

Survey Instrument

August 2005 Status of Forces Survey of Active-Duty Members

[Security Protection Advisory](#)

[RCS#DD-P&R\(ARY\)145](#)
[Exp. 05/31/08](#)

Welcome!

Thank you for your participation. You have been selected to take a survey on your attitudes and perceptions of personnel policies. When you click the Continue button below, you will be asked to:

- Read the Privacy Act Statement.
- Answer some questions giving us your attitudes and opinions about military life.

Thank you, again, for your time and participation.

[Frequently Asked Questions / How to Contact Us](#)

PRIVACY ACT STATEMENT FOR STATUS OF FORCES SURVEYS

In accordance with the Privacy Act, this notice informs you of the purpose of the Status of Forces Surveys and how the findings of these surveys will be used. Please read it carefully.

AUTHORITY: 10 United States Code, Sections 136, 1782, and 2358.

PRINCIPAL PURPOSE: Information collected in this survey will be used to report attitudes and perceptions about personnel programs and policies. This information will assist in the formulation of policies which may be needed to improve the working environment. Reports will be provided to the Office of the Secretary of Defense, each Military Department, and the Joint Chiefs of Staff. Findings will be used in reports and testimony provided to Congress. Some findings may be published by the Defense Manpower Data Center (DMDC) or in professional journals, or presented at conferences, symposia, and scientific meetings. In no case will the data be reported or used for identifiable individuals.

ROUTINE USES: None.

DISCLOSURE: Providing information on this survey is voluntary. There is no penalty if you choose not to respond. However, maximum participation is encouraged so that the data will be complete and representative. Your survey responses will be treated as confidential. Identifying information will be used only by persons engaged in, and for purposes of, the survey research.

SECURITY PROTECTION ADVISORY

WEB SITE PRIVACY: The Department of Defense and Data Recognition Corporation will collect no personal information about you when you visit this Web site unless you choose to provide it yourself. If you supply us with personal information, it will be treated as confidential.

In addition, our system does not enable "cookies," which are files placed on your computer's hard drive in order to monitor your use of the site or the Web. For more information about your privacy rights, please read the Privacy Act Notice at the start of the survey.

This Web site does gather and store certain data from your visit. This non-personal information makes the site helpful to you by recognizing the types of technology you use. The data collected appear below:

1. Your Internet host or domain (for example, "youragency.mil" if you connect from a military domain; "yourschool.edu" if you connect from a university's domain; or "yourcompany.com" if you use a private Internet access account). Other examples of domains are compuserve.com and aol.com.
2. Your Internet Protocol (IP) address (for example, www.compuserve.com, www.aol.com, 122.3.55.34). Depending on your Internet service provider, IP addresses may identify your computer; in other cases, they identify no more than your Internet service provider (such as AOL or Earthlink). This is stored for troubleshooting technical problems.
3. The type and version of the browser and operating system you use to access our site.
4. The date and time you access this site.
5. The pages you visit.

None of this information will be revealed publicly or used to identify you.

ABOUT THIS QUESTIONNAIRE

What is the Status of Forces Survey (SOFS) Program?

- SOFS is a Department of Defense (DoD) personnel survey program that features short, Web-based surveys sponsored by the Under Secretary of Defense for Personnel and Readiness.
- These surveys enable the DoD on a regular basis to quickly and accurately gauge the attitudes and opinions of the entire DoD community – active duty or Reserve component members and spouses, and DoD civilian employees – on the full range of personnel issues.

Why should I participate?

- This is your chance to be heard on issues that directly affect you.
- Some examples of topics include: quality of life, retention, retirement, and satisfaction.
- Your answers on a survey make a difference. For example, results from previous surveys have played an important role in deliberations on pay rate adjustments, cost of living and housing allowances, and morale and retention programs.

How do I participate?

- To participate, you are asked to (1) read the Privacy Act Statement if you choose, (2) verify contact information, and (3) provide us e-mail address(es) so we can notify you when the survey is ready. We would appreciate your doing this step now. To participate now, click the Continue Now button.

How did you pick me?

- We use well-established, scientific procedures to select a sample that represents the Defense community.
- This sampling procedure sets up clusters of people based on combinations of demographic characteristics (e.g., Service, rank, etc.).
- You were selected at random from one of these clusters of people.

Why am I being asked to use the Web?

- Web administration enables us to get survey results to senior Defense leaders faster.

Why are you using a .net instead of a .mil domain to field your survey?

- When the SOFS program was established, a .net domain was chosen for two reasons.
 1. The SOFS operations contractor, Data Recognition Corp., consolidates both Web and paper survey data for DoD and it is more efficient for the Government to collect it at their single site.
 2. This makes it as easy as possible for everyone to access the survey, even from a non-government computer.

Do I have to take the survey in one sitting?

- No, it is not necessary to complete the survey in one sitting. Just click the "Save and Return Later" button and the work you completed will be saved.
- When you return to the survey, merely enter your Ticket Number again. Entering your Ticket Number will bring you to the place in the survey where you had stopped.

Why does the survey ask personal questions?

- The Defense Manpower Data Center (DMDC) traditionally reports not only overall results, but also results by race/ethnicity, paygrade, etc.
- To complete these analyses, we must ask respondents for this type of demographic information.
- Analyzing results in this way provides Defense leaders information about the attitudes and concerns of all subgroups of personnel (e.g., enlisted/officer, males/females) so that no groups are overlooked.
- Sensitive questions are sometimes also asked about topics like personal finances. Such information will be used to improve personnel policies, programs, and practices. As with all questions on the surveys, your responses will be held in confidence.

