts (MyCAA) Scholarship.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**13. What credential(s), if any, did you receive in the last 12 months? Mark all that apply.**

- High school graduate—high school diploma or equivalent (e.g., GED)
- Vocational or technical diploma
- Associate's degree
- Bachelor's degree
- Master's, doctoral, or professional school degree
- Professional license
- Professional certificate

**14. Have you used a Military Spouse Career Advancement Accounts (MyCAA) Scholarship? Mark one.**

- Yes, in the past 12 months
- Yes, but not in the past 12 months
- No, and I was not aware of this resource
- No, but I am aware of this resource

**15. [Ask if Q14 = "Yes, in the past 12 months" OR Q14 = "Yes, but not in the past 12 months"] Have you obtained a degree, license, or certificate using your MyCAA Scholarship? Mark one.**

- Yes
- No, I am still working on obtaining a degree/license/certificate
- No, and I am no longer pursuing a degree/license/certificate

**16. [Ask if Q14 = "No, but I am aware of this resource"] What is the main reason you did not use a MyCAA Scholarship? Mark one.**

- I am not eligible because of my husband/wife's rank.
- I need education, training, or testing not covered by MyCAA.
- I have limited time for additional education/training because of family/personal obligations.
- I am not interested in additional education/training.
- I do not feel that additional education/training are important for my career.

**17. Are you currently enrolled in school/training? Mark one.**

- Yes
- No, I do not want or need to be
- No, but I would like to be

**19. [Ask if Q17 = "No, but I would like to be"] Do any of the following prevent you from attending school/training? Mark "Yes" or "No" for each item.**

	Yes	No
a. Hours/locations are not convenient.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I move too often.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Transportation problems.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Family responsibilities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Conflicts with my work schedule.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Costs of education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. My spouse's deployments make it difficult to attend school/training.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Expense of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. I am a caregiver to a family member.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**[Ask if Q17 = "No, but I would like to be" AND QRefError k = "Yes"] Please specify your other reason(s) for not being able to attend school/training. Do not provide any personally identifiable information.**

**20. Have you previously served in an active duty Service (e.g., Army, Navy, Marine Corps, Air Force, Coast Guard) or National Guard/Reserve? Mark one.**

- No
- Yes, I served in an active duty Service or National Guard/Reserve, but did NOT retire
- Yes, I served in an active duty Service or National Guard/Reserve and retired

**21. Are you currently serving in the military? Mark one.**

- Yes, on active duty (not a member of the National Guard/Reserve)
- Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)
- Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)
- No

22. [Ask if Q19 = "No" or Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" or Q19 = .] **Last week, did you do any work for pay or profit? Mark "Yes" even if you worked only one hour, or helped without pay in a family business or farm for 15 hours or more.**

- Yes
- No

23. [Ask if (Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND Q20 = "No"] **Last week, were you temporarily absent from a job or business?**

- Yes, on vacation, temporary illness, labor dispute, etc.
- No

24. [Ask if (Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND Q20 = "No" AND Q21 = "No"] **Have you been looking for work during the last four weeks?**

- Yes
- No

25. [Ask if [Ask if (Q### = "No" OR Q### = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q### = Not answered) AND Q### = "No" AND Q### = "No"]] **Last week, could you have started a job if one had been offered?**

- Yes
- No

26. [Ask if (Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND Q20 = "No" AND Q21 = "No" AND Q22 = "No"] **Which of these would you consider to be the main reason you have not been looking for work? Mark the one answer you feel is the MAIN reason.**

- I do not want to work.
- My spouse does not want me to work.
- I cannot find any work that matches my skills.
- I am preparing for/recovering from a PCS move.
- I stay home to homeschool my children.
- I want to be able to stay home to care for my children.
- I lack the necessary work experience.
- Child care is too costly.
- I do not have child care available to me.
- I am attending school or other training.
- I am not physically prepared to work (e.g., pregnant, sick, disabled).
- I am unable to work while my spouse is deployed.
- There are no jobs in my career field where I currently live.
- I do not have the required license or credential in my field.
- Other

27. [Ask if (Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND Q20 = "No" AND Q21 = "No" AND Q22 = "Yes"] **How many weeks have you been looking for work? If you have been looking for work for less than one week, enter "0". If you have been looking for work for more than one year, enter "52".**

Weeks

28. [Ask if (Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND (Q20 = "Yes" OR (Q20 = "No" AND Q21 = "Yes, on vacation, temporary illness, labor dispute, etc."))] **On average, how many hours a week do you spend working for pay (including hours worked for a family business or farm)?**

Hours

29. [Ask if (Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND (Q20 = "Yes" OR (Q20 = "No" AND Q21 = "Yes, on vacation, temporary illness, labor dispute, etc.")) AND (Q26 < 35 and Q26 >= 1)] **What is your main reason for working part-time (i.e., fewer than 35 hours a week) instead of full-time? Mark one.**

- Could only find part-time work
- Want to spend time with children
- Availability of child care
- Expense of child care
- Other family/personal obligations
- Health/medical limitations
- I do not want to work full-time
- I am self-employed
- I am a caregiver to a family member
- I am attending school or training
- Other

30. [Ask if [Ask if (Q22 = "No" OR Q22 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q22 = Not answered) AND (Q23 = "Yes" OR (Q23 = "No" AND Q24 = "Yes, on vacation, temporary illness, labor dispute, etc.")))] **Does your employer offer the following... Mark "Yes" or "No" for each item.**

	Yes	No
a. Flexible scheduling?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Remote work?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

31. [Ask if Employed] **Please indicate the degree to which any of the following apply to you. Mark one answer for each item.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I am paid less than those with similar credentials.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Given my credentials, I should have a higher position at work.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I need to find a job that allows me to work more hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
d. I work in temporary positions, but I would prefer not to.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I had to take a job outside of my field.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. My pay is not enough to live on.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**32. In what career field is your current or most recent employment? Mark one.**

- Not applicable, I have never been employed
- Administrative services (e.g., Administrative assistant, secretary)
- Education (e.g., Teacher, teacher's assistant)
- Child care and child development (e.g. Attend to children at schools, businesses, private households, and childcare institutions)
- Financial services (e.g., Claim adjuster, credit analyst, accountant, financial counselor, banker, insurance agent)
- Healthcare practitioners and technical occupations (e.g., Nurse, dental hygienist, pharmacist, medical records specialist, dentist, doctor, paramedic, optician, veterinarian)
- Healthcare support (e.g., Home health aide, nursing assistant, occupational or physical therapy aid)
- Community and social services (e.g., Mental health counselor, social worker, probation officers and correctional treatment specialists, school bus monitor)
- Communications and marketing (e.g., Writer/editor, call center, film/TV, social media, web development)
- Retail and customer service (e.g., Cashier, sales person, customer service representative, manager)
- Information technology (e.g., Network analyst, database administrator)
- Recreation and hospitality (e.g., Restaurant, hotel business/management, personal trainer, ticket agent)
- Legal (e.g., Lawyer, paralegal, legal assistant, mediator, magistrate)
- Protective services (e.g., Correctional officer, firefighter, police officer, animal control worker, security guard)
- Transportation and material moving occupations (e.g. Aircraft service attendant, Parking Attendants, bus, taxi or truck driver)
- Skilled trades (e.g., Electrician, cosmetology, plumber, construction, welder)
- Other occupations which require a state license
- Other occupations which do NOT require a state license

