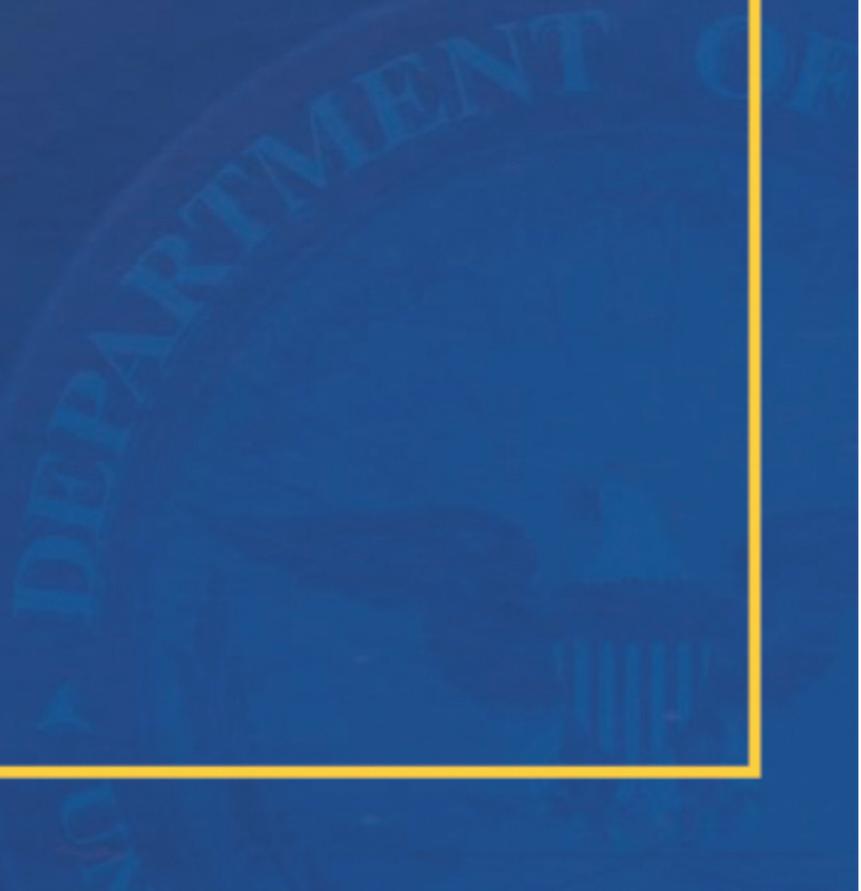




Information and Technology for Better Decision Making

2012 Workplace and Gender Relations Survey of Active Duty Members

Survey Instrument



Survey Instrument



**Human Resources Strategic Assessment Program
(HRSAP)**

Information and Technology for Better Decision Making

- You have reached the redirect page for Department of Defense Human Resources Strategic Assessment Program (HRSAP) surveys. You will be redirected to our contractor's web site (a secure .com site run by Data Recognition Corporation) to participate in the survey.
- DMDC has set up a telephone line for anyone who wishes to verify the survey's legitimacy. Call DSN 372-1034 from any DoD or other government telephone with DSN for a list of current DMDC surveys. If you do not have access to a DSN telephone line, call 1-571-372-1034. The prerecorded list does not include surveys conducted by agencies other than DMDC.
- Please enter your Ticket Number below, then click the Continue button to access your survey.

Continue

Human Relations Surveys

2012 Workplace and Gender Relations Survey of Active Duty Members

Welcome

[Security Protection Advisory](#)

[RCS# DD-P&R\(QD\)1947](#)

[Exp. 12/31/2013](#)

You have been selected to take a survey about your workplace and gender experiences over the past year. Verify and/or update your postal and e-mail address [click here](#). When you click *Continue*, you will be asked to:

- Create a Personal Identification Number (PIN)
- Read the Privacy Act and Informed Consent Statement
- Take the survey

Thank you for your time and participation.

Continue

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

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.

AUTHORITY: 10 USC Sections 136, 1782, and 2358.

PRINCIPAL PURPOSE: Information collected in this survey will be used to research attitudes and perceptions about gender-related issues, estimate the level of sexual harassment and unwanted sexual contact, and identify areas where improvements are needed. This information will assist in the formulation of policies which may be needed to improve the working environment. Reports will be provided to the Department of Defense (DoD), Department of Homeland Security (DHS), 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 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 may 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 (for example, Service, gender). This is your chance to be heard on issues that directly affect you, including activation/deployment experience, retention, and reunion and reintegration support. 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.

A respondent who experienced sexual harassment or unwanted sexual contact may experience discomfort and/or other emotions while completing the survey. Contact information is provided below for those who experience such discomfort.