Will my answers be kept private?

- Your privacy will be safeguarded in accordance with the Privacy Act of 1974 (Public Law 93-579).
- Only group statistics will be reported. Individual data will not be reported.

Will I ever see the results of the survey?

- This survey's briefings and reports will be posted on the following Website:
<http://www.dmdc.osd.mil/surveys/>
- When you complete a survey, you can request to be notified by e-mail when results are posted on the Web.

What is DMDC?

- DMDC maintains the largest archive of personnel, manpower, training, and financial data in DoD. It also conducts Joint-Service surveys and operates the Status of Forces Survey Program for the DoD. To learn more, visit the DMDC web site:
<http://www.dmdc.osd.mil/>

How do I know this is an official, approved DoD survey?

- In accordance with DoD Directive 8910.1, all data collection in the Department must be licensed and show that license as a Report Control Symbol (RCS) with an expiration date. The RCS for the SOFS is DD-P&R(AR)2145, expiring 05/23/05.

What is ADSurvey@osd.pentagon.mil?

- The official e-mail address for communicating with active duty members about Status of Forces Surveys. The name is short for Active-Duty Survey.

How to Contact Us

- If you have questions or concerns about this survey, you have three ways to contact the Survey Operations Center:
Call 1-800-881-5307
Or
E-mail us using the following link: ADSurvey@osd.pentagon.mil
Or
Send us a fax at 1-763-268-3011

BACKGROUND INFORMATION

1. In what Service were you on active duty on July 25, 2005?

- Army
 Navy
 Marine Corps
 Air Force
 None, you were separated or retired

2. Are you...?

- Male
 Female

3. What is your current paygrade? Mark one.

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> E-1 | <input checked="" type="checkbox"/> E-6 | <input checked="" type="checkbox"/> W-1 | <input checked="" type="checkbox"/> O-1/O-1E |
| <input checked="" type="checkbox"/> E-2 | <input checked="" type="checkbox"/> E-7 | <input checked="" type="checkbox"/> W-2 | <input checked="" type="checkbox"/> O-2/O-2E |
| <input checked="" type="checkbox"/> E-3 | <input checked="" type="checkbox"/> E-8 | <input checked="" type="checkbox"/> W-3 | <input checked="" type="checkbox"/> O-3/O-3E |
| <input checked="" type="checkbox"/> E-4 | <input checked="" type="checkbox"/> E-9 | <input checked="" type="checkbox"/> W-4 | <input checked="" type="checkbox"/> O-4 |
| <input checked="" type="checkbox"/> E-5 | | <input checked="" type="checkbox"/> W-5 | <input checked="" type="checkbox"/> O-5 |
| | | | <input checked="" type="checkbox"/> O-6 or above |

4. What is your marital status?

- Married
 Separated
 Divorced
 Widowed
 Never married

5. [Ask if Q4 = "Divorced" OR Q4 = "Widowed" OR Q4 = "Never married"] How many years have you been in a relationship with your current significant other (that is, girlfriend or boyfriend)?

- Does not apply; I do not have a girlfriend/boyfriend
 Less than 1 year
 1 year to less than 6 years
 6 years to less than 10 years
 10 years or more

In the following section, you will be asked question(s) about your spouse's employment status in enough detail to ensure comparability with national employment surveys.

6. [Ask if Q4 = "Married" OR Q4 = "Separated"] Is your spouse currently serving on active duty (not a member of the National Guard or Reserve)?

- Yes
 No

7. [Ask if (Q4 = "Married" OR Q4 = "Separated") AND Q6 = "No"] Is your spouse currently serving as a member of the National Guard or Reserve in a full-time active duty program (AGR, TAR, AR)?

- Yes
 No

8. [Ask if (Q4 = "Married" OR Q4 = "Separated") AND Q6 = "No" AND Q7 = "No"] Is your spouse currently serving as a member of another type of National Guard or Reserve unit (e.g., drilling unit, IMA, IRR, military technician)?

- Yes
 No

9. [Ask if (Q4 = "Married" OR Q4 = "Separated") AND Q6 = "No" AND Q7 = "No"] Last week, did your spouse do any work for pay or profit? Mark "Yes" even if your spouse worked only one hour, or helped without pay in a family business or farm for 15 hours or more.

- Yes
 No

10. [Ask if (Q4 = "Married" OR Q4 = "Separated") AND Q6 = "No" AND Q7 = "No" AND Q9 = "No"] Last week, was your spouse temporarily absent from a job or business?

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

11. [Ask if (Q4 = "Married" OR Q4 = "Separated") AND Q6 = "No" AND Q7 = "No" AND Q9 = "No" AND Q10 = "No"] Has your spouse been looking for work during the last 4 weeks?

- Yes
 No

12. [Ask if (Q4 = "Married" OR Q4 = "Separated") AND Q6 = "No" AND Q7 = "No" AND Q9 = "No" AND Q10 = "No" AND Q11 = "Yes"] **Last week, could your spouse have started a job if offered one, or returned to work if recalled?**
- Yes, could have gone to work
 - No, because of his/her temporary illness
 - No, because of other reasons (in school, etc.)