**33. [Ask if (Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND (Q20 = "Yes" OR (Q20 = "No" AND Q21 = "Yes, on vacation, temporary illness, labor dispute, etc."))] Are you currently self-employed (e.g., a business owner or contractor who provides services to other businesses)?**

- Yes
- No

**34. [Ask if (Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND (Q20 = "Yes" OR (Q20 = "No" AND Q21 = "Yes, on vacation, temporary illness, labor dispute, etc."))] Do you currently work as a civilian Federal government employee?**

- Yes
- No

**35. [Ask if ((Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND (Q20 = "Yes" OR (Q20 = "No" AND Q21 = "Yes, on vacation, temporary illness, labor dispute, etc."))) OR (Q19 = "Yes, on active duty (not a member of the National Guard/Reserve)" OR Q19 = "Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)")]] How much does your income contribute toward your total household income? Mark one.**

- Less than 50%
- 50%
- More than 50%

**36. [Ask if ((Q19 = "No" OR Q19 = "Yes, as a traditional National Guard/Reserve member (e.g., drilling unit, IMA, IRR)" OR Q19 = .) AND (Q20 = "Yes" OR (Q20 = "No" AND Q21 = "Yes, on vacation, temporary illness, labor dispute, etc."))) OR (Q19 = "Yes, on active duty (not a member of the National Guard/Reserve)" OR Q19 = "Yes, as a member of the National Guard or Reserve in a full-time active duty program (AGR/FTS/AR)")]] Are you currently employed within the area of your education or training?**

- Yes
- No

**37. Regardless of your current employment status, how many weeks did you receive payment for work in the last 12 months? If you did not receive payment for work, enter "0".**

Weeks

38. Regardless of your current employment status, does your occupation or career field require... Mark "Yes" or "No" for each item.

	Yes	No
a. A certification provided by an organization that sets standards for your occupation?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. A state issued license?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

39. [Ask if Q38 a = "YES" OR Q38 b = "Yes"] What kind of professional license/certification/ credential does your career field require?

- Teaching (Elementary and Secondary)
- Medicine
- Nursing
- Occupational Therapy
- Physical Therapy
- Massage Therapy
- Social Work
- Counseling (e.g., Professional Counselor, Marriage and Family Therapist)
- Dentistry/Dental Hygiene-
- Law (e.g., Attorney)
- Pharmacy/Pharmacy Technician
- Architects
- Professional Engineers
- Skilled Trade (e.g., Master Electrician, Plumber, Heating, Air Conditioning, Ventilation and Refrigeration)
- Accounting
- Other

[Ask if Q39 = "Other"] Please specify what kind of professional license/certification/credential your career field requires.

40. [Ask if ask if Q38A="YES" or Q38B="Yes"] Regardless of your current employment status, do you have the required license to work in your profession in your current location? Mark "Yes" or "No".

- Yes
- No

41. Regardless of your current employment status, do you... Mark "Yes" or "No" for each item.

	Yes	No
a. Want to work?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Need to work?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### PERMANENT CHANGE OF STATION (PCS) MOVES

42. During your spouse's active duty career, have you ever experienced a PCS move?

- Yes
- No

43. [Ask if Q38 = "Yes"] During your spouse's active duty career, how many times have you experienced a PCS move?

44. [Ask if Q38 = "Yes"] In what month and year was your last PCS move?

Month

Year

45. [Ask if Q38 = "Yes"] For your most recent PCS move, to what extent were the following a problem for you? Mark one answer for each item.

	Very large extent	Large extent	Moderate extent	Small extent	Not a problem	Does not apply
a. Loss or decrease of your income.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Finding employment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Changing schools for your education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Obtaining licenses/certifications necessary for employment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Does not apply					
	Not a problem					
	Small extent					
	Moderate extent					
	Large extent					
	Very large extent					
e. Availability of special medical and/or educational services for yourself.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Coordinating move with moving company.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Timeliness of receiving household goods.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Waiting for permanent housing to become available.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Settling claims for damaged or missing household goods.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Un-reimbursable moving costs (e.g., housing deposits, costs of setting up new residency, temporary lodging costs, transportation costs).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Access to relocation information, services, or support.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

46. [Ask if Q38 = "Yes"] For your most recent PCS move, to what extent were the following a problem for your child(ren)? Mark one answer for each item.

	Does not apply					
	Not a problem					
	Small extent					
	Moderate extent					
	Large extent					
	Very large extent					
a. My child(ren) changing schools.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Availability of special medical and/or educational services for my child.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Missed deadlines for participating in extracurricular activities/sports.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Missed deadlines for placement lotteries in magnet schools/charter schools/special programs.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

47. [Ask if Q38 = "Yes"] How long did it take you to find employment after your last PCS move? Mark one.

- Does not apply
- Less than 1 month
- 1 month to less than 4 months
- 4 months to less than 7 months
- 7 months to less than 10 months
- 10 months or more

48. [Ask if Q38 = "Yes"] After your last PCS move, did you have to acquire a new professional or occupational license or credential in order to work at the new duty location?

- Yes
- No
- Does not apply

49. [Ask if Q38 = "Yes" and Q46 = "Yes"] How long did it take you to acquire a new professional or occupational license or credential in order to work at the new duty location? *Mark one.*

- Less than 1 month
- 1 month to less than 4 months
- 4 months to less than 7 months
- 7 months to less than 10 months
- 10 months or more

53. [Ask if Q48 = "Yes" AND (Q49 a > 0 OR Q49 b > 0 OR Q49 c > 0 OR Q49 d > 0) AND Q50 = "Yes"] How many of your child(ren), in each age group, routinely use child care arrangements? *Mark one answer in each row. To indicate none, select "0". To indicate more than nine, select "9".*

Less than 1 year old

1 year to less than 2 years old

2 to 3 years old

4 to 5 years old

More than 5 years old

50. Do you or your spouse have any children under the age of 18 living at home either part-time or full-time?

- Yes
- No

51. [Ask if Q48 = "Yes"] How many children under the age of 18 do you or your spouse have, living at home either part-time or full-time, in each age group? *Please select the number of children you have in each age group. To indicate none, select "0". To indicate more than nine, select "9".*

Less than 1 year old

1 year to less than 2 years old

2 to 5 years old

6 to 13 years old

14 to less than 18 years old

54. [Ask if Q48 = "Yes" AND (Q49 a > 0 OR Q49 b > 0 OR Q49 c > 0 OR Q49 d > 0) AND Q50 = "Yes"] During the work day, do you routinely use the following sources of child care? *Mark one answer for each item.*

	Yes	No
a. Military child care center.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military (or military-affiliated) family child care home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Civilian child care - receiving military child care fee assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Civilian child care- not receiving military child care fee assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

52. [Ask if Q48 = "Yes" AND (Q49 a > 0 OR Q49 b > 0 OR Q49 c > 0 OR Q49 d > 0)] Do you have child(ren) who routinely use child care arrangements so you and/or your spouse can work?