- **If you are a victim of sexual assault, or a person who wishes to prevent or respond to this crime, you may want to contact a Sexual Assault Response Coordinator (SARC) or Victim Advocate (VA).**
 - **To reach Military OneSource 24/7 for restricted/unrestricted reporting and established DoD Sexual Assault Services, call a hotline number:**
Stateside: 1-800-342-9647
Overseas: 00-800-3429-6477 or call collect 1-484-530-5908
Worldwide: <http://www.militaryonesource.com/> or www.sapr.mil/
 - Coast Guard members may want to call Employee Assistance Program Counseling Services (1-800-222-0364)

- **If you are a victim of sexual harassment, or a person who wishes to prevent or respond to it, you may want to contact your Service's local sexual harassment or equal opportunity office.**
 - **To reach a hotline for your Service call:**

Army: 1-800-267-9964 Marine Corps: 703-784-9371
Navy: 1-800-253-0931 Air Force: 1-800-616-3775
Coast Guard: 1-800-222-0364

There are other types of helping professionals you can contact as well: Overseas members can contact Military OneSource by calling 800-3429-6477 (Dial country access code; do not dial "1"). You can also contact the counseling hotline: 1-800-784-2433 (1-800-SUICIDE: an anonymous, civilian hotline).

If you experience any difficulties taking the survey, please contact the Survey Processing Center by sending an e-mail to WGRSurvey@osd.pentagon.mil or call, toll-free, 1-800-881-5307. If you have concerns about your rights as a research participant, please contact: U.S. Army Medical Research and Materiel Command Office of Research Protections Institutional Review Board Office (HQ USAMRMC IRB), irboffice@amedd.army.mil, 301-619-6240.

Once you start answering the survey, if you desire to withdraw your answers, please notify the Survey Processing Center prior to November 9, 2012. Please include in the e-mail or phone message your name, Ticket Number, and the PIN that you selected when you started this survey. Unless withdrawn, partially completed survey data may be used after that date.

Click *Continue* if you agree to do the 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
- **E-mail:** WGRSurvey@osd.pentagon.mil
- **Fax:** 1-763-268-3002

FREQUENTLY ASKED QUESTIONS

What is Defense Manpower Data Center (DMDC)?

- DMDC maintains the largest archive of personnel, manpower, training, and financial data in Department of Defense (DoD). DMDC also conducts Joint-Service surveys including the Status of Forces Surveys, QuickCompass, and Human Relations Surveys for the Department of Defense. To learn more, visit the DMDC Web site.

<http://www.dmdc.osd.mil/>

What is the Human Relations Survey Program?

- Human Relations Survey is a DoD personnel program that features Web-based surveys sponsored by the Under Secretary of Defense for Personnel and Readiness (USD[P&R]).
- These surveys enable the DoD to regularly assess the attitudes and opinions of the DoD community—active duty and Reserve component members, and DoD civilian employees—on the full range of personnel issues.

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

- In accordance with [DoD Instruction 8910.01](#), 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 this survey is RCS# DD-P&R(QD)1947, expiring 12/31/2013.

How did you pick me?

- DMDC uses well-established, scientific procedures to randomly select a sample that represents the Defense community based on combinations of demographic characteristics (e.g., Service, gender).

Why should I participate?

- This is your chance to be heard on issues that directly affect you, including policies and practices regarding general workplace respect issues as well as sexual assault, sexual harassment, and other gender-related issues.
- Your responses on this survey **make a difference**.

What is WGRSurvey@osd.pentagon.mil?

- The official e-mail address for communicating with active duty members about Human Relations Survey surveys. "WGRSurvey" is short for Workplace & Gender Relations.

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?

- The survey is administered by our contractor, Data Recognition Corporation, an experienced survey operations company. The survey collection tool starts on a .mil site within DMDC. Once you enter your Ticket Number, you are redirected to a contractor site which uses a .net domain. This allows everyone to access the survey, even from a non-government computer.

Do I have to answer all questions?

No, it is not necessary to answer every question. Within the survey screen, you have four control buttons: *Next Page* (=>), *Previous Page* (<=), *Clear Responses*, and *Save and Return Later*. Use these buttons to navigate through the survey or skip questions. Use *Save and Return Later* to give yourself flexibility to complete the survey at a convenient time. When you return to the survey Web site, enter your Ticket Number to get to the place in the survey where you had stopped.

Why does the survey ask personal questions?

- DMDC reports overall results, as well as by other characteristics, such as location, gender, etc. To complete these analyses, we must ask respondents for these types of demographic information.
- Analyzing results in this way provides Defense leaders with information about the attitudes and concerns of all subgroups of personnel so that no groups are overlooked.
- Sometimes sensitive questions are asked in order 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)
- All data will be reported in the aggregate and no individual data will be reported.
- We encourage you to safeguard your Ticket Number to prevent unauthorized access to your survey. In addition, to ensure your privacy, be aware of the environment in which you take the survey (e.g., take the survey when no one else is home, take care to not leave the survey unattended).

Can I withdraw my answers once I have started the survey?

- If you wish to withdraw your answers, please notify the Survey Processing Center prior to November 9, 2012 by sending an e-mail to WGRSurvey@osd.pentagon.mil or calling, toll-free 1-800-881-5307. Include your name, Ticket Number and PIN.

Will I ever see the results of the survey?