13. **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---traditional diploma
 - High school graduate---alternative diploma (home school, GED, etc.)
 - Some college credit, but less than 1 year
 - 1 or more years of college, no degree
 - Associate's degree (e.g., AA, AS)
 - Bachelor's degree (e.g., BA, AB, BS)
 - Master's, doctoral, or professional school degree (e.g., MA, MS, MEng, MBA, MSW, PhD, MD, JD, DVM)

For the next questions, the definition of "child, children, or other legal dependents" includes anyone in your family, except your spouse, who has or is eligible to have a Uniformed Services identification card (military ID card) or is eligible for military health care benefits, and is enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

14. **Do you have a child, children, or other legal dependents based on the definition above?**
- Yes
 - No
15. [Ask if Q14 = "Yes"] **How many children or other legal dependents do you have in each age group? Mark one answer in each row. To indicate none, select "0". To indicate nine or more, select "9".**

	0	1	2	3	4	5	6	7	8	9
a. 4 years and younger.....	<input checked="" type="radio"/>	<input type="radio"/>								
b. 5-12 years old.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 13-17 years old.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 18-22 years old.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 23 years and older.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. **Are you Spanish/Hispanic/Latino?**
- No, not Spanish/Hispanic/Latino
 - Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino
17. **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, Vietnamese)
 - Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian or Chamorro)

18. **Where is your permanent duty station (homeport) located?**
- In one of the 50 states, DC, Puerto Rico, a U.S. territory or possession
 - Europe (e.g., Bosnia-Herzegovina, Germany, Italy, Serbia, United Kingdom)
 - Former Soviet Union (e.g., Russia, Tajikistan, Uzbekistan)
 - East Asia and Pacific (e.g., Australia, Japan, Korea)
 - North Africa, Near East or South Asia (e.g., Bahrain, Diego Garcia, Kuwait, Saudi Arabia)
 - Sub-Saharan Africa (e.g., Kenya, South Africa)
 - Western Hemisphere (e.g., Cuba, Honduras, Peru)
 - Other or not sure

[Ask if Q18 = "In one of the 50 states, DC, Puerto Rico, a U.S. territory or possession"] **Please select from the list below your permanent duty station location within one of the 50 states, DC, Puerto Rico, a U.S. territory or possession.**

[Ask if Q18 = "Other or not sure"] **Please enter the name of the country or installation.**

19. Where do you live at your permanent duty station?

- Aboard ship
- Barracks/dorm/BEQ/UEPH/BOQ/UOPH military facility
- Military family housing, on base
- Military family housing, off base
- Privatized military housing that you rent on base
- Privatized military housing that you rent off base
- Civilian housing that you own or pay mortgage on
- Civilian housing that you rent
- Other

[Ask if Q19 = "Other"] Please specify where you live at your permanent duty station.

SATISFACTION

20. Taking all things into consideration, how satisfied are you, in general, with each of the following aspects of being in the military?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. Your total compensation (i.e., base pay, allowances, and bonuses)	<input checked="" type="checkbox"/>				
b. The type of work you do in your military job.....	<input checked="" type="checkbox"/>				
c. Your opportunities for promotion.....	<input checked="" type="checkbox"/>				
d. The quality of your coworkers	<input checked="" type="checkbox"/>				
e. The quality of your supervisor	<input checked="" type="checkbox"/>				

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

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

RETENTION

22. How many years of active-duty service have you completed (including enlisted, warrant officer, and commissioned officer time)? To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35".

 Years

23. Suppose that you have to decide whether to stay on active duty. Assuming you could stay, how likely is it that you would choose to do so?

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

24. [Ask if (Q4 = "Married" OR Q4 = "Separated") OR ((Q4 = "Divorced" OR Q4 = "Widowed" OR Q4 = "Never married") AND (Q5 = "Less than 1 year" OR Q5 = "1 year to less than 6 years" OR Q5 = "6 years to less than 10 years" OR Q5 = "10 years or more"))] Does your spouse or significant other think you should stay on or leave active duty?

- Strongly favors staying
- Somewhat favors staying
- Has no opinion one way or the other
- Somewhat favors leaving
- Strongly favors leaving

25. Does your family think you should stay on or leave active duty?

- Strongly favors staying
- Somewhat favors staying
- Has no opinion one way or the other
- Somewhat favors leaving
- Strongly favors leaving

TEMPO

26. Have you ever PCSed?

- Yes
- No

27. [Ask if Q26 = "Yes"] How many months has it been since your last PCS? To indicate less than 1 month, enter "0". To indicate more than 99 months, enter "99".

 Months

28. In the past 12 months, how many days have you had to work longer than your normal duty day (i.e., overtime)? To indicate none, enter "0".

 Days

29. In the past 12 months, how many nights have you been away from your permanent duty station because of your military duties? To indicate none, enter "0".

 Nights

30. [Ask if Q29 > 0] Are you currently on a deployment of 30 days or more?

- Yes
- No

31. [Ask if Q30 = "Yes"] Where are you currently deployed?

- In one of the 50 states, DC, Puerto Rico, a U.S. territory or possession
- Afghanistan
- Iraq
- Other North Africa, Near East or South Asia country (e.g., Bahrain, Diego Garcia, Kuwait, Saudi Arabia)
- Europe (e.g., Bosnia-Herzegovina, Germany, Italy, Serbia, United Kingdom)
- Former Soviet Union (e.g., Russia, Tajikistan, Uzbekistan)
- East Asia and Pacific (e.g., Australia, Japan, Korea)
- Sub-Saharan Africa (e.g., Kenya, Liberia, South Africa)
- Western Hemisphere (e.g., Cuba, Honduras, Peru)
- Other or not sure

[Ask if Q31 = "In one of the 50 states, DC, Puerto Rico, a U.S. territory or possession"] Please select from the list below your deployment location within one of the 50 states, DC, Puerto Rico, and a U.S. territory or possession.