- Yes
- No

55. [Ask if Q48 = "Yes" AND (Q49 a > 0 OR Q49 b > 0 OR Q49 c > 0 OR Q49 d > 0) AND Q50 = "Yes" AND Q52 a = "No"] Which of the following are reasons why you do not use military child care? *Mark one answer for each item.*

	Yes	No
a. Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Quality of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Affordability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Inconvenient location.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Operating hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

56. [Ask if Q48 = "Yes" AND (Q49 a > 0 OR Q49 b > 0 OR Q49 c > 0 OR Q49 d > 0) AND Q50 = "Yes" AND Q52 a = "Yes"] How satisfied are you with each of the following aspects of military child care? **Mark one answer for each item.**

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a.	Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Quality of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Affordability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Operating hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

57. [Ask if Q48 = "Yes" AND (Q49 a > 0 OR Q49 b > 0 OR Q49 c > 0 OR Q49 d > 0) AND Q50 = "Yes" AND (Q52 b = "Yes" OR Q52 c = "Yes")] How satisfied are you with each of the following aspects of civilian child care where you are receiving military child care fee assistance? **Mark one answer for each item.**

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a.	Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Quality of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Affordability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Operating hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

58. [Ask if ask if Q54d = "YES"] How satisfied are you with each of the following aspects of civilian child care where you are not receiving military child care fee assistance? **Mark one answer for each item.**

		Yes	No
a.	Availability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Quality of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Affordability of child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Operating hours.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

59. [Ask if Q48 = "Yes" AND (Q49 a > 0 OR Q49 b > 0 OR Q49 c > 0 OR Q49 d > 0) AND Q50 = "No"] What is the main reason you do not use child care? **Mark one.**

- No need for child care services
- I have made other suitable child care arrangements (e.g., neighbors, grandparents)
- Child care services are too expensive
- I want to have my child(ren) closer to home
- The hours of operation do not meet my needs
- I have concerns about the quality of care
- I have problems arranging for consistent transportation
- The wait list is too long
- Other

60. [Ask if Q48 = "Yes" AND (Q49 c > 0 OR Q49 d > 0 OR Q49 e > 0)] Did any child(ren) residing with you attend the following types of schools last year? **Mark "Yes" or "No" for each item.**

		Yes	No
a.	Public traditional school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Public charter school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Department of Defense-run school (DoDEA Americas, DoDEA Europe or DoDEA Pacific).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Home school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Private school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f.	Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Consider the child(ren) in your household. Think of the child (younger than 18 years of age) whose birth month is closest to your birth month. Please respond to the following questions for that one child.

61. [Ask if Q48 = "Yes"] What is the age of this child?

Years

62. [Ask if Q48 = "Yes" AND Q59 < 18 AND Q59 <>.] Is this child...

- Male?
- Female?

63. [Ask if Q48 = "Yes" AND Q59 < 18 AND Q59 <>.]  
 Indicate how much you agree or disagree with the following statements about this child during the last four weeks. Mark one answer for each item.

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. My child has been more willing to try new things.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. My child has been acting more "baby-like" than he/she is capable of.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. My child easily becomes irritated or angry with me.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. My child has been more clingy than usual.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. My child has been afraid of doing things he/she is usually ok with.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. My child is demanding and impatient with me. He/she fusses and persists unless I do what he/she wants right away.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

64. [Ask if Q48 = "Yes" AND Q59 < 18 AND Q59 <>.]  
 In the past 12 months, has this child experienced an increase in any of the following? Mark one answer for each item.

	Not applicable		
	No		
	Yes		
a. Academic problems.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Behavior problems at home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Behavior problems at school.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pride in having a military parent.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Anger about my spouse's military requirements.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Closeness to family members.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Acceptance of responsibility.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Disengagement with peers (e.g., not wanting to see friends, not playing when around children of own age, stopping participation in usual activities).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Distant, disengaged at home (e.g., spending more time in their room, gaming/online, or generally apart from family when at home).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Sleep issues.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Anxiousness.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Not applicable		
	No		
	Yes		
l. Sadness.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

65. [Ask if Q48 = "Yes" AND Q59 < 18 AND Q59 <>.]  
 During the past 12 months, about how many days did this child miss school because of illness or injury?

Days

66. What, if any, special medical and/or educational needs do you or your family members have? Mark one answer for each item.

	Both medical and educational			
	Educational only			
	Medical only			
	None			
a. Self.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Child(ren).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

67. [Ask if Q64 a = "Medical only" OR Q64 a = "Educational only" OR Q64 a = "Both medical and educational" OR Q64 c = "Medical only" OR Q64 c = "Educational only" OR Q64 c = "Both medical and educational" OR Q64 d = "Medical only" OR Q64 d = "Educational only" OR Q64 d = "Both medical and educational"] Is your family enrolled in the Exceptional Family Member Program (EFMP)? Mark one.

- Yes
- No, and I was not aware of this program
- No, but I am aware of this program

68. Did you request assistance from your local Military Legal office related to special education concerns in the past two years? Mark "Yes" or "No".

- Yes
- No

69. [Ask if Q66 <> "None"] In the last 12 months, has your sponsor and your family been reassigned to a new location due to the lack of available special medical and/or educational services?

- Yes
- No

70. [Ask if Q69 = "Yes"] How satisfied or dissatisfied were you with the reassignment process.

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

71. [Ask if Q42 = "Yes" AND Q66 <> "None"] For your last PCS move, did the EFMP Support Office connect you with the next installation's EFMP Family Support Office?

- Yes
- No
- Not applicable

72. How satisfied or dissatisfied were you with the primary care services you and your family have received in the past 12 months?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- Not applicable

73. [Ask if Ask if yes PCS and Q66 A or B or C or D or E does not equal= "None" Family member has special need of any type.] How satisfied or dissatisfied were you with the specialty medical services you and your family have received in the past 12 months?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- Not applicable

74. Overall, how would you rate the current level of stress in your personal life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual
- Much more than usual

75. Over the last two weeks, how often have you been bothered by any of the following problems? Mark one answer for each item.