- DMDC posts survey results on the following Web site:

<http://www.dmdc.osd.mil/surveys/>

BACKGROUND INFORMATION

1. **Were you on active duty on September 17, 2012?**
 Yes
 No, I was separated or retired
2. **Are you...?**
 Male
 Female
3. **Are you Spanish/Hispanic/Latino?**
 No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino
4. **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)

6. [Ask if Any Q5 a-c = "Yes, and I am still deployed for this operation" OR Any Q5 a-c "Yes, but I am no longer deployed for this operation"] **In the past 12 months, have you been deployed to a combat zone or to an area where you drew imminent danger pay or hostile fire pay?**
 Yes
 No
7. **To what extent do/would you feel safe during deployments from being sexually assaulted on your base/installation/ship?**
 Very safe
 Safe
 Neither safe nor unsafe
 Unsafe
 Very unsafe
8. **To what extent do/would you feel safe from being sexually assaulted on your home base/installation/ship?**
 Very safe
 Safe
 Neither safe nor unsafe
 Unsafe
 Very unsafe

MILITARY LIFE

5. **In the past 12 months, have you been deployed for any of the following operations? Mark one answer for each item.**

	No		
	Yes, but I am no longer deployed for this operation		
	Yes, and I am still deployed for this operation		
a. Operation Enduring Freedom (Afghanistan)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Operation Iraqi Freedom/New Dawn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q5 c = "Yes"] Please specify the other operation(s) for which you were deployed in the past 12 months.

YOUR MILITARY WORKPLACE

9. **Are you currently in a work environment where members of your gender are uncommon?**
 Yes
 No
10. **What is the gender of your immediate supervisor?**
 Male
 Female

11. How much do you agree or disagree with the following statements about your supervisor? Mark one answer for each statement.

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. You trust your supervisor.....	<input checked="" type="checkbox"/>				
b. Your supervisor ensures that all assigned personnel are treated fairly.....	<input checked="" type="checkbox"/>				
c. There is very little conflict between your supervisor and the people who report to him/her.....	<input checked="" type="checkbox"/>				
d. Your supervisor evaluates your work performance fairly.....	<input checked="" type="checkbox"/>				
e. Your supervisor assigns work fairly in your work group.....	<input checked="" type="checkbox"/>				
f. You are satisfied with the direction/supervision you receive.....	<input checked="" type="checkbox"/>				

12. To what extent do you agree or disagree with the following statements about your work group? Mark one answer for each statement.

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. If you make a request through channels in your work group, you know somebody will listen.....	<input checked="" type="checkbox"/>				
b. The leaders in your work group are more interested in looking good than being good.....	<input checked="" type="checkbox"/>				
c. You would go for help with a personal problem to people in your chain of command.....	<input checked="" type="checkbox"/>				
d. The leaders in your work group are not concerned with the way Service members treat each other as long as the job gets done.....	<input checked="" type="checkbox"/>				
e. You are impressed with the quality of leadership in your work group.....	<input checked="" type="checkbox"/>				

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
f. The leaders in your work group are more interested in furthering their careers than in the well-being of their Service members.....	<input checked="" type="checkbox"/>				

13. How much do you agree or disagree with the following statements about the people in your work group? Mark one answer for each statement.

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. There is very little conflict among your coworkers.....	<input checked="" type="checkbox"/>				
b. Your coworkers put in the effort required for their jobs.....	<input checked="" type="checkbox"/>				
c. The people in your work group tend to get along.....	<input checked="" type="checkbox"/>				
d. The people in your work group are willing to help each other.....	<input checked="" type="checkbox"/>				
e. You are satisfied with the relationships you have with your coworkers.....	<input checked="" type="checkbox"/>				

14. How much do you agree or disagree with the following statements about the work you do at your workplace? Mark one answer for each statement.

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. Your work provides you with a sense of pride.....	<input checked="" type="checkbox"/>				
b. Your work makes good use of your skills.....	<input checked="" type="checkbox"/>				
c. You like the kind of work you do.....	<input checked="" type="checkbox"/>				

Strongly disagree				
Disagree				
Neither agree nor disagree				
Agree				
Strongly agree				
d. Your job gives you the chance to acquire valuable skills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. You are satisfied with your job as a whole.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Your day-to-day work is directly tied to your wartime job.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

15. Overall, how well prepared... **Mark one answer for each item.**

Very poorly prepared				
Poorly prepared				
Neither well nor poorly prepared				
Well prepared				
Very well prepared				
a. Are <u>you</u> to perform your wartime job?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is <u>your unit</u> to perform its wartime mission?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

16. Overall, how would you rate... **Mark one answer for each item.**

Very low				
Low				
Moderate				
High				
Very high				
a. <u>Your</u> current level of morale?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. The current level of morale in <u>your unit</u> ?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

17. 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

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

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

19. How often during the **past 12 months** have you experienced any of the following behaviors where coworkers or supervisors... **Mark one answer for each item.**

Very often				
Often				
Sometimes				
Once or twice				
Never				
a. Intentionally interfered with your work performance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Did not provide information or assistance when you needed it?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Were excessively harsh in their criticism of your work performance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Took credit for work or ideas that were yours?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Gossiped/talked about you?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Used insults, sarcasm, or gestures to humiliate you?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Yelled when they were angry with you?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Swore at you in a hostile manner?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Damaged or stole your property or equipment?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

STRESS, HEALTH, AND WELL-BEING

20. How true or false is each of the following statements for you? **Mark one answer for each statement.**

Definitely true				
Mostly true				
Mostly false				
Definitely false				
a. I am as healthy as anybody I know.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. I seem to get sick a little easier than other people.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Definitely true				
Mostly true				
Mostly false				
Definitely false				
c. I expect my health to get worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My health is excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Overall, how would you rate the current level of stress in your... **Mark one answer for each item.**