[Ask if Q31 = "Other or not sure"] Please enter the name of the country or installation.

32. In the past 12 months, have you spent more or less time away from your permanent duty station than you expected when you first entered the military?

- Much more than expected
- More than expected
- Neither more nor less than expected
- Less than expected
- Much less than expected

33. What impact has time away (or lack thereof) from your permanent duty station in the past 12 months had on your military career intentions?

- Greatly increased your desire to stay
- Increased your desire to stay
- Neither increased nor decreased your desire to stay
- Decreased your desire to stay
- Greatly decreased your desire to stay

READINESS

34. Overall, how well prepared are you to perform your wartime job?

- Very well prepared
- Well prepared
- Neither well nor poorly prepared
- Poorly prepared
- Very poorly prepared

35. Overall, how well prepared is your unit to perform its wartime mission?

- Very well prepared
- Well prepared
- Neither well nor poorly prepared
- Poorly prepared
- Very poorly prepared

36. How well has your training prepared you to perform your wartime job?

- Very well
- Well
- Neither well nor poorly
- Poorly
- Very poorly

[Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0"] Since September 11, 2001, how many times have you been deployed?

Times

41. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0"] Since September 11, 2001, were you deployed to any of the following locations? Mark "Yes" or "No" for each item.

	Yes	No
a. In one of the 50 states, DC, Puerto Rico, a U.S. territory or possession	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Afghanistan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Iraq	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Other North Africa, Near East or South Asia country (e.g., Bahrain, Diego Garcia, Kuwait, Saudi Arabia)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Europe (e.g., Bosnia-Herzegovina, Germany, Italy, Serbia, United Kingdom)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Former Soviet Union (e.g., Russia, Tajikistan, Uzbekistan)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. East Asia and Pacific (e.g., Australia, Japan, Korea)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sub-Saharan Africa (e.g., Kenya, Liberia, South Africa)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Western Hemisphere (e.g., Cuba, Honduras, Peru)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q41 a = "Yes"] Please select from the list below your most recent deployment location within one of the 50 states, DC, Puerto Rico, a U.S. territory, or possession.

[Ask if Q41 j = "Yes"] Please enter the name of the other country or installation to which you were most recently deployed since September 11, 2001.

42. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0"] Since September 11, 2001, what is the total number of days you have been away from your permanent duty station?

Days

STRESS

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

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

38. 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

DEPLOYMENTS SINCE SEPTEMBER 11, 2001

39. Since September 11, 2001, how many times have you been deployed for any of the following operations? Mark one answer in each row. To indicate none, select "0". To indicate 3 or more, select "3".

	0 times	1 time	2 times	3 times
a. Operation Noble Eagle.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Operation Enduring Freedom	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Operation Iraqi Freedom.....	<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"/>

43. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0"] Have you been deployed to a combat zone or an area where you drew imminent danger or hostile fire pay since September 11, 2001?

Yes

No

44. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0" AND Q43 = "Yes"] How many days have you been deployed to a combat zone since September 11, 2001?

Days

45. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0" AND Q43 = "Yes"] For your most recent deployment, how many months have you been deployed to an area where you drew imminent danger or hostile fire pay? Include partial months. For example, even if you were deployed to a combat zone for 2 days, but those days were in different months, enter "2".

Months

46. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0"] Were you involved in combat operations?

Yes

No

47. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0" AND Q43 = "Yes"] Are you still deployed to a combat zone or an area where you are drawing imminent danger or hostile fire pay?

Yes

No

48. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0"] Were any of your deployments since September 11, 2001 longer than you expected?

Yes

No

49. Since September 11, 2001, have you been under stop-loss at anytime?

Yes

No

COMMITMENT

50. How much do you agree or disagree with each of the following statements?

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. I enjoy serving in the military.....	<input checked="" type="checkbox"/>				
b. Serving in the military is consistent with my personal goals.....	<input checked="" type="checkbox"/>				
c. If I left the military, I would feel like I'm starting all over again.....	<input checked="" type="checkbox"/>				
d. I would feel guilty if I left the military.....	<input checked="" type="checkbox"/>				
e. Generally, on a day-to-day basis, I am happy with my life in the military.....	<input checked="" type="checkbox"/>				
f. It would be difficult for me to leave the military and give up the benefits that are available in the Service.....	<input checked="" type="checkbox"/>				
g. I would not leave the military right now because I have a sense of obligation to the people in it.....	<input checked="" type="checkbox"/>				
h. I really feel as if the military's values are my own.....	<input checked="" type="checkbox"/>				
i. I would have difficulty finding a job if I left the military.....	<input checked="" type="checkbox"/>				
j. Generally, on a day-to-day basis, I am proud to be in the military.....	<input checked="" type="checkbox"/>				
k. If I left the military, I would feel like I had let my country down.....	<input checked="" type="checkbox"/>				
l. I continue to serve in the military because leaving would require considerable sacrifice.....	<input checked="" type="checkbox"/>				
m. I feel like being a member of the military can help me achieve what I want in life.....	<input checked="" type="checkbox"/>				
n. One of the problems with leaving the military would be the lack of available alternatives.....	<input checked="" type="checkbox"/>				
o. I am committed to making the military my career.....	<input checked="" type="checkbox"/>				