	Nearly every day			
	More than half the days			
	Several days		Not at all	
a. Little interest or pleasure in doing things.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Feeling down, depressed, or hopeless.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Feeling nervous, anxious, or on edge.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Not being able to stop or control worrying.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

76. In the past month, how often have you... Mark one answer for each item.

	Very often				
	Fairly often				
	Sometimes			Almost never	
	Never				
a. Felt nervous and stressed?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Felt that you were unable to control the important things in your life?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Been upset because of something that happened unexpectedly?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Been angered because of things that were outside of your control?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Felt difficulties were piling up so high that you could not overcome them?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Found that you could not cope with all of the things you had to do?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**HEALTH AND WELL-BEING**

**HEALTH RELATED QUALITY OF LIFE MEASURE (HRQOL)**

77. Would you say that in general your health is...  
**Mark one.**

- Excellent?
- Very good?
- Good?
- Fair?
- Poor?

78. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your health not good? *To indicate none, enter "0".*

Days

79. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? *To indicate none, enter "0".*

Days

80. During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? *To indicate none, enter "0".*

Days

82. Please respond to the following questions regarding your relationship with your spouse. **Mark "Yes" or "No" for each item.**

	Yes	No
a. Even people who get along quite well with their spouse sometimes wonder whether their marriage is working out. Have you ever thought your marriage might be in trouble?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have you or your spouse ever seriously suggested the idea of divorce within the past three years?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Have you discussed divorce or separation with a close friend?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Has the thought of getting a divorce or separation crossed your mind in the past three years?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Did you talk about consulting an attorney about a divorce or separation?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

83. Taking things altogether, how satisfied are you with your marriage right now?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

84. Compared to 12 months ago, how often do you and your spouse have problems in your personal relationship?

- Much more often
- More often
- About the same
- Less often
- Much less often

85. How much do you agree or disagree with the following statements about your relationship with your spouse? **Mark one answer for each item.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. We have a good relationship.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. My relationship with my partner is very stable.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. My relationship with my partner is strong.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**HEALTH AND WELL-BEING**

81. Answer in terms of whether the statement describes how you actually live your life.

	Very much like me	Mostly like me	Somewhat like me	A little like me	Not like me at all
a. My life has meaning.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I believe that in some way my life is closely connected to all humanity and all the world.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. The job my partner is doing in the military has enduring meaning.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. I have purpose in life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Strongly disagree				
		Disagree			
	Neither agree nor disagree				
		Agree			
	Strongly agree				
d. My relationship with my partner makes me happy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. I really feel like part of a team with my partner.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

86. Have you seen a counselor... Mark "Yes" or "No" for each item.

		No
	Yes	
a. During your spouse's active duty career?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. In the past six months?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

87. [Ask if Q84 a = "Yes" or Q84 b = "Yes"] Thinking about your experiences with counseling overall, do you feel it was beneficial?

Yes  
 No

88. [Ask if Q84 a = "Yes" or Q84 b = "Yes"] Which of these would you consider to be the main issue you discussed with your counselor? Mark the one answer you feel is the MAIN issue.

- Coping with stress
- Financial issues
- Family issues
- Marital issues
- Couple's communication issues
- Parent/child issues
- Deployment and reunion
- Crisis situations
- Grief and loss
- Mental health concerns for self/family member (e.g., PTSD, depression, anxiety)
- Medical issues for self/family member
- Jealousy/concerns around infidelity
- Dealing with the military way of life (e.g., managing separations, demands of the military)
- Other concerns

89. [Ask if Q84 a = "Yes" or Q84 b = "Yes"] If you accessed counseling through the following sources, how useful was it? Mark one answer for each item.

	Did not access counseling from this source				
		Not useful			
			Somewhat useful		
				Very useful	
a. Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military Family Life Counselors (MFLC).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. TRICARE.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Your spouse's installation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Military chaplain/civilian religious or spiritual leader.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Another military source.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Another non-military source.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if (Q84 a = "Yes" or Q84 b = "Yes") and (Q87 f = "Very useful" or Q87 f = "Somewhat useful" or Q87 f = "Not Useful" OR Q87 g = "Very useful" or Q87 g = "Somewhat useful" or Q87 g = "Not Useful")] What other source(s) did you access counseling through? Do not provide any personally identifiable information.

90. Regardless of your past counseling experiences, do you feel comfortable using military-provided services for counseling?

Yes  
 No

**LIFE IN THE MILITARY**

91. Overall, how satisfied are you with the military way of life?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

92. Do you think your spouse should stay on or leave active duty? **Mark one.**

- I strongly favor staying
- I somewhat favor staying
- I have no opinion one way or the other
- I somewhat favor leaving
- I strongly favor leaving

93. Indicate how much you agree or disagree with each of the following statements about your community and family. **Mark one answer for each item.**

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. Generally speaking, I would describe my family as a strong, happy family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. If I had an emergency, even people I do not know in this community would be willing to help.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I feel good about myself when I sacrifice and give time and energy to members of my family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. The things I do for members of my family and they do for me make me feel part of this very important group.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. People here know they can get help from the community if they are in trouble.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. People can depend on each other in this community.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Living in this community gives me a secure feeling.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. The members of my family make an effort to show they love and have affection for me.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. There is a feeling in this community that people should not get too friendly with each other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

94. If you accessed Military OneSource in the past six months, how useful were the following resources? **Mark one answer for each item.**

	Did not access this resource			
	Not useful			
	Somewhat useful			
	Very useful			
a. Information (e.g., education, child care, stress management, relocation, special needs).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Confidential non-medical counseling (in-person, telephonic, or web-based).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Military spouse career coaching resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Relocation resources such as Plan My Move and MilitaryINSTALLATIONS.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Covid-19 Support/Covid Information Center.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

95. To what extent are the following benefits of military life important to you and your family? **Mark one answer for each item.**

	Not at all				
	Small extent				
	Moderate extent				
	Large extent				
	Very large extent				
a. Access to quality health care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Secure employment for my spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. A good retirement plan.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Health care in retirement.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Opportunities for travel.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Ability to buy a home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Opportunities for my career development.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Opportunities for my education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Recreation, fitness, and entertainment activities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Savings on groceries (commissaries).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Savings on retail merchandise (exchanges).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Access to child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

96. Was your spouse wounded during military service in the following way(s)? Mark "Yes" or "No" for each item.

	Yes	No
a. Physically.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mentally.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

97. [Ask if Q94 a = "Yes" OR Q94 b = "Yes"] Was your spouse wounded in a way that has interfered with his/her participation in your family?

- Yes
- No

**YOUR SPOUSE'S DEPLOYMENTS**

98. During your spouse's active duty career, has he/she been deployed for more than 30 consecutive days? Mark one.

- Yes, in the past 36 months
- Yes, but not in the past 36 months
- No

99. [Ask if Q96 = "Yes, in the past 36 months"] Within the past 12 months, has your spouse been on deployment for more than 30 consecutive days? *This deployment may have started more than 12 months ago, but has continued within the past 12 months.*

- Yes
- No

100. [Ask if Q96 = "Yes, in the past 36 months" AND Q97 = "Yes"] In the past 12 months, how many times has your spouse been deployed for more than 30 consecutive days?

