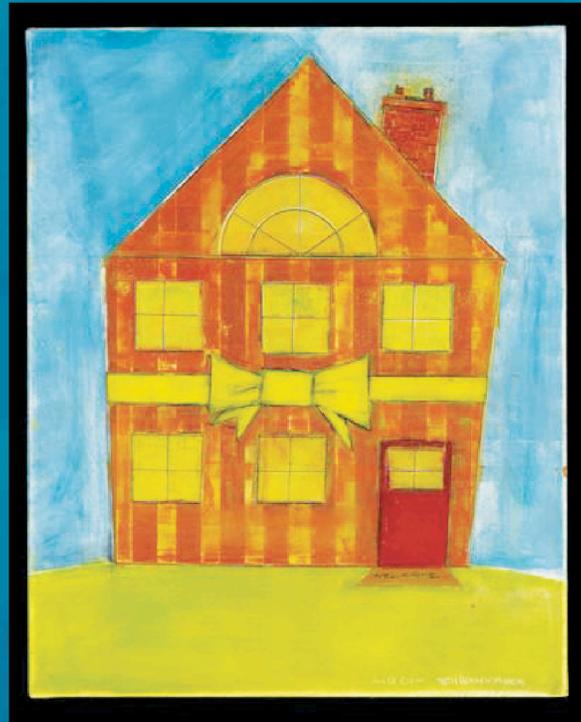


The Military Family Life Project



For Reference Only

COMPLETION INSTRUCTIONS

- Use a blue or black pen.
 - Place an "X" in the appropriate box or boxes.
- RIGHT WRONG
- To change an answer, completely black out the wrong answer and put an "X" in the correct box as shown below.
- CORRECT ANSWER INCORRECT ANSWER

PRIVACY ACT STATEMENT & INFORMED CONSENT INFORMATION

In accordance with the Privacy Act, this notice informs you of the purpose of the survey and how the findings of these surveys will be used. It also provides information about the Privacy Act and about informed consent. Please read it carefully. **Returning this survey indicates your agreement to participate in this research.**

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

PRINCIPAL PURPOSE: Information collected in this survey will be used to research the effects of the deployment cycle on the family, financial well-being, and views of military life. This information will assist in the formulation of policies which may be needed to improve the working environment. Reports will be provided to Department of Defense (DoD), 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. Data could be used in future research. Datasets without any identifying information may be analyzed by researchers outside of DMDC. Briefings and reports on results from these surveys will be posted on the Web: <http://www.dmdc.osd.mil/surveys/>

ROUTINE USES: None.

DISCLOSURE: Providing information on this survey is voluntary. Most people can complete the survey in 16-30 minutes. There is no penalty or loss of benefits to which you are entitled 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 government and contractor staff engaged in, and for purposes of, the survey research. For example, the research oversight office of the Office of the Under Secretary of Defense (Personnel and Readiness) and representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. This survey is being conducted for research purposes. In no case will individual identifiable survey responses be reported. If you answer any items and indicate distress or being upset, etc., you will not be contacted for follow-up purposes. However, if you indicate a direct threat to harm yourself or others within responses or communications about the survey, because of concern for your welfare, DMDC will notify an office in your area for appropriate action.

SURVEY ELIGIBILITY AND POTENTIAL BENEFITS: DMDC uses well-established, scientific procedures to randomly select a sample that represents the Defense community based on combinations of demographic characteristics (e.g., deployment status, service and gender). This is your chance to be heard on issues that directly affect you, including how deployment impacts you and your children. While there is no direct benefit for your individual participation, your responses on this survey **make a difference**.

STATEMENT OF RISK: The data collection procedures are not expected to involve any risk or discomfort to you. The only risk to you is accidental or unintentional disclosure of the data you provide. However, the government and its contractors have a number of policies and procedures to ensure that survey data are safe and protected. For example, no identifying information (name, address, Social Security Number) is ever stored in the same file as survey responses. Survey data may be shared with organizations doing research on DoD personnel but only after minimizing detailed demographic data (for example, paygrade and detailed location information) that could possibly be used to identify an individual. A confidentiality analysis is performed to reduce the risk of there being a combination of demographic variables that can single out an individual. Government and contractor staff members have been trained to protect client identity and are subject to civil penalties for violating your confidentiality.