HOUSING

51. How satisfied are you with the following characteristics of your current residence and community at your permanent duty station?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not applicable
a. Cost of residence	<input checked="" type="checkbox"/>					
b. Quality and condition of residence	<input checked="" type="checkbox"/>					
c. Amount of livable space in residence	<input checked="" type="checkbox"/>					
d. Privacy	<input checked="" type="checkbox"/>					
e. Quality of the neighborhood	<input checked="" type="checkbox"/>					
f. Safety of the area	<input checked="" type="checkbox"/>					
g. Availability of spouse employment	<input checked="" type="checkbox"/>					
h. Traffic congestion	<input checked="" type="checkbox"/>					
i. Quality of schools attended by your children	<input checked="" type="checkbox"/>					
j. Distance to airports	<input checked="" type="checkbox"/>					
k. Distance to health care	<input checked="" type="checkbox"/>					
l. Distance to work	<input checked="" type="checkbox"/>					
m. Your housing, in general	<input checked="" type="checkbox"/>					

52. Did you have a choice in where to live at your current permanent duty station?

- Yes
- No

53. [Ask if Q52 = "Yes"] How would you rate your choice of housing?

- Excellent
- Very good
- Good
- Fair
- Poor

54. What type of housing are you currently occupying?

- Single family home
- Duplex
- Townhouse
- Apartment
- Barracks/dorm/aboard ship
- Other

55. How many bedrooms does this housing unit contain?

- None -- efficiency or studio
- One
- Two
- Three
- Four or more

56. How many bathrooms does this housing unit contain?

- None -- bathroom is shared with another unit
- One
- One and a half
- Two
- Two and a half
- More than two and a half

57. What is your monthly rent or mortgage payment? If you live in military-provided housing and you do not pay rent, enter "0".

Dollars

58. What is your typical monthly expenditure on the following? *If utilities are included in your rent or you have other living arrangements where you do not pay utilities, enter "0".*

a. Water and sewerage	<input type="text"/>
b. Electricity	<input type="text"/>
c. Heat/gas or heating oil	<input type="text"/>

59. Suppose when you first arrived at your current duty station that the quality of both on-base housing and the type of off-base housing you could afford with your housing allowance were the same. Which would you have preferred?

- Military housing, on base
- Military operated housing, off base
- Rent civilian housing
- Buy civilian housing
- Privatized housing on military installation

60. Assuming cost, quality, and wait time for housing were the same, how important would each of the following be in your decision on whether to live on or off base?

	Not important				
	Somewhat important				
	Moderately important				
	Important				
	Very important				
a. Access to support services and facilities on base (e.g., child care, fitness centers, commissaries, exchanges)	<input checked="" type="checkbox"/>				
b. Quality of schools	<input checked="" type="checkbox"/>				
c. Safety of the neighborhood.....	<input checked="" type="checkbox"/>				
d. Distance to work	<input checked="" type="checkbox"/>				

PROGRAMS AND SERVICES: AVAILABILITY AND SATISFACTION

61. During the past 12 months, have you used any of the following military-provided educational programs and services? *Mark one answer in each row.*

	No, not available		
	Yes		No
a. Adult continuing education/counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Tuition assistance programs for college/higher education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Technical/vocational programs.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Basic skills education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

62. Would you or the members of your family benefit from English as a Second Language (ESL) services?

- Yes
- No

63. *[Ask if Q62 = "Yes"]* Who would benefit from English as a Second Language (ESL) services?

- Myself
- My family member(s)
- Both myself and my family member(s)

64. *[Ask if Q15b > "0" OR Q15c > "0"]* How many children did you have attending each of the following types of schools last year? *Mark one answer in each row. To indicate none, select "0". To indicate nine or more, select "9".*

	0	1	2	3	4	5	6	7	8	9
a. Public school off base	<input checked="" type="radio"/>									
b. Public school on base	<input checked="" type="radio"/>									
c. Department of Defense-run school (DDESS at stateside locations or DODDS at overseas locations)	<input checked="" type="radio"/>									
d. Home school	<input checked="" type="radio"/>									
e. Private school.....	<input checked="" type="radio"/>									
f. Charter school.....	<input checked="" type="radio"/>									
g. Other	<input checked="" type="radio"/>									

65. [Ask if Q64 a > 0] How satisfied are you with off-base public school(s) attended by your child(ren)?

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

66. [Ask if Q64 b > 0] How satisfied are you with on-base public school(s) attended by your child(ren)?

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

67. [Ask if Q64 c > 0] How satisfied are you with Department of Defense-run school(s) attended by your child(ren)?

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

68. [Ask if Q64 d > 0] How satisfied are you with home schooling your child(ren)?

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

69. [Ask if Q64 e > 0] How satisfied are you with private school(s) attended by your child(ren)?

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

70. [Ask if Q64 f > 0] How satisfied are you with charter school(s) attended by your child(ren)?

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

71. [Ask if Q64 g > 0] How satisfied are you with other school(s) attended by your child(ren)?

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

72. During the past 12 months, have you used any of the following on-base (government operated) programs or services? Mark one answer in each row.