Times

101. [Ask if Q96 = "Yes, in the past 36 months" AND Q97 = "Yes"] In the past 12 months, did you relocate while your spouse was deployed (e.g., PCS move, move to be closer to family/friends)?

- Yes
- No

102. [Ask if Q96 = "Yes, in the past 36 months" AND Q97 = "Yes" AND Q99 = "Yes"] What is the reason you relocated while your spouse was deployed? Do not provide any personally identifiable information.

103. [Ask if Q96 = "Yes, in the past 36 months" AND Q97 = "Yes"] Is your spouse currently deployed?

- Yes
- No

104. [Ask if Q96 = "Yes, in the past 36 months" AND Q97 = "Yes"] How often did you email, text, or talk with your spouse (via phone, Skype, etc.) during your spouse's most recent deployment?

- Monthly, or less
- Several times a month
- Once a week
- Several times a week
- Almost daily
- Once a day or more
- Never

105. [Ask if Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months"] Was your spouse's most recent deployment to a combat zone (e.g., an area where he/she drew imminent danger pay or hostile fire pay)? Mark one.

- No
- Yes, deployed to Iraq/Afghanistan
- Yes, deployed to a combat zone other than Iraq/Afghanistan

**106.** [Ask if Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months"] **On what month, day, and year did your spouse leave for his/her most recent deployment? You may not know the day; enter 1, 15, or 28 to indicate if it was in the beginning, middle, or end of the month.**

Month  
  
 Day  
  
 Year

**107.** [Ask if Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months"] **During your spouse's most recent deployment, to what extent were each of the following a problem for you? Mark one answer for each item.**

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. My job demands.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. My education demands.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Managing expenses and bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Home/car repairs/ maintenance or yard work.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Safety of my family in our community.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Health problems in the family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Emotional problems in the family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Technical difficulties communicating with my spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Difficulty maintaining emotional connection with spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Marital problems.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Loneliness.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Managing child's school/ education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Managing child care/child schedules.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Being a "single" parent.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Dealing with issues/ decisions alone.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
p. No time for recreation, fitness, or entertainment activities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q. A lack of and/or problems with military offered support for myself/my family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND (Q105 q = "Very large extent" OR Q105 q = "Large extent" OR Q105 q = "Moderate extent" OR Q105 q = "Small extent")] **Please explain what other problems you experienced during your spouse's most recent deployment. Do not provide any personally identifiable information.**

**108.** [Ask if Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months"] **At what point during your spouse's most recent deployment did you (or your family) feel the greatest stress? Mark one.**

- When I first learned of my spouse's deployment
- Upon my spouse's departure
- At the beginning of the deployment
- During the middle of the deployment
- Towards the end of the deployment
- During reunion/reintegration

**109.** [Ask if Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months"] **How would you rate the overall support from the military that your family received during your spouse's most recent deployment?**

- Excellent
- Very good
- Good
- Fair
- Poor

**110.** [Ask if Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months"]  
**During your spouse's most recent deployment cycle, how satisfied were you with the... Mark one answer for each item.**

	Does not apply					
	Very dissatisfied					
	Dissatisfied					
	Neither satisfied nor dissatisfied					
	Satisfied					
	Very satisfied					
a. Pre-deployment support you received?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Support you received during the deployment?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Post-deployment support you received?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**EFFECT OF DEPLOYMENTS ON CHILDREN**

Please respond to the following questions for the child in your household with the age of [Child Number Years].

**111.** [Ask if Q48 = "Yes" AND Q59 < 18 AND Q59 <>, and (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months")]  
**Was the child with the age of [Child Number Years] living at home either part-time or full-time during your spouse's most recent deployment?**

- Yes
- No

Please respond to the following questions for the child in your household with the age of [Child Number Years].

**112.** [Ask if Q48 = "Yes" AND Q59 < 18 AND Q59 <>, and (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND Q109 = "Yes"]  
**Did the child with the age of [Child Number Years] have the following during your spouse's most recent deployment? Mark one answer for each item.**

	Does not apply		
	No		
	Yes		
a. Counseling through a military sponsored source.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Counseling through some other source.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Extracurricular activities (e.g., sports, scouts, music, arts).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Does not apply		
	No		
	Yes		
d. Summer and/or afterschool programs for children.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. E-mail contact with your spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Internet contact with your spouse (e.g., web cameras).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Stable household routine (e.g., regular family meals, continued participation in extracurricular activities).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Interaction with friends/classmates who had a parent deployed.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Geographic stability (e.g., no relocations, changes in schools).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Caregiver and/or teacher support/ understanding.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**113.** [Ask if Q48 = "Yes" AND Q59 < 18 AND Q59 <>, and (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND Q109 = "Yes"]  
**Did your need for child care change as a result of your spouse being deployed? Mark one.**

- Does not apply, I have not used child care
- Increased my need for child care
- Did not change my need for child care
- Decreased my need for child care

**114.** [Ask if Q48 = "Yes" AND Q59 < 18 AND Q59 <>, and (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND Q109 = "Yes"]  
**How well did child with the age of [Child Number Years]... Mark one answer for each item.**

	Very poorly				
	Poorly				
	Neither well nor poorly				
	Well				
	Very well				
a. Cope with your spouse's deployment?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Stay connected to your spouse given deployment separations?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**REUNION AND REINTEGRATION**

**115.** [Ask if Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months"]  
**Has your spouse returned home from a deployment? Mark one.**

- Yes, but my spouse has since redeployed
- Yes, and my spouse has not redeployed
- No

**116.** [Ask if (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND (Q113 = "Yes, but my spouse has since redeployed" OR Q113 = "Yes, and my spouse has not redeployed")] **On what month, day, and year did your spouse most recently return from a deployment? You may not know the day; enter 1, 15, or 28 to indicate if it was in the beginning, middle, or end of the month.**

Month

Day

Year

**117.** [Ask if (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND (Q113 = "Yes, but my spouse has since redeployed" OR Q113 = "Yes, and my spouse has not redeployed")] **When your spouse most recently returned home from a deployment, was he/she returning from a combat zone (e.g., an area where he/she drew imminent danger pay or hostile fire pay)? Mark one.**

- No
- Yes, from Iraq/Afghanistan
- Yes, from a combat zone other than Iraq/Afghanistan

**118.** [Ask if (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND (Q113 = "Yes, but my spouse has since redeployed" OR Q113 = "Yes, and my spouse has not redeployed")] **After your spouse most recently returned home from a deployment, to what extent did your spouse seem to... Mark one answer for each item.**