If you have questions about the survey, please contact the Survey Processing Center by sending an e-mail to MFLP@osd.pentagon.mil or call, toll-free, 1-800-881-5307. If you have concerns about your rights as a research participant, please contact: Ms. Caroline Miner, Human Research Protection Program Manager for the Office of the Under Secretary of Defense (P&R), HRPP@tma.osd.mil (703) 575-2677.

If you desire to withdraw your answers, please notify the Survey Processing Center prior to August 16, 2010. Please include in the e-mail or phone message your name and ticket number. Unless withdrawn, partially completed survey data may be used after that date.

BACKGROUND INFORMATION

1. What is your marital status?

- Married
- Separated
- Divorced ⇒ GO TO Q84
- Widowed ⇒ GO TO Q84

2. Is your spouse currently serving on active duty (not a member of the National Guard or Reserve)?

- Yes
- No ⇒ GO TO Q84

3. 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

4. How many years have you been married? *To indicate less than 1 year, enter "0".*

Years

5. Which of the following best describes where you live?

- Military housing, on base
- Military housing, off base
- Civilian housing

6. Are you Spanish/Hispanic/Latino?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

7. 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)

8. What age were you on your last birthday?

Years old

PERMANENT CHANGE OF STATION (PCS) MOVES

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

- Yes
- No ⇒ GO TO Q13

10. During your spouse's active duty career, how many times have you experienced a PCS move? To indicate more than 9 times, enter "9".

Times

11. In what month and year was your last PCS move?

/

12. How long did it take you to find employment after your last PCS? 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 to less than 12 months
- 1 year or more

EDUCATION AND EMPLOYMENT

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—high school diploma or equivalent (e.g., GED)
- 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, MEd, MEng, MBA, MSW, PhD, MD, JD, DVM, EdD)

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

- Yes
- No, but I would like to be in school/training
- No, and I do not need to be in school/training

15. 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 ⇒ GO TO Q20
- No

16. Last week, were you temporarily absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. ⇒ GO TO Q20
- No

17. Have you been looking for work during the last four weeks?

- Yes ⇒ GO TO Q19
- No

GO TO Q18, if you marked "No" to Q15-17. Your answers indicate that you are unemployed and not looking for work.

18. Why have you not been looking for work in the last four weeks? Mark "Yes" or "No" for each item.

	Yes	No
a. I do not want to work.....	<input type="checkbox"/>	<input type="checkbox"/>
b. My spouse does not want me to work	<input type="checkbox"/>	<input type="checkbox"/>
c. I could not find any work that matched my skills	<input type="checkbox"/>	<input type="checkbox"/>
d. I am preparing for/recovering from a PCS/move.....	<input type="checkbox"/>	<input type="checkbox"/>
e. I want to be able to stay home to care for my children.....	<input type="checkbox"/>	<input type="checkbox"/>
f. I lack the necessary schooling, training, skills, or experience.....	<input type="checkbox"/>	<input type="checkbox"/>
g. I cannot find work flexible enough to accommodate my spouse's schedule	<input type="checkbox"/>	<input type="checkbox"/>
h. I have child care problems (e.g., too costly, lack of availability)	<input type="checkbox"/>	<input type="checkbox"/>
i. I am attending school or other training	<input type="checkbox"/>	<input type="checkbox"/>
j. I am not physically prepared to work (e.g., pregnant, sick, disabled)	<input type="checkbox"/>	<input type="checkbox"/>
k. I am unable to work while my spouse is deployed.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Other	<input type="checkbox"/>	<input type="checkbox"/>

19. How many weeks have you been looking for work? If you have not been looking for work or 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

If you are not currently employed, GO TO Q22.

20. On average, how many hours a week do you spend working for pay (including hours worked for a family business or farm)?