Much more than usual				
More than usual				
About the same as usual				
Less than usual				
Much less than usual				
a. <u>Work</u> life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Personal</u> life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Very often				
Fairly often				
Sometimes				
Almost never				
Never				
a. Been upset because of something that happened unexpectedly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Felt nervous and stressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Found that you could not cope with all of the things you had to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Been able to control irritations in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Felt that you were on top of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Been angered because of things that were outside of your control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Very often				
Fairly often				
Sometimes				
Almost never				
Never				
j. Felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Below is a list of problems that people sometimes have in response to stressful experiences. Please indicate how much you have been bothered by the following in the **past month**. **Mark one answer for each item.**

Extremely				
Quite a bit				
Moderately				
A little bit				
Not at all				
a. Having repeated, disturbing <i>memories</i> , <i>thoughts</i> , or <i>images</i> of a stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Having repeated, disturbing <i>dreams</i> of a stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Suddenly <i>acting</i> or <i>feeling</i> as if a stressful experience were <i>happening again</i> (as if you were reliving it)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling <i>very upset</i> when something <i>reminded</i> you of a stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoiding <i>thoughts about</i> or <i>talking about</i> a stressful experience or avoiding <i>having feelings</i> related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Avoiding <i>activities</i> or <i>situations</i> because they <i>remind</i> you of a stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trouble <i>remembering important parts</i> of a stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Loss of <i>interest in things that you used to enjoy</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Feeling <i>distant</i> or <i>cut off</i> from other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Extremely				
	Quite a bit				
	Moderately				
	A little bit				
	Not at all				
k. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?.....	<input checked="" type="checkbox"/>				
l. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?.....	<input checked="" type="checkbox"/>				
m. Trouble <i>falling</i> or <i>staying asleep</i> ?.....	<input checked="" type="checkbox"/>				
n. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?.....	<input checked="" type="checkbox"/>				
o. Having <i>difficulty concentrating</i> ?.....	<input checked="" type="checkbox"/>				
p. Being " <i>super alert</i> " or " <i>on guard</i> "?.....	<input checked="" type="checkbox"/>				
q. Feeling <i>jumpy</i> or easily startled?.....	<input checked="" type="checkbox"/>				

24. Over the past month, have you been bothered by 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. Trouble falling or staying asleep, or sleeping too much.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Feeling tired or having little energy.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Poor appetite or overeating.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

25. [Ask if Any Q23 a-q = "A little bit" OR Any Q23 a-q = "Moderately" OR Any Q23 a-q = "Quite a bit" OR Any Q23 a-q = "Extremely" OR Any Q24 a-h = "Several days" OR Any Q24 a-h = "More than half the days" OR Any Q24 a-h = "Nearly every day"] Were any of the problems you marked in the previous questions a result of experiencing... *Mark "Yes" or "No" for each item.*

	No	
	Yes	
a. Combat or being in a combat zone?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Sexual assault while deployed?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Sexual assault while <u>not</u> deployed?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Other traumatic <u>military</u> events?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other traumatic <u>non-military</u> events?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Traumatic events prior to entering military service?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Other.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if (Any Q23 a-q = "A little bit" OR Any Q23 a-q = "Moderately" OR Any Q23 a-q = "Quite a bit" OR Any Q23 a-q = "Extremely" OR Any Q24 a-h = "Several days" OR Any Q24 a-h = "More than half the days" OR Any Q24 a-h = "Nearly every day") AND Q25 g = "Yes"] Please specify the other experience(s) that resulted in the problems you marked in the previous questions.

26. How much do you agree or disagree with the following statements that might affect your decision to receive mental health counseling or service if you ever had a problem? *Mark one answer for each item.*

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
a. I don't know where to get help.....	<input checked="" type="checkbox"/>				
b. I don't have adequate transportation.....	<input checked="" type="checkbox"/>				
c. It is difficult to schedule an appointment.....	<input checked="" type="checkbox"/>				
d. There would be difficulty getting time off work for treatment.....	<input checked="" type="checkbox"/>				

	Strongly disagree				
	Disagree				
	Neither agree nor disagree				
	Agree				
	Strongly agree				
e. It would be too embarrassing.....	<input checked="" type="checkbox"/>				
f. It would harm my career.....	<input checked="" type="checkbox"/>				
g. My coworkers might have less confidence in me.....	<input checked="" type="checkbox"/>				
h. My leaders might treat me differently.....	<input checked="" type="checkbox"/>				
i. My leaders would blame me for the problem.....	<input checked="" type="checkbox"/>				
j. I would be seen as weak.....	<input checked="" type="checkbox"/>				
k. Mental health care doesn't work.....	<input checked="" type="checkbox"/>				
l. Mental health care counseling may impact my security clearance.....	<input checked="" type="checkbox"/>				