	Very large extent				
	Large extent				
	Moderate extent				
	Small extent				
	Not at all				
a. Be more emotionally distant (e.g., less talkative, less affectionate, less interested in social life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Show negative personality changes (e.g., more critical, indifferent to family/life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Show positive personality changes (e.g., more attentive, more agreeable)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Appreciate life more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Get angry faster?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Appreciate family and friends more?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Have mental health concerns (e.g., anxiety, being "on guard")?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Drink more alcohol?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Have more confidence?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Take more risks with his/her safety?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Have difficulty adjusting (e.g., to family responsibilities, to civilian life)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Have trouble sleeping?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Have difficulty with day-to-day activities (e.g., driving, eating, hygiene)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Be different in another way?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND (Q113 = "Yes, but my spouse has since redeployed" OR Q113 = "Yes, and my spouse has not redeployed") AND (Q116 n = "Very large extent" or Q116 n = "Large extent" or Q116 n = "Moderate extent" or Q116 n = "Small extent")] **In what other way(s) did your spouse change after returning home from his/her most recent deployment? Do not provide any personally identifiable information.**

**119.** [Ask if (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND (Q113 = "Yes, but my spouse has since redeployed" OR Q113 = "Yes, and my spouse has not redeployed")] **Which of the following describes your spouse's reconnection with your child(ren) after he/she most recently returned home from deployment?**

- Does not apply, we did not have children at the time
- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

**120.** [Ask if (Q96 = "Yes, in the past 36 months" OR Q96 = "Yes, but not in the past 36 months") AND (Q113 = "Yes, but my spouse has since redeployed" OR Q113 = "Yes, and my spouse has not redeployed")] **Which of the following describes your readjustment to having your spouse home after he/she most recently returned from deployment?**

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

**TEMPO**

**121.** How satisfied or dissatisfied are you with the following aspects of your spouse's military job? *Mark one answer for each item.*

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not applicable
a. Number of hours worked while in a deployment status.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Number of hours worked while in a non-deployment status.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Deployment schedule.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Training schedule.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Amount of time your spouse spends at home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Your spouse's ability to balance his/her military job with family life.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**PROGRAMS AND SERVICES**

**122.** In the past 12 months, did you use... *Mark "Yes" or "No" for each item.*

	Yes	No
a. Reunion planning information or classes?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Information and support provided by your spouse's unit?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Information via MilitaryOneSource.mil?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Military-sponsored recreation and entertainment activities?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Military family and support services?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. In-person or virtual counseling?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Military Family Life Counselors (MFLC)?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Telephonic/web-based counseling?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Gym/fitness center?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. In-person services to help with managing money?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Online services to help with managing money?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Military spouse support group?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
m. Services/support from military chaplain/civilian religious leader?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Commissaries and/or exchanges?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Pre-deployment information or briefings?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Other support?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**[Ask if Q120 p = "Yes"] What other support did you use in the past 12 months? Do not provide any personally identifiable information.**

**123. Have you used the following military resources? Mark one answer for each item.**

	No, but I am aware of this resource	No, and I was not aware of this resource	Yes, but not in the past 12 months	Yes, in the past 12 months
a. Family Advocacy Program (FAP).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. New Parent Support Program (NPSP).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Military OneSource to obtain information (e.g., parenting, financial resources, career coaching).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Military OneSource to obtain <u>no cost confidential assistance</u> (e.g., health and wellness coaching, non-medical counseling, financial and tax counseling).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**124. [Ask if Q120 e = "Yes"] On average, how frequently do you contact military and family support services?**

- Monthly, or less
- Several times a month
- Once a week
- Several times a week
- Almost daily
- Once a day or more
- Never

**125. [Ask if Q120 n = "Yes"] On average, how frequently do you visit the commissaries and/or exchange on the base closest to you?**

- Monthly, or less
- Several times a month
- Once a week
- Several times a week
- Almost daily
- Once a day or more
- Never

**126. [Ask if Q120 i = "Yes"] On average, how frequently do you visit the gym/fitness center on the base closest to you?**

- Monthly, or less
- Several times a month
- Once a week
- Several times a week
- Almost daily
- Once a day or more
- Never

### COMMUNICATIONS ABOUT PROGRAMS AND SERVICES

**127. How likely are you to reach out to other military spouses for help or guidance?**

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

**128. [Ask if Q125 = "Unlikely" OR Q125 = "Very unlikely"] Do any of the following make you unlikely to reach out to other military spouses for help or guidance? Mark "Yes" or "No" for each item.**

	Yes	No
a. I don't know any fellow military spouses.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Lack of opportunities to connect with other spouses.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. I don't live near other military spouses.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

129. On average, how frequently do you use or visit the following online sources? *Mark one answer for each item.*

	Monthly, or less	Several times a month	Once a week	Several times a week	Almost daily	Once a day or more	Never
a. Facebook.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Twitter.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Pinterest.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Instagram.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Military base website.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. LinkedIn.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. MySECO.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. My Military OneSource App.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**TRANSITION ASSISTANCE NEEDS**

130. Based on the current plan for your family, how much time remains until your spouse separates or retires from the military? *Mark one.*

- Less than 90 days
- 3 to 11 months
- 12 to 23 months
- Do not expect my spouse to separate or retire from the military in the next 2 years
- Don't know

131. Thinking about yourself, do you anticipate needing any of the following when your spouse transitions to civilian life? *Mark one answer for each item.*

	No, but I am aware of this resource	No, and I was not aware of this resource	Yes
a. Employment assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Relocation assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Personal financial management resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Wounded warrior resources.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Resources to cope with mental/physical changes in spouse.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**FINANCIAL WELL-BEING**

132. Which of the following best describes your (and/or your spouse's) financial condition? *Mark one.*

- Very comfortable and secure
- Able to make ends meet without much difficulty
- Occasionally have some difficulty making ends meet
- Tough to make ends meet but keeping our heads above water
- In over your head

133. Compared to 12 months ago, is your financial situation better, worse, or has it stayed the same?

- Much better
- Somewhat better
- Stayed the same
- Somewhat worse
- Much worse

134. [Ask if Q131 = "Much better" OR Q131 = "Somewhat better"] Which of the following are reasons why your financial situation is better than it was 12 months ago? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Change related to your employment (e.g., new job, promotion).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Change related to your spouse's employment (e.g., new job, promotion).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Change in your family situation (e.g., got married or divorced, fewer children living at home).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Reduction in debt (e.g., paid off credit card debt, student loan debt, other loans).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Better financial management (e.g., increased savings, followed budget).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Impact of Covid-19.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

135. [Ask if Q131 = "Much worse" OR Q131 = "Somewhat worse"] Which of the following are reasons why your financial situation is worse than it was 12 months ago? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Change related to your employment (e.g., lost job, between jobs, could not find job).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Change related to your spouse's employment (e.g., lost job, between jobs, could not find job).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
c. Change in your family situation (e.g., got married or divorced, had a baby, provided financial support for family).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Increased debt (e.g., unplanned expenses, student loan deferment ended).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Financial management problems (e.g., used savings, no budget).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Impact of Covid-19.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

136. In the **past 12 months**, did any of the following happen to you (and/or your spouse)? **Mark "Yes" or "No" for each item.**