Hours

21. What is your **main** reason for working part-time instead of full-time? *Mark one.*

- Does not apply, I work full time
- Slack work/business conditions
- Could only find part-time work
- Seasonal work
- Child care problems
- Other family/personal obligations
- Health/medical limitations
- School/training/certification
- Other

22. Is your current/most recent employment a civil service position (e.g., state/local/federal government)?

- Does not apply, I have never been employed ⇨ GO TO Q25
- Yes
- No

23. In what career field is your current/most recent employment? *Mark one.*

- Health care/health services (e.g., nurses, dental hygienists, pharmacy technicians)
- Information technology (e.g., network analysts, database administrators)
- Education (e.g., teachers, teacher's assistants)
- Financial services (e.g., claim adjusters, credit analysts, real estate agent)
- Retail/customer service (e.g., cashier, sales person, customer service representative)
- Hospitality (e.g., restaurant server, cleaner)
- Administrative services (e.g., administrative assistant, secretary)
- Child care/child development
- Other

24. How did you find your current/most recent job? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Answered an ad in a newspaper/trade journal	<input type="checkbox"/>	<input type="checkbox"/>
b. Answered an Internet ad.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Contacted the employer directly.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Job fair	<input type="checkbox"/>	<input type="checkbox"/>
e. Information provided by a friend or relative ..	<input type="checkbox"/>	<input type="checkbox"/>
f. Contact made while doing volunteer work....	<input type="checkbox"/>	<input type="checkbox"/>
g. Civilian/private employment agency.....	<input type="checkbox"/>	<input type="checkbox"/>
h. State employment service.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Job bank.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Local installation spouse employment program.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Other	<input type="checkbox"/>	<input type="checkbox"/>

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

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

26. Regardless of your current employment status, how important are each of the following reasons for why you work, want to work, or need to work? *Mark one answer for each item.*

	Very important	Important	Moderately important	Somewhat important	Not important
a. Need money for basic expenses.....	<input type="checkbox"/>				
b. Desire for career	<input type="checkbox"/>				
c. Want extra money to use now.....	<input type="checkbox"/>				
d. Want to save money for the future ...	<input type="checkbox"/>				
e. Other	<input type="checkbox"/>				

YOUR FAMILY

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

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

28. Is your family enrolled in the Exceptional Family Member Program (EFMP)?

- Does not apply, no special medical/educational needs for my family
- Yes
- No

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

- Yes
- No ⇨ GO TO Q36

30. Are you currently living as a stepfamily (you and/or your spouse have children from a previous marriage or relationship living with you)?

- Yes
- No

31. Do any of the following statements describe your and your spouse's relationships to the children, under the age of 18, living in your home either part-time or full-time? Mark "Yes" or "No" for each item.

	Yes	No
a. We have a child(ren) from <u>my</u> previous relationship.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. We have a child(ren) from <u>my spouse's</u> previous relationship.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. We are otherwise related to the child(ren) (e.g., grandparent, aunt, uncle).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

32. How many children do you or your spouse have, living at home either part-time or full-time, in each age group?

For each age group, write in the box the number of children you have. For example, if you have one child in the 2-5 years old age group, write "1" in that box. To indicate none, write "0".

a. Less than 1 year old	<input type="text"/>	Child(ren)
b. 1 year to less than 2 years old	<input type="text"/>	Child(ren)
c. 2-5 years old	<input type="text"/>	Child(ren)
d. 6-13 years old	<input type="text"/>	Child(ren)
e. 14 to less than 18 years old	<input type="text"/>	Child(ren)

Consider the child(ren) in your household. Think of the child whose birth month is closest to your birth month. Please respond to Q33-35 for that one child.

33. What is the birthday (month, day, and year) of this child?

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

34. Is this child...

- Male?
- Female?

35. 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"/>				
b. My child has been acting more "baby-like" than he/she is capable of..	<input checked="" type="checkbox"/>				
c. My child easily becomes irritated or angry with me.....	<input checked="" type="checkbox"/>				
d. My child has been more clingy than usual.....	<input checked="" type="checkbox"/>				
e. My child has been afraid of doing things he/she is usually ok with.....	<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"/>				

HEALTH AND WELL-BEING

36. 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

37. 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"/>

38. Indicate how well each statement describes your family. When we face problems or difficulties in our family, we respond by... Mark one answer for each item.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Sharing our difficulties with relatives...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Seeking encouragement and support from friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Knowing we have power to solve major problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Seeking information and advice from other families who have faced similar problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Seeking advice from relatives.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Seeking assistance from community programs designed to help families in our situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Accepting gifts and favors from neighbors (e.g., food, taking in the mail, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Seeking information and advice from our family doctor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Asking neighbors for advice and assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Attending religious/spiritual services...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Accepting stressful events as a fact of life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Exercising to stay fit and reduce tension.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Accepting that difficulties occur unexpectedly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Seeking professional counseling and help for family difficulties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Believing we can handle our own problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Participating in religious/spiritual activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Defining the family problem in a more positive way so that we do not become too discouraged.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Feeling that no matter what we do to prepare, we will always have difficulty handling problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Seeking advice from a military chaplain/civilian religious leader.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Believing if we wait long enough, the problem will go away.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Sharing problems with neighbors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