	No, not available		
	No		Yes
	Yes	No	No, not available
a. Outdoor recreation programs or facilities (e.g., family campgrounds, checkout equipment, trips, picnic areas, beaches or pools, boating, stables).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Golf course	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Bowling center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Arts and crafts skill development programs or facilities (e.g., hobby, crafts, framing)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Do-it-yourself automotive facility.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Community (recreation) center programs or facilities (e.g., cyber cafes, special events, talent shows, tournaments, social programs).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Recreation programs for deployed Service members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Information ticket and tours services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Libraries.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

73. [Ask if Q72 a = "Yes"] Mark your level of satisfaction with **on-base** outdoor recreation programs or facilities (e.g., family campgrounds, checkout equipment, trips, picnic areas, beaches or pools, boating, stables).

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

74. [Ask if Q72 b = "Yes"] Mark your level of satisfaction with **on-base** golf courses.

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

75. [Ask if Q72 c = "Yes"] Mark your level of satisfaction with **on-base** bowling centers.

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

76. [Ask if Q72 d = "Yes"] Mark your level of satisfaction with **on-base** arts and crafts skill development programs or facilities (e.g., hobby, crafts, framing).

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

77. [Ask if Q72 e = "Yes"] Mark your level of satisfaction with **on-base** do-it-yourself automotive facilities.

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

78. [Ask if Q72 f = "Yes"] Mark your level of satisfaction with **on-base** community (recreation) center programs or facilities (e.g., cyber cafes, special events, talent shows, tournaments, social programs).

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

79. [Ask if Q72 g = "Yes"] Mark your level of satisfaction with recreation programs for deployed Service members.

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

80. [Ask if Q72 h = "Yes"] Mark your level of satisfaction with **on-base** information tickets and tours services.

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

81. [Ask if Q72 i = "Yes"] Mark your level of satisfaction with **on-base** libraries.

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

82. Overall, does the military provide programs that meet the unique cultural and ethnic needs of military members and their families?

- Yes
- No

83. [Ask if Q82 = "No"] What programs would be helpful in meeting the unique cultural and ethnic needs of military members and their families?

- More programs in native languages
- English as a Second Language classes
- More programs that incorporate cultural traditions
- More programs and information in Spanish
- Other

[Ask if Q82 = "No" AND Q83 = "Other"] Specify what type of program would be helpful in meeting the unique cultural and ethnic needs of military members and their families.

COMMISSARIES AND EXCHANGES

84. During the past 12 months, have you, or anyone in your family, used a commissary to purchase groceries?

- Yes
- No
- No, not available

85. [Ask if Q84 = "Yes"] How satisfied are you with the following aspects of your local commissary?

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a. Quality of merchandise	<input checked="" type="checkbox"/>				
b. Quality of service you receive	<input checked="" type="checkbox"/>				
c. Cost of groceries.....	<input checked="" type="checkbox"/>				
d. Convenience.....	<input checked="" type="checkbox"/>				
e. Hours of operation	<input checked="" type="checkbox"/>				
f. Value for your money.....	<input checked="" type="checkbox"/>				
g. Your commissary, overall.....	<input checked="" type="checkbox"/>				

86. [Ask if Q84 = "Yes"] How do the following aspects of your local commissary compare to other stores in your community?

	Much better at stores in community				
	Better at stores in community				
	No difference				
	Better at commissary				
	Much better at commissary				
a. Merchandise assortment	<input checked="" type="checkbox"/>				
b. Customer service	<input checked="" type="checkbox"/>				
c. Average check-out time.....	<input checked="" type="checkbox"/>				
d. Quality of meats	<input checked="" type="checkbox"/>				
e. Quality of produce	<input checked="" type="checkbox"/>				
f. Quality of groceries	<input checked="" type="checkbox"/>				
g. Safety and security.....	<input checked="" type="checkbox"/>				

87. [Ask if Q84 = "Yes"] How long does it normally take to get to the commissary closest to you?

- 10 minutes or less
- 11-20 minutes
- 21-30 minutes
- 31-60 minutes
- More than 60 minutes

88. During the past 12 months, have you or anyone in your family used an exchange when purchasing goods or services?

- Yes
- No
- No, not available

89. [Ask if Q88 = "Yes"] How satisfied are you with the following aspects of your local exchange?

	Very dissatisfied				
	Dissatisfied				
	Neither satisfied nor dissatisfied				
	Satisfied				
	Very satisfied				
a. Quality of merchandise.....	<input checked="" type="checkbox"/>				
b. Quality of service you receive.....	<input checked="" type="checkbox"/>				
c. Cost of items	<input checked="" type="checkbox"/>				
d. Availability of military uniform items.....	<input checked="" type="checkbox"/>				
e. Convenience	<input checked="" type="checkbox"/>				

Very dissatisfied				
Dissatisfied				
Neither satisfied nor dissatisfied				
Satisfied				
Very satisfied				
f. Hours of operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Value for your money	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Your exchange, in general.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

90. [Ask if Q88 = "Yes"] How do the following aspects of your local exchange compare to other stores in your community?

Much better at stores in community				
Better at stores in community				
No difference				
Better at exchange				
Much better at exchange				
a. Merchandise assortment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Customer service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Average check-out time	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Experience with returns	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Safety and security	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

91. [Ask if Q88 = "Yes"] How long does it normally take to get to the exchange closest to you?

- 10 minutes or less
- 11-20 minutes
- 21-30 minutes
- 31-60 minutes
- More than 60 minutes

DETAILS ON DEPLOYMENTS

92. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0"] While you were away during your most recent deployment, to what extent were the following a concern?