	Yes	No
a. Bounced two or more checks.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Failed to make a monthly/minimum payment on your credit card, including the Military Star Card.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Failed to make a rent or mortgage payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Had one or more debts referred to a collection agency.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Had telephone, cable, or Internet shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Had water, heat, or electricity shut off.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Failed to make a car payment.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Had a car repossessed.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Filed for personal bankruptcy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Had to pay overdraft fees to your bank or credit union two or more times.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Borrowed money from family and/or friends to pay bills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Took money out of a retirement fund or investment to pay living expenses.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Had personal relationship problems with your partner due to finances.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Had your (or your spouse's) security clearance affected due to your financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Used a local food pantry.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Had one or more debts referred to a collection agency.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q. Spouse had adverse personnel action due to financial condition.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r. Provided unplanned financial support to a family member who did <u>not</u> live with you.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

137. Which of the following statements comes **closest** to describing the saving or investment habits of you (and your spouse)? **Mark one.**

- Don't save or invest—usually spend more than income
- Don't save or invest—usually spend about as much as income
- Save or invest whatever is left over at the end of the month—no regular plan
- Save or invest regularly by putting money aside each month

138. Please indicate whether the following are financial goals for you (and your spouse). **If a goal does not apply to you, please select "No, this is not a goal for me/us."** **Mark one answer for each item.**

	I/we met this goal				
	No, this is not a goal for me/us				
	No, this goal is unrealistic for me/us				
	Yes, this is a goal I/we plan to pursue				
	Yes, this is a goal I am/we are currently working on				
a. Saving for retirement.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Saving for my education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Saving for child(ren)'s education.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Saving for a vacation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Saving for safety net/emergency fund.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Paying off education-related loans (e.g., federal or private student loans).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Being free of credit card debt (e.g., no carryover from month to month).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Being free of debt, except for mortgage.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying a home.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Purchasing furniture/appliances.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Buying a vehicle.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

139. How much do you (and your spouse) have in an emergency savings fund, in terms of your **average monthly expenses**? **Mark one.**

- Less than 1 month
- Between 1 and 3 months
- Between 3 and 6 months
- More than 6 months
- Don't have an emergency savings fund

**140. What are your total household gross (before-tax) earnings in an average MONTH? Include all income for you and/or your spouse.**

You can enter an amount here:

\$  .00

Or, if you prefer, you can enter a range here. Our average MONTHLY household earnings are...

at least:  .00 but no more than:  .00

**141. What are your total gross (before-tax) earnings in an average MONTH? EXCLUDE your spouse's earnings.**

You can enter an amount here:

\$  .00

Or, if you prefer, you can enter a range here. Your average MONTHLY earnings are...

at least:  .00 but no more than:  .00

**142. During the past 12 months, did you (or your spouse) receive any income or financial support from the following sources which allowed you to meet your routine expenses? Mark "Yes" or "No" for each item.**

	Yes	No
a. A second job.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Alimony and/or child support.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Supplemental Security Income or worker's compensation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Unemployment compensation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. State-funded child care assistance.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Women, Infants, and Children (WIC).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Temporary Assistance for Needy Families (TANF).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Family Supplemental Subsistence Allowance (FSSA).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Military emergency relief societies (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society, or Coast Guard Mutual Assistance).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Family or friends.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Food banks or charitable organizations.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Military-funded fee assistance for civilian child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Government stimulus check.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**143. Which of the following options best describes how you routinely pay credit card debt?**

- Pay credit card balance in full each month
- Pay more than minimum payment but not full balance
- Pay only minimum payment
- I do not use credit cards

**SERVICE MEMBER SUPPORT**

**144. How likely are you to use one of these support services if you needed to help your Service member?**

	Very likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely	Not applicable, I have never heard of this service
a. Military OneSource.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military and Family Counseling (MFLC) Program.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Military and Family Support Center.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Military Crisis Line.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Veterans Crisis Line.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. National Suicide Prevention Lifeline.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**COVID-19**

**145. During the coronavirus pandemic, the military and family support services I used met my needs.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable, did not use services

[Ask if Q145 = "Strongly disagree" OR "Disagree"] Please specify why, during the coronavirus pandemic, the military and family support services you used did not needs.

146. Have you, or has anyone in your household experienced a loss of employment income since March 1, 2020 2020 (the start of the COVID-19 pandemic)? *Mark one.*

- Yes
- No

147. Working from home is sometimes referred to as telework. Did any adults in this household substitute some or all of their typical in-person work for telework because of the coronavirus pandemic, including yourself? *Mark one.*

- Yes, at least one adult substituted some or all of their typical in-person work for telework
- No, no adults substituted their typical in-person work for telework
- No, there has been no change in telework

148. Would you say any of the following have impacted your employment status in the past year (12 months)? *Mark all that apply.*

- I did not want to be employed at this time
- I am/was sick with coronavirus symptoms
- I am/was caring for someone with coronavirus symptoms
- I am//was caring for children not in school or daycare
- I am/was caring for an elderly person
- I was concerned about getting or spreading the coronavirus
- I am/was sick (not coronavirus related) or disabled
- I retired
- My employer experienced a reduction in business (including furlough) due to coronavirus pandemic
- I was laid off due to coronavirus pandemic
- My employer closed temporarily due to the coronavirus pandemic
- My employer went out of business due to the coronavirus pandemic

149. [Ask if Q50 = "Yes"] How has the coronavirus pandemic affected how the children in your household received education for the 2020-2021 school year? *Mark all that apply.*

- Not applicable
- Classes normally taught in person at the school were canceled
- Classes normally taught in person moved to a distance-learning format using online resources, either self-paced or in real time
- Classes normally taught in person moved to a distance-learning format using paper materials sent home to children
- Classes normally taught in person changed in some other way
- The coronavirus pandemic did not affect how children in this household receive education

[Ask if Q149 e = "Classes normally taught in person changed in some other way"] Please specify how classes normally taught in person changed in some other way

150. [Ask if Qhas children = "YES] How often is a computer or other digital device available to children for educational purposes? *Mark one.*

- Always available
- Usually available
- Sometimes available
- Rarely available
- Never available

151. [Ask if Qhas children = "YES] How often is the Internet available to children for educational purposes? *Mark one.*

- Always available
- Usually available
- Sometimes available
- Rarely available
- Never available

**152. [Ask if Qhas children = "YES] About how much time did your child/children typically spend on all learning activities relative to a school day before the coronavirus pandemic? Mark one.**

- Much less than a school day before the coronavirus pandemic
- A little bit less than a school day before the coronavirus pandemic
- As much as a school day before the coronavirus pandemic
- A little bit more than a school day before the coronavirus pandemic
- Much more than a school day before the coronavirus pandemic

**153. Did you change plans to take classes this past year due to... Mark all that apply.**

- Having coronavirus or concerns about getting coronavirus
- Caring for someone with coronavirus
- Caring for others whose care arrangements are disrupted (e.g., loss of day care or adult care programs)
- Institution changed content or format of classes (e.g., from in-person to online)
- Changes to financial aid
- Changes to campus life
- Uncertainty about how classes/program might change
- Not able to pay for classes/educational expenses because of changes to income from the pandemic
- Some other reason related to the pandemic

**[Ask if Q153 = "Some other reason related to the pandemic"] Please specify other reason(s) you changed plans to take classes this year.**

For the next two questions, please think of a ladder representing where people stand in the United States. At the top of the ladder are the people who are the best off—those who have the most money, the most education, and the most respected jobs. At the bottom are the people who are the worst off- who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top. The lower you are, the closer you are to the people at the very bottom.