41. 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 type="checkbox"/>	<input type="checkbox"/>
b. Have you or your spouse ever seriously suggested the idea of divorce within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you discussed divorce or separation with a close friend?	<input type="checkbox"/>	<input type="checkbox"/>
d. Has the thought of getting a divorce or separation crossed your mind in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you talk about consulting an attorney about a divorce or separation?	<input type="checkbox"/>	<input type="checkbox"/>

42. In the past six months, did you talk to a counselor?

- Yes
- No ⇨ GO TO Q45

43. In the past six months, did you talk to a counselor about... Mark one answer for each item.

	Yes	No
a. Problem solving?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Coping with stress?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Financial management?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Family issues?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Marital issues?	<input type="checkbox"/>	<input type="checkbox"/>
f. Couple's communication issues?	<input type="checkbox"/>	<input type="checkbox"/>
g. Dealing with family separations?	<input type="checkbox"/>	<input type="checkbox"/>
h. Parent/child issues?	<input type="checkbox"/>	<input type="checkbox"/>
i. Deployment and reunion?	<input type="checkbox"/>	<input type="checkbox"/>
j. Crisis situations?	<input type="checkbox"/>	<input type="checkbox"/>
k. Grief and loss?.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Other concerns?	<input type="checkbox"/>	<input type="checkbox"/>

44. 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		Very useful	
	Somewhat useful			
	Very useful			
a. Military OneSource	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Military Family Life Consultants (MFLC)	<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"/>
d. Your spouse's installation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Child and Youth MFLC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Military chaplain/civilian religious leader	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Another source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

45. Below is a list of concerns some spouses have about counseling. To what extent did/would these concerns factor into your decision regarding counseling?

	Very large extent			
	Large extent		Small extent	
	Moderate extent			
	Not at all			
a. It is difficult to get help.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I don't know where to get help.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. It would be too embarrassing.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Getting counseling costs too much money.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. It would harm my spouse's career.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. It would be seen as weak.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. There would be difficulty getting time off work or child care for counseling.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. I don't believe counseling would help.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. I don't believe in going outside of the family for counseling.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

FINANCIAL WELL-BEING

46. 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

47. 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

48. Which best describes the financial condition of you and your spouse? *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 our heads

49. Do you... *Mark one answer for each item.*

	Don't know		
	No		Yes
a. Save regularly by putting money aside each month?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have \$500 or more in emergency savings?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

50. How many times did you use the following military-sponsored financial services in the past six months? *To indicate none, enter "0". To indicate 9 or more, enter "9".*

- a. Personal financial counseling Times
- b. Financial readiness event at an installation (e.g., briefing, workshop) Times

LIFE IN THE MILITARY

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

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

52. Do you think your spouse should stay on or leave active duty?

- 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

53. Indicate how much you agree or disagree with the following statements. Mark one answer for each item.

Strongly disagree				
Disagree				
Neither agree nor disagree				
Agree				
Strongly agree				
a. The American public supports the war.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deployed Service members are making a difference in the world.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If I had an emergency, even people I do not know in this community would be willing to help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel good about myself when I sacrifice and give time and energy to members of my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People here know they can get help from the community if they are in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have friends who let me know they value who I am and what I can do. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. People can depend on each other in this community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Members of my family seldom listen to my problems or concerns; I usually feel criticized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My friends in this community are a part of my everyday activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There are times when family members do things that make other members unhappy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Continued.

Strongly disagree				
Disagree				
Neither agree nor disagree				
Agree				
Strongly agree				
k. I need to be very careful how much I do for my friends because they take advantage of me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Living in this community gives me a secure feeling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The members of my family make an effort to show they love and have affection for me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. There is a feeling in this community that people should not get too friendly with each other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. This is not a very good community to bring children up in.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I feel secure that I am as important to my friends as they are to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I have some very close friends outside the family who I know really care for me and love me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Members of my family do not seem to understand me; I feel taken for granted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. In the past six months, have you used Military OneSource to obtain... Mark "Yes" or "No" for each item.