Not a concern				
Small extent				
Moderate extent				
Large extent				
Very large extent				
a. Managing expenses and bills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Household repairs, yard work, or car maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Major home repair or replacement due to casualty, theft, fire or severe weather (e.g., hurricane, flood, earthquake, tornado)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Storage or security of personal belongings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pet care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Interruption of off-duty education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Loss of part-time job	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Your ability to communicate with family	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Your family's ability to contact you	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Feelings of anxiety or depression	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Safety of your family in their community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Serious health or emotional problems of spouse, child, parent, sibling, or elderly family member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Major financial hardship or bankruptcy within your family	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Birth or adoption of a child	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. Elder care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Death of a family member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

93. [Ask if (Q4 = "Married" OR Q4 = "Separated") AND (Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0")] While you were away during your most recent deployment, to what extent were the following a concern?

Not a concern				
Small extent				
Moderate extent				
Large extent				
Very large extent				
a. Spouse's job or education demands	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Divorce or marital problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Spouse's pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

94. [Ask if (Q15 a > "0" OR Q15 b > "0" OR Q15 c > "0" OR Q15 d > "0") AND (Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0")] While you were away during your most recent deployment, to what extent were the following a concern?

Not a concern				
Small extent				
Moderate extent				
Large extent				
Very large extent				
a. Child care arrangements.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Child's/Children's education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

95. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0"] During your most recent deployment, did you (and/or your spouse) lose money or have any additional expenses because of the following items?

Does not apply				
No				
Yes				
a. Loss of your part-time job	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Spouse's education/training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Loss of spouse's job	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Elder care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
e. Child care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
f. Pet care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
g. Household repairs, yard work, or car maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Does not apply				
No				
Yes				
h. Storage or security of personal belongings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
i. Communicating with family	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

96. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0"] How important is each of the following to you in being able to cope with deployments?

Not important				
Somewhat important				
Moderately important				
Important				
Very important				
a. Your ability to communicate with your family	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pre-deployment information.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Reunion planning information or classes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Knowing the expected length of the deployment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Your family's contact with someone in your unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. R&R time	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Level of support you and your family receive from your community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Your family's understanding of why your deployment is important/necessary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

97. [Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0" AND Q30 = "No"] After your deployment, to what extent were you likely to...? Mark one answer in each row.

Not a concern				
Small extent				
Moderate extent				
Large extent				
Very large extent				
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"/>
b. Appreciate life more	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Get angry faster	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Not a concern				
Small extent				
Moderate extent				
Large extent				
Very large extent				
d. Appreciate your family and friends more.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Drink more alcohol.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Have more confidence in yourself	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Take more risks with your safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Be different in another way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q39 a > "0" OR Q39 b > "0" OR Q39 c > "0" OR Q39 d > "0" AND Q30 = "No" AND (Q97 h = "Very large extent" OR Q97 h = "Large extent" OR Q97 h = "Moderate extent" OR Q97 h = "Small extent")] How were you different after your deployment?

HEALTH CARE

98. In the past 12 months, have you visited a military health care provider (i.e., Military Treatment Facility)?

- Yes
- No

99. How satisfied are you with the following aspects of your military health care benefit at Military Medical Treatment Facilities?

Very dissatisfied				
Dissatisfied				
Neither satisfied nor dissatisfied				
Satisfied				
Very satisfied				
a. Availability of medical care for yourself.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Quality of medical care for yourself.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Out-of-pocket cost for care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Skill of physicians and other medical providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Availability of specialists	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Ability to get appointments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Very dissatisfied				
Dissatisfied				
Neither satisfied nor dissatisfied				
Satisfied				
Very satisfied				
g. Waiting time in the clinic.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Administrative requirements (claims, paperwork, approvals, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Convenience of location.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Ability to find parking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Overall quality of care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

100. Overall, how satisfied are you with your military health care benefit?

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

101. [Ask if Q4 = "Married" OR Q4 = "Separated" OR Q14 = "Yes"] In the past 12 months, have your spouse, child(ren), or other legal dependents used military-provided health care (including care at both Military Medical Treatment Facilities and through TRICARE)?

- Yes
- No

102. [Ask if Q4 = "Married" OR Q4 = "Separated" OR Q14 = "Yes"] How satisfied are you with the following aspects of your family's military-provided health care benefit (including care at both Military Medical Treatment Facilities and through TRICARE)?

Very dissatisfied				
Dissatisfied				
Neither satisfied nor dissatisfied				
Satisfied				
Very satisfied				
a. Availability of medical care for your family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Quality of medical care for your family.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Out-of-pocket cost for care.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Skill of physicians and other medical providers.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Very dissatisfied				
Dissatisfied				
Neither satisfied nor dissatisfied				
Satisfied				
Very satisfied				
e. Availability of specialists	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Ability to get appointments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Waiting time in the clinic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Administrative requirements (e.g., claims, paperwork, approvals)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Convenience of location.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Ability to find parking.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Overall quality of care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

103. [Ask if Q4 = "Married" OR Q4 = "Separated" OR Q14 = "Yes"] Overall, how satisfied are you with your family's military-provided health care benefit (including care at both Military Medical Treatment Facilities and through TRICARE)?

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

104. In the past 12 months, have you visited a military dentist on base (or DTF), to include civilian or contract dentists on base?