	Yes, and your gender was a factor		
	Yes, but your gender was NOT a factor		
	No, or does not apply		
h. You did not have a professional relationship with someone who advised (mentored) you on military career development or advancement.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. You did not learn <u>until it was too late</u> of opportunities that would have helped your military career.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. You were unable to get straight answers about your military promotion possibilities.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. You were excluded from social events important to military career development and being kept informed.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. You did not get a military job assignment that you wanted and for which you were qualified.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Have you had any other adverse personnel actions in the past 12 months?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

GENDER-RELATED EXPERIENCES

27. During the past 12 months, did any of the following happen to you? If it did, do you believe your gender was a factor? *Mark one answer for each item.*

	Yes, and your gender was a factor		
	Yes, but your gender was NOT a factor		
	No, or does not apply		
a. You were rated lower than you deserved on your last military evaluation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Your last military evaluation contained unjustified negative comments.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. You were held to a higher performance standard than others in your military job.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. You did not get a military award or decoration given to others in similar circumstances.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Your current military assignment has not made use of your job skills.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Your current assignment is not good for your career if you continue in the military.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. You did not receive day-to-day, short-term tasks in your military job that would have helped you prepare for advancement.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q27 m = "Yes, and your gender was a factor" OR Q27 m = "Yes, but your gender was NOT a factor"] Please describe other adverse personnel actions that happened to you during the past 12 months.

28. [Ask if Q27 l = "Yes, and your gender was a factor"] You answered "Yes, and your gender was a factor" to "You did not get a military job assignment that you wanted and for which you were qualified" above. Was this assignment legally open to women?

- Yes
- No

29. [Ask if Q27 any a-m = "Yes, and your gender was a factor" OR Q27 any a-m = "Yes, but your gender was NOT a factor"] Do you consider **ANY** of the behaviors which you marked as happening to you in the previous question to have been... *Mark one answer for each item.*

	All		
	Some		
	None		
a. Sex discrimination?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Racial/ethnic discrimination?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Age discrimination?.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	None	Some	All
d. Religious discrimination?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if (Q27 any a-m = "Yes, and your gender was a factor" OR Q27 any a-m = "Yes, but your gender was NOT a factor") AND (Q29 e = "Some" OR Q29 e = "All")] Please specify what other type of discrimination you consider your experience to have been.

In this question you are asked about sex/gender-related talk and/or behavior that was unwanted, uninvited, and in which you did not participate willingly.

30. How often during the past 12 months have you been in situations involving

- **Military Personnel (Active Duty or National Guard/Reserve)**
 - on- or off-duty
 - on- or off-installation or ship; and/or
- **DoD/Service Civilian Employees and/or Contractors**
 - in your workplace or on your installation/ship

where one or more of these individuals (of either gender)... Mark one answer for each item.

	Never	Once or twice	Sometimes	Often	Very often
a. Repeatedly told sexual stories or jokes that were offensive to you?	<input checked="" type="checkbox"/>				
b. Referred to people of your gender in insulting or offensive terms?	<input checked="" type="checkbox"/>				
c. Made unwelcome attempts to draw you into a discussion of sexual matters (e.g., attempted to discuss or comment on your sex life)?	<input checked="" type="checkbox"/>				
d. Treated you "differently" because of your gender (e.g., mistreated, slighted, or ignored you)?	<input checked="" type="checkbox"/>				

	Never	Once or twice	Sometimes	Often	Very often
e. Made offensive remarks about your appearance, body, or sexual activities?	<input checked="" type="checkbox"/>				
f. Made gestures or used body language of a sexual nature that embarrassed or offended you?	<input checked="" type="checkbox"/>				
g. Made offensive sexist remarks (e.g., suggesting that people of your gender are not suited for the kind of work you do)?	<input checked="" type="checkbox"/>				
h. Made unwanted attempts to establish a romantic sexual relationship with you despite your efforts to discourage it?	<input checked="" type="checkbox"/>				
i. Put you down or was condescending to you because of your gender?	<input checked="" type="checkbox"/>				
j. Continued to ask you for dates, drinks, dinner, etc., even though you said "No"?	<input checked="" type="checkbox"/>				
k. Made you feel like you were being bribed with some sort of reward or special treatment to engage in sexual behavior?	<input checked="" type="checkbox"/>				
l. Made you feel threatened with some sort of retaliation for not being sexually cooperative (e.g., by mentioning an upcoming review)?	<input checked="" type="checkbox"/>				
m. Touched you in a way that made you feel uncomfortable?	<input checked="" type="checkbox"/>				
n. Intentionally cornered you or leaned over you in a sexual way?	<input checked="" type="checkbox"/>				
o. Treated you badly for refusing to have sex?	<input checked="" type="checkbox"/>				
p. Implied faster promotions or better treatment if you were sexually cooperative?	<input checked="" type="checkbox"/>				
q. Attempted to have sex with you without your consent or against your will, but was not successful?	<input checked="" type="checkbox"/>				
r. Had sex with you without your consent or against your will?	<input checked="" type="checkbox"/>				

	Very often
	Often
	Sometimes
	Once or twice
	Never
s. Other unwanted gender-related behavior?	<input checked="" type="checkbox"/>

[Ask if Q30 s = "Once or twice" OR Q30 s = "Sometimes" OR Q30 s = "Often" OR Q30 s = "Very often"] Please describe the other unwanted gender-related behaviors you've experienced during the past 12 months.