		No
		Yes
a. Information (education, child care, stress management, relocation, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Confidential non-medical counseling (in-person, telephonic, or Web-based)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Career Advancement Accounts (MyCAA)?...	<input type="checkbox"/>	<input type="checkbox"/>
d. Other?	<input type="checkbox"/>	<input type="checkbox"/>

YOUR SPOUSE'S DEPLOYMENTS

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

- Yes, in the past 24 months
- Yes, but not in the past 24 months
- No ⇨ GO TO Q81

57. During your spouse's active duty career, how many times has he/she been deployed for more than 30 consecutive days?

		Times
--	--	-------

58. 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)?

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

59. If your spouse has been deployed multiple times, has coping with deployments become more or less difficult for you with each experience?

- Does not apply, my spouse has not been deployed multiple times
- Much more difficult
- More difficult
- Neither more nor less difficult
- Less difficult
- Much less difficult

60. In what month, day, and year did your spouse leave for his/her most recent deployment?

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

61. 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 or education demands.....	<input type="checkbox"/>				
b. Managing expenses and bills.....	<input type="checkbox"/>				
c. Home/car repairs/maintenance or yard work.....	<input type="checkbox"/>				
d. Safety of my family in our community.....	<input type="checkbox"/>				
e. Health problems in the family.....	<input type="checkbox"/>				
f. Emotional problems in the family.....	<input type="checkbox"/>				
g. Technical difficulties communicating with my spouse.....	<input type="checkbox"/>				
h. Difficulty maintaining emotional connection with spouse.....	<input type="checkbox"/>				
i. Marital problems.....	<input type="checkbox"/>				
j. Loneliness.....	<input type="checkbox"/>				
k. Managing child care/child schedules.....	<input type="checkbox"/>				
l. Being a "single" parent.....	<input type="checkbox"/>				
m. No time for recreation, fitness, or entertainment activities.....	<input type="checkbox"/>				
n. Other.....	<input type="checkbox"/>				

62. When do you expect your spouse to return from his/her current deployment? *Mark one.*

- Does not apply, my spouse is not currently deployed
- Within 3 months
- In 4-6 months
- In 7-9 months
- In 10-12 months
- More than 12 months from now

63. During your spouse's most recent deployment, did you use the following to communicate with him/her? *Mark "Yes" or "No" for each item.*

	Yes	No
a. E-mail.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Web cameras.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Telephone.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Postal letters.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Social networking site (e.g., facebook, twitter, blogs, myspace).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Text messaging/instant messaging.....	<input type="checkbox"/>	<input type="checkbox"/>

64. Do you shop at the commissary and/or exchange? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Commissary.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Exchange.....	<input type="checkbox"/>	<input type="checkbox"/>

65. During your spouse's most recent deployment, did you shop less often at the... *Mark "Yes" or "No" for each item.*

	Yes	No
a. Commissary?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Exchange?.....	<input type="checkbox"/>	<input type="checkbox"/>

If no change in shopping at commissary and exchange, then GO TO Q67.

66. During your spouse's most recent deployment, did you shop less often at the commissary or exchange for the following reasons? *Mark "Yes" or "No" for each item.*

	Yes	No
a. Extended stay with relatives.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Needs have changed.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Installation access.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Driving distance to commissary/exchange....	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of child care.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Other.....	<input type="checkbox"/>	<input type="checkbox"/>

EFFECT OF DEPLOYMENTS ON CHILDREN

If you don't have any children under the age of 18, GO TO Q73.

67. Was the child you described in Q33-Q35 living at home either part-time or full-time during your spouse's most recent deployment?