- Yes
- No

105. How satisfied are you with the following aspects of your military dental care benefit?

Very dissatisfied				
Dissatisfied				
Neither satisfied nor dissatisfied				
Satisfied				
Very satisfied				
a. Availability of dental care for yourself	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Quality of dental care for yourself	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Out-of-pocket cost for care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Skill of dentists and other dental providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Very dissatisfied				
Dissatisfied				
Neither satisfied nor dissatisfied				
Satisfied				
Very satisfied				
e. Availability of specialists	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Ability to get appointments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Waiting time in the clinic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Administrative requirements (e.g., claims, paperwork, approvals)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Convenience of location	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Ability to find parking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Overall quality of care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

106. Overall, how satisfied are you with your military dental care benefit?

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

107. [Ask if Q4 = "Married" OR Q4 = "Separated" OR Q14 = "Yes"] In the past 12 months, have any of your family members obtained dental care from a military source (i.e., TRICARE Dental)?

- Yes
- No

108. [Ask if Q4 = "Married" OR Q4 = "Separated" OR Q14 = "Yes"] How satisfied are you with the following aspects of your family's military-provided dental care benefit (i.e., TRICARE Dental)?

Very dissatisfied				
Dissatisfied				
Neither satisfied nor dissatisfied				
Satisfied				
Very satisfied				
a. Availability of dental care for your family	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Quality of dental care for your family	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Out-of-pocket cost for care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Skill of dentists and other dental providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Very dissatisfied					
Dissatisfied					
Neither satisfied nor dissatisfied					
Satisfied					
Very satisfied					
e. Availability of specialists	<input checked="" type="checkbox"/>				
f. Ability to get appointments.....	<input checked="" type="checkbox"/>				
g. Waiting time in the clinic	<input checked="" type="checkbox"/>				
h. Administrative requirements (e.g., claims, paperwork, approvals)	<input checked="" type="checkbox"/>				
i. Convenience of location	<input checked="" type="checkbox"/>				
j. Ability to find parking.....	<input checked="" type="checkbox"/>				
k. Overall quality of care	<input checked="" type="checkbox"/>				

Much better in the military					
Somewhat better in the military					
No difference					
Somewhat better as a civilian					
Much better as a civilian					
g. Retirement benefits	<input checked="" type="checkbox"/>				
h. Sense of accomplishment	<input checked="" type="checkbox"/>				
i. General quality of life.....	<input checked="" type="checkbox"/>				
j. Opportunities to use e-mail or the Internet to stay in touch with family and friends	<input checked="" type="checkbox"/>				
k. Spouse education, training, and career opportunities.....	<input checked="" type="checkbox"/>				
l. Spouse employment opportunities.....	<input checked="" type="checkbox"/>				
m. Children's education.....	<input checked="" type="checkbox"/>				

109. [Ask if Q4 = "Married" OR Q4 = "Separated" OR Q14 = "Yes"] Overall, how satisfied are you with the dental care benefit the military provides for your family (i.e., TRICARE Dental)?

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

BALANCING WORK LIFE

111. How often has your job kept you from concentrating on important things in your life?

- Daily
- A couple of times a week
- A couple of times a month
- A couple of times a year
- Almost never/never

112. How often has your personal or family life kept you from concentrating on your job?

- Daily
- A couple of times a week
- A couple of times a month
- A couple of times a year
- Almost never/never

MILITARY/CIVILIAN COMPARISONS

110. How do the following opportunities in the military compare to opportunities in the civilian world?

Much better in the military					
Somewhat better in the military					
No difference					
Somewhat better as a civilian					
Much better as a civilian					
a. Promotion opportunities.....	<input checked="" type="checkbox"/>				
b. Amount of personal/family time.....	<input checked="" type="checkbox"/>				
c. Hours worked per week	<input checked="" type="checkbox"/>				
d. Vacation time.....	<input checked="" type="checkbox"/>				
e. Education and training opportunities	<input checked="" type="checkbox"/>				
f. Total compensation (e.g., pay, bonuses, allowances)	<input checked="" type="checkbox"/>				

113. How much do you agree or disagree with each of the following statements about how well you (and your family) balance your military requirements with your family/personal responsibilities?

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. Deployments have made work-life balance more difficult to achieve	<input checked="" type="checkbox"/>				
b. Deployments have helped achieve skills that have assisted with balancing work and life requirements.....	<input checked="" type="checkbox"/>				
c. Increased work hours when not deployed have made work-life balance more difficult to achieve	<input checked="" type="checkbox"/>				
d. Potential work-life related problems (divorce, absence from work, family related discharges) can be minimized with proper preparation.....	<input checked="" type="checkbox"/>				

114. How important is each of the following in your ability to improve work-life balance?

	Not important				
	Somewhat important				
	Moderately important				
	Important				
	Very important				
a. On-base housing	<input checked="" type="checkbox"/>				
b. Off-base housing	<input checked="" type="checkbox"/>				
c. Child care.....	<input checked="" type="checkbox"/>				
d. Financial counseling and financial well-being	<input checked="" type="checkbox"/>				
e. Increased pay	<input checked="" type="checkbox"/>				
f. Predictability in deployment	<input checked="" type="checkbox"/>				
g. Predictability in non-deployed workload.....	<input checked="" type="checkbox"/>				
h. Family/marriage counseling/retreats	<input checked="" type="checkbox"/>				
i. Spousal employment	<input checked="" type="checkbox"/>				
j. Unit readiness/support groups.....	<input checked="" type="checkbox"/>				

COMMENTS

115. If you have comments or concerns that you were not able to express in answering this survey, please enter them in the space provided. Any comments you make on this questionnaire will be kept confidential, and no follow-up action will be taken in response to any specifics reported.