31. [Ask if Any Q30 a-p = "Once or twice" OR Any Q30 a-p = "Sometimes" OR Any Q30 a-p = "Often" OR Any Q30 a-p = "Very often"] How many of these behaviors that you marked as happening to you, do you consider to have been sexual harassment?

- None were sexual harassment
- Some were sexual harassment; some were not sexual harassment
- All were sexual harassment

UNWANTED SEXUAL CONTACT

32. In the past 12 months, have you experienced any of the following intentional sexual contacts that were against your will or occurred when you did not or could not consent where someone...

- Sexually touched you (e.g., intentional touching of genitalia, breasts, or buttocks) or made you sexually touch them?
- Attempted to make you have sexual intercourse, but was not successful?
- Made you have sexual intercourse?
- Attempted to make you perform or receive oral sex, anal sex, or penetration by a finger or object, but was not successful?
- Made you perform or receive oral sex, anal sex, or penetration by a finger or object?

- Yes
- No

33. [Ask if Q32 = "Yes"] In the past 12 months, how many separate incidents of sexual touching, attempted or completed intercourse, oral or anal sex, or penetration by a finger or object did you experience? *To indicate nine or more, select "9"*.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

Think about the situation(s) you experienced in the past 12 months that involved the behaviors in the previous question. Tell us about the one event that had the greatest effect on you.

34. [Ask if Q32 = "Yes"] What did the person(s) do during the situation? *Mark one answer for each behavior.*

	Did this	
	Did not do this	
a. <u>Sexually touched you</u> (e.g., intentional touching of genitalia, breasts, or buttocks) or made you sexually touch them	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. <u>Attempted to make you have sexual intercourse, but was not successful</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. <u>Made you have sexual intercourse</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. <u>Attempted to make you perform or receive oral sex, anal sex, or penetration by a finger or object, but was not successful</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. <u>Made you perform or receive oral sex, anal sex, or penetration by a finger or object</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

35. [Ask if Q32 = "Yes"] Did the situation occur... *Mark "Yes" or "No" for each item.*

	Yes	No
a. At a military installation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. During your work day/duty hours?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. While you were on TDY/TAD, at sea, or during field exercises/alerts?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. While you were deployed to a combat zone or to an area where you drew imminent danger pay or hostile fire pay?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. During the delayed entry program?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. During recruit training/basic training?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
g. During any type of military combat training?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. During Officer Candidate or Training School/Basic or Advanced Officer Course?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. During military occupational specialty school/technical training/advanced individual training/professional military education?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

36. [Ask if Q32 = "Yes"] How many offender(s) were involved? **Mark one.**

- One person
- More than one person
- Not sure

37. [Ask if Q32 = "Yes"] What was/were the gender(s) of the offender(s)? **Mark one.**

- Male only
- Female only
- Both male and female
- Not sure

38. [Ask if Q32 = "Yes"] Was the offender(s)... **Mark "Yes" or "No" for each item.**

	Yes	No
a. Someone in your chain of command?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Other military person(s) of higher rank/grade who was not in your chain of command?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Your military coworker(s)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Your military subordinate(s)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other military person(s)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. DoD/Service civilian employee(s)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. DoD/Service civilian contractor(s)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Your spouse/significant other?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Person(s) in the local community?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Unknown person(s)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

39. [Ask if Q32 = "Yes"] Did the offender(s) use drugs to knock you out (e.g., date rape drugs, sedatives)?

- Yes
- No
- Not sure

40. [Ask if Q32 = "Yes"] Had either you or the offender(s) been drinking alcohol before the incident?

- Yes
- No

41. [Ask if Q32 = "Yes"] Had either you or the offender(s) been using drugs before the incident?

- Yes
- No

42. [Ask if Q32 = "Yes"] Did the offender(s)... **Mark "Yes" or "No" for each item.**

	Yes	No
a. Threaten to ruin your reputation if you did not consent?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Threaten to physically harm you if you did not consent?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Use some degree of physical force (e.g., holding you down)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

43. [Ask if Q32 = "Yes"] Did the offender(s)... **Mark "Yes" or "No" for each item.**

	Yes	No
a. Sexually harass you <u>before</u> the situation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Stalk you <u>before</u> the situation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Sexually harass you <u>after</u> the situation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Stalk you <u>after</u> the situation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

44. [Ask if Q32 = "Yes"] As a result of this situation, to what extent did... **Mark one answer for each item.**

	Very large extent	Large extent	Moderate extent	Small extent	Not at all
a. You consider requesting a transfer?	<input checked="" type="checkbox"/>				
b. You think about getting out of your Service?	<input checked="" type="checkbox"/>				
c. Your work performance decrease?	<input checked="" type="checkbox"/>				

45. [Ask if Q32 = "Yes"] Did you report this situation to a civilian authority or organization?

- Yes
- No

DoD provides two types of reporting of sexual assault. Unrestricted reporting is for victims who want medical treatment, counseling, and an official investigation of the assault. Restricted reporting is for victims who want information and to receive medical treatment and counseling without prompting an official investigation of the assault.

46. [Ask if Q32 = "Yes"] Did you report this situation to an installation/Service/DoD authority or organization?