- Yes
 No ⇒ GO TO Q73

68. How many times has this child experienced a deployment?

		Times
--	--	-------

69. Did this child have the following during your spouse's most recent deployment? *Mark one answer for each item.*

	Does not apply		
	Yes	No	
a. Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Extracurricular activities (e.g., sports, scouts, music, arts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Summer and/or afterschool programs for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. E-mail contact with my spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Temporary reunions with my spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Internet contact with my spouse (e.g., Web cameras)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Limited exposure to media coverage of the war	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Stable household routine (e.g., regular family meals, continued participation in extracurricular activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Interaction with friends/classmates who had a parent deployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Geographic stability (e.g., no relocations, changes in schools)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Caregiver and/or teacher support/ understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. In response to your spouse's most recent deployment, did this child experience an increase in any of the following? *Mark one answer for each item.*

	Not applicable		
	Yes	No	
a. Academic problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behavior problems at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Behavior problems at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pride in having a military parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Anger about my spouse's military requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Closeness to family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Acceptance of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. How has your need for child care changed as a result of your spouse being deployed? *Mark one.*

- Does not apply, I have not used child care
 Greatly increased my need for child care
 Increased my need for child care
 Has not changed my need for child care
 Decreased my need for child care
 Greatly decreased my need for child care

72. How well has this child... *Mark one answer for each item.*

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

REUNION AND REINTEGRATION

73. During your spouse's most recent deployment, was he/she wounded?

- Yes
 No ⇒ GO TO Q75

74. Was your spouse wounded in a way that has interfered with his/her participation in your family?

- Yes
 No

75. Has your spouse returned home from a deployment?

- Yes, but my spouse has since redeployed
 Yes, and my spouse has not redeployed
 No ⇒ GO TO Q81

76. In what month, day, and year did your spouse most recently return from a deployment?

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

77. 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)?

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

78. 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 type="checkbox"/>				
b. Appreciate life more?	<input type="checkbox"/>				
c. Get angry faster?	<input type="checkbox"/>				
d. Appreciate family and friends more?	<input type="checkbox"/>				
e. Drink more alcohol?	<input type="checkbox"/>				
f. Have more confidence?	<input type="checkbox"/>				
g. Take more risks with his/her safety?	<input type="checkbox"/>				
h. Have trouble sleeping?	<input type="checkbox"/>				
i. Be different in another way?	<input type="checkbox"/>				

79. 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

80. 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

81. During your spouse's most recent deployment cycle (prior to, during, or post-deployment), did you use...

- If you mark "Yes" in column A, please indicate in column B when in your spouse's deployment cycle, you used the program/service. Mark all that apply.
- If you mark "No" in column A, go to the next item in column A.

A. Did you use... <i>Mark "Yes" or "No" for each item.</i>	Mark "Yes" or "No" for each item.	
	No	Yes
a. Informational briefings?	<input type="checkbox"/>	<input type="checkbox"/>
b. Reunion planning information or classes?	<input type="checkbox"/>	<input type="checkbox"/>
c. Information and support provided by my spouse's unit?	<input type="checkbox"/>	<input type="checkbox"/>
d. Information via Military OneSource?	<input type="checkbox"/>	<input type="checkbox"/>
e. Temporary reunions with my spouse?	<input type="checkbox"/>	<input type="checkbox"/>
f. Military-sponsored recreation and entertainment activities?	<input type="checkbox"/>	<input type="checkbox"/>
g. Family Readiness Group/Ombudsperson?	<input type="checkbox"/>	<input type="checkbox"/>
h. In-person counseling?	<input type="checkbox"/>	<input type="checkbox"/>
i. Telephonic/Web-based counseling?	<input type="checkbox"/>	<input type="checkbox"/>
j. Gym/fitness center?	<input type="checkbox"/>	<input type="checkbox"/>
k. Services to help with managing money while apart? ..	<input type="checkbox"/>	<input type="checkbox"/>
l. Military spouse support group?	<input type="checkbox"/>	<input type="checkbox"/>
m. Services/support from military chaplain/civilian religious leader?	<input type="checkbox"/>	<input type="checkbox"/>
n. Other support?	<input type="checkbox"/>	<input type="checkbox"/>

B. When did you use... <i>Mark all that apply.</i>	When did you use... <i>Mark all that apply.</i>		
	prior to deployment?	during deployment?	post-deployment?
a. Informational briefings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reunion planning information or classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information and support provided by my spouse's unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Information via Military OneSource?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Temporary reunions with my spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Military-sponsored recreation and entertainment activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Family Readiness Group/Ombudsperson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In-person counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Telephonic/Web-based counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Gym/fitness center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Services to help with managing money while apart? ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Military spouse support group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Services/support from military chaplain/civilian religious leader?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