**154. Considering where you were before March 1, 2020 (the start of the COVID-19 pandemic), where would you have placed yourself of this ladder from 1–10? 10 is the top and 1 is the bottom.**

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- Don't know

**155. Considering any changes that have taken place since March 1, 2020 (the start of the COVID-19 pandemic), where would you place yourself now? Mark one.**

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- Don't know

**TAKING THE SURVEY**

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**309. Thank you for participating in the survey.**

There are no more questions on this survey. If you have comments or concerns that you were not able to express in answering this survey, please enter them in the space provided. Your comments will be viewed and considered as policy deliberations take place. Any comments you make on this questionnaire will be kept confidential. Do not include any personally identifiable information (PII) in your comments. However, if OPA or its data collection contractor perceives comments as a direct threat to yourself or others, out of concern for your welfare, OPA may contact an office in your area for appropriate action. Your feedback is useful and appreciated.

**310. Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer(s). To submit your answers click *Submit*. For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail [EMAIL]@mail.mil.**

**311. Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer(s). If you have any additional comments or concerns, please enter them below. [Comment Box] To submit your answers click *Submit*. For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail [EMAIL]@mail.mil.**

**ITEM SOURCE INFORMATION**

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116b. ADSS1901 106b  
116c. ADSS1901 106c  
117. ADSS1901 107  
118a. ADSS1901 108a  
118b. ADSS1901 108b  
118c. ADSS1901 108c  
118d. ADSS1901 108d  
118e. ADSS1901 108e  
118f. ADSS1901 108f

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118g. ADSS1901 108g  
118h. ADSS1901 108h  
118i. ADSS1901 108i  
118j. ADSS1901 108j  
118k. ADSS1901 108k  
118l. ADSS1901 108l  
118m. ADSS1901 108m  
118n. ADSS1901 108n  
118spo. ADSS1901 108spo  
119. ADSS1901 109  
119. ADSS1901 109  
120. ADSS1901 110  
121a. ADSS1901 111a  
121b. ADSS1901 111b  
121c. ADSS1901 111c  
121d. ADSS1901 111d  
121e. ADSS1901 111e  
121f. ADSS1901 111f  
122a. ADSS1901 112a  
122b. ADSS1901 112b  
122c. ADSS1901 112c  
122d. ADSS1901 112d  
122e. ADSS1901 112e  
122f. ADSS1901 112f  
122g. ADSS1901 112g  
122h. ADSS1901 112h  
122i. ADSS1901 112i  
122j. ADSS1901 112j  
122k. ADSS1901 112k  
122l. ADSS1901 112l  
122m. ADSS1901 112m  
122n. ADSS1901 112n  
122o. ADSS1901 112o  
122p. ADSS1901 112p  
122\*\*1. ADSS1901 112\*\*1  
122\*\*2. ADSS1901 112\*\*2  
122spo. ADSS1901 112spo  
123a. ADSS1901 113a  
123b. ADSS1901 113b  
123c. ADSS1901 113c  
123d. ADSS1901 113d  
124. ADSS1901 114  
125. ADSS1901 115  
126. ADSS1901 116  
127. ADSS1901 118  
128. ADSS1901 119

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128a. ADSS1901 119a  
128b. ADSS1901 119b  
128c. ADSS1901 119c  
129a. ADSS1901 120a  
129b. ADSS1901 120b  
129c. ADSS1901 120c  
129d. ADSS1901 120d  
129e. ADSS1901 120e  
130. ADSS1901 121  
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131b. ADSS1901 122b  
131c. ADSS1901 122c  
131d. ADSS1901 122d  
131e. ADSS1901 122e  
132. ADSS1901 123  
133. ADSS1901 124  
134. ADSS1901 125  
134a. ADSS1901 125a  
134b. ADSS1901 125b  
134c. ADSS1901 125c  
134d. ADSS1901 125f  
134e. ADSS1901 125g  
134f. ADSS1901 125h  
135. ADSS1901 126  
135a. ADSS1901 126a  
135b. ADSS1901 126b  
135c. ADSS1901 126c  
135d. ADSS1901 126f  
135e. ADSS1901 126g  
135f. ADSS1901 126h  
136a. ADSS1901 127a  
136b. ADSS1901 127b  
136c. ADSS1901 127c  
136d. ADSS1901 127d  
136e. ADSS1901 127e  
136f. ADSS1901 127f  
136g. ADSS1901 127h  
136h. ADSS1901 127i  
136i. ADSS1901 127j  
136j. ADSS1901 127k  
136k. ADSS1901 127l  
136l. ADSS1901 127m  
136m. ADSS1901 127n  
136n. ADSS1901 127o  
136o. ADSS1901 127p  
136\*\*1. ADSS1901 127\*\*1

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136\*\*2. ADSS1901 127\*\*2  
136\*\*3. ADSS1901 127\*\*3  
137. ADSS1901 128  
138a. ADSS1901 129a  
138b. ADSS1901 129b  
138c. ADSS1901 129c  
138d. ADSS1901 129d  
138e. ADSS1901 129e  
138f. ADSS1901 129f  
138g. ADSS1901 129g  
138h. ADSS1901 129h  
138i. ADSS1901 129i  
138j. ADSS1901 129j  
138k. ADSS1901 129k  
139. ADSS1901 130  
140. ADSS1901 131  
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140b. ADSS1901 131b  
140c. ADSS1901 131c  
141. ADSS1901 132  
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141b. ADSS1901 132b  
141c. ADSS1901 132c  
142. ADSS1901 133  
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142b. ADSS1901 133b  
142c. ADSS1901 133c  
142d. ADSS1901 133d  
142e. ADSS1901 133e  
142f. ADSS1901 133f  
142g. ADSS1901 133g  
142h. ADSS1901 133h  
142i. ADSS1901 133i  
142j. ADSS1901 133j  
142k. ADSS1901 133k  
142l. ADSS1901 133l  
142o. ADSS1901 133m  
142\*\*2. ADSS1901 133\*\*2  
144a. ADSS1901 134a  
144b. ADSS1901 134b  
144d. ADSS1901 134c  
144e. ADSS1901 134d  
144f. ADSS1901 134e  
309. ADSS1901 300  
310. ADSS1901 301  
311. ADSS1901 302