- Yes
- No

DoD provides two types of reporting of sexual assault. Unrestricted reporting is for victims who want medical treatment, counseling, and an official investigation of the assault. Restricted reporting is for victims who want information and to receive medical treatment and counseling without prompting an official investigation of the assault.

47. [Ask if Q32 = "Yes" AND Q46 = "Yes"] Did you make... *Mark one.*

- Only a restricted report?
- Only an unrestricted report?
- A restricted report that was converted to an unrestricted report?

48. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?")] How satisfied have you been with your treatment by the... *Mark one answer for each item.*

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Does not apply
a. Sexual Assault Victims' Advocate assigned to you?	<input checked="" type="checkbox"/>					
b. Sexual Assault Response Coordinator (SARC) handling your report?	<input checked="" type="checkbox"/>					

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Does not apply
c. Commander handling your report?	<input checked="" type="checkbox"/>					
d. Criminal investigator(s) handling your report?	<input checked="" type="checkbox"/>					
e. Trial Defense Office personnel?	<input checked="" type="checkbox"/>					
f. Legal Office personnel (prosecution)?	<input checked="" type="checkbox"/>					
g. Legal assistance (not prosecution)?	<input checked="" type="checkbox"/>					
h. Medical personnel?	<input checked="" type="checkbox"/>					
i. Chaplain?	<input checked="" type="checkbox"/>					
j. Safe Helpline staff?	<input checked="" type="checkbox"/>					

49. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 a = "Dissatisfied" OR Q48 a = "Very dissatisfied")] Please specify why you were dissatisfied with the treatment you received from the Sexual Assault Victims' Advocate assigned to you.

50. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 b = "Dissatisfied" OR Q48 b = "Very dissatisfied")] Please specify why you were dissatisfied with the treatment you received from the Sexual Assault Response Coordinator (SARC) handling your report.

51. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 c = "Dissatisfied" OR Q48 c = "Very dissatisfied")]
Please specify why you were dissatisfied with the treatment you received from the commander handling your report.

52. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 d = "Dissatisfied" OR Q48 d = "Very dissatisfied")]
Was the criminal investigator(s) handling your report...

- Military?
 Civilian?
 Both?

[Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 d = "Dissatisfied" OR Q48 d = "Very dissatisfied")]
Please specify why you were dissatisfied with the treatment you received from the criminal investigator handling your report.

53. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 e = "Dissatisfied" OR Q48 e = "Very dissatisfied")]
Was the Trial Defense Office personnel...

- Military?
 Civilian?
 Both?

[Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 e = "Dissatisfied" OR Q48 e = "Very dissatisfied")]
Please specify why you were dissatisfied with the treatment you received from the Trial Defense Office personnel.

54. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 f = "Dissatisfied" OR Q48 f = "Very dissatisfied")]
Was the Legal Office personnel (prosecution)...

- Military?
 Civilian?
 Both?

[Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 f = "Dissatisfied" OR Q48 f = "Very dissatisfied")]
Please specify why you were dissatisfied with the treatment you received from the Legal Office personnel (prosecution).

55. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 g = "Dissatisfied" OR Q48 g = "Very dissatisfied")]
Was the legal assistance (not prosecution)...

- Military?
 Civilian?
 Both?

[Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 g = "Dissatisfied" OR Q48 g = "Very dissatisfied")]
Please specify why you were dissatisfied with the treatment you received from the legal assistance (not prosecution).

56. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 h = "Dissatisfied" OR Q48 h = "Very dissatisfied")]
Was the medical personnel...

- Military?
- Civilian?
- Both?

[Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 h = "Dissatisfied" OR Q48 h = "Very dissatisfied")]
Please specify why you were dissatisfied with the treatment you received from the medical personnel.

57. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 i = "Dissatisfied" OR Q48 i = "Very dissatisfied")]
Please specify why you were dissatisfied with the treatment you received from the chaplain.

58. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q47 = "Only an unrestricted report?" OR Q47 = "A restricted report that was converted to an unrestricted report?") AND (Q48 j = "Dissatisfied" OR Q48 j = "Very dissatisfied")]
Please specify why you were dissatisfied with the treatment you received from the Safe Helpline staff.

59. [Ask if Q32 = "Yes" AND Q46 = "Yes"] **As a result of this situation, did you... Mark "Yes," "No," or "Don't know" for each item.**

	Don't know		
	No		Yes
a. Experience any professional retaliation (e.g., loss of privileges, denied promotion/training, transferred to less favorable job)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Experience any social retaliation (e.g., ignored by coworkers, being blamed for the situation)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Don't know		
	No		Yes
c. Experience any administrative actions (e.g., placed on a medical hold, placed on a legal hold, transferred to a different assignment)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Experience any punishments for infractions/violations, such as underage drinking or fraternization?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

60. [Ask if Q32 = "Yes" AND Q46 = "Yes"] **How satisfied have you been with... Mark one answer for each item.**

	Does not apply					
	Very dissatisfied		Dissatisfied		Neither satisfied nor dissatisfied	
	Satisfied			Very satisfied		
a. The quality of sexual assault advocacy services you received?	<input checked="" type="checkbox"/>					
b. The quality of counseling services you received?	<input checked="" type="checkbox"/>					
c. The quality of medical care you received?	<input checked="" type="checkbox"/>					
d. The amount of time investigation process took/is taking?	<input checked="" type="checkbox"/>					
e. How well you were/are kept informed about the progress of your case?	<input checked="" type="checkbox"/>					
f. The Safe Helpline service you received?	<input checked="" type="checkbox"/>					
g. The reporting process overall?	<input checked="" type="checkbox"/>					

61. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q60 a = "Dissatisfied" OR Q60 a = "Very dissatisfied")] Please specify why you were dissatisfied with the quality of sexual assault advocacy services you received.

62. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q60 b = "Dissatisfied" OR Q60 b = "Very dissatisfied")] Please specify why you were dissatisfied with the quality of counseling services you received.

63. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q60 c = "Dissatisfied" OR Q60 c = "Very dissatisfied")] Please specify why you were dissatisfied with the quality of medical care you received.

64. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q60 d = "Dissatisfied" OR Q60 d = "Very dissatisfied")] Please specify why you were dissatisfied with the amount of time the investigation process took/is taking.

65. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q60 e = "Dissatisfied" OR Q60 e = "Very dissatisfied")] Please specify why you were dissatisfied with how well you were/are kept informed about the progress of your case.

66. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q60 f = "Dissatisfied" OR Q60 f = "Very dissatisfied")] Please specify why you were dissatisfied with the Safe Helpline service you received.

67. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q60 g = "Dissatisfied" OR Q60 g = "Very dissatisfied")] Please specify why you were dissatisfied with the reporting process overall.

68. [Ask if Q32 = "Yes" AND Q46 = "Yes"] When you reported the situation, were you offered... Mark "Yes" or "No" for each item.

	Yes	No
a. Sexual assault advocacy services (e.g., referrals or offers to accompany/transport you to appointments)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Counseling services?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medical or forensic services?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Legal services?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Chaplain services?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

69. [Ask if Q32 = "Yes" AND Q46 = "Yes"] What were your reasons for reporting the situation to any installation/Service/DoD authority or organizations? Mark "Yes" or "No" for each item.

	Yes	No
a. Prevent the offender from continuing in the military	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Stop the offender from hurting you again	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Stop the offender from hurting others	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Seek justice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. It was the right thing to do	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Seek help dealing with an emotional incident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Punish the offender	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Discourage other potential offenders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Identify a fellow military member who is acting inappropriately	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Seek closure on the incident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Seek medical assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Seek mental health assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. Stop rumors by coming forward	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q32 = "Yes" AND Q46 = "Yes" AND Q69 n = "Yes"] What was/were your other reason(s) for reporting the situation to any installation/Service/DoD authority or organizations?

70. [Ask if Q32 = "Yes" AND Q46 = "Yes"] How long after the situation occurred did you report it? **Mark one.**

- Within 24 hours
- Within 2-3 days
- Within 4-7 days
- Within 8-14 days
- Within 15-30 days
- More than 30 days

71. [Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q70 = "Within 2-3 days" OR Q70 = "Within 4-7 days" OR Q70 = "Within 8-14 days" OR Q70 = "Within 15-30 days" OR Q70 = "More than 30 days")] Why did you delay reporting the situation? **Mark "Yes" or "No" for each item.**

	Yes	No
a. Did not realize at first that the situation was a crime	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Had to figure out how to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Wanted to think about the situation before deciding to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Wanted to seek advice first from a friend or family member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Wanted to seek advice/counseling from a professional (e.g., medical personnel, chaplain, mental health counselor, Safe Helpline) before deciding to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Waited until you felt safe from the offender	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Waited until you could reach a specific authority (e.g., your chaplain, your doctor, your commander)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Decided to report after receiving training or a briefing on sexual assault	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. Researched sexual assault before deciding to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Was in a location where you could not contact an authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q32 = "Yes" AND Q46 = "Yes" AND (Q70 = "Within 2-3 days" OR Q70 = "Within 4-7 days" OR Q70 = "Within 8-14 days" OR Q70 = "Within 15-30 days" OR Q70 = "More than 30 days") AND Q71 k = "Yes"] Please specify your other reason(s) for delaying reporting the situation.

72. [Ask if Q32 = "Yes" AND Q46 = "No"] What were your reasons for not reporting the situation to any of the installation/Service/DoD authorities or organizations? **Mark "Yes" or "No" for each statement.**

	Yes	No
a. You thought it was not important enough to report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. You did not know how to report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. You felt uncomfortable making a report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. You did not think anything would be done.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. You heard about negative experiences other victims went through who reported their situation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. You thought you would not be believed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. You thought reporting would take too much time and effort.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. You were afraid of retaliation/reprisals from the person(s) who did it or from their friends.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. You thought your performance evaluation or chance for promotion would suffer.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. You thought you would be labeled a troublemaker.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. You did not want anyone to know.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. You did not think your report would be kept confidential.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m. You feared you or others would be punished for infractions/violations, such as underage drinking or fraternization.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n. You were afraid of being assaulted again by the offender.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o. You thought you might lose your security clearance/personnel reliability certification.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p. Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[Ask if Q32 = "Yes" AND Q46 = "No" AND Q72 p = "Yes"] What were your other reasons for not reporting the situation?

73. [Ask if Q32 = "Yes" AND (Q46 = "Yes" OR Q46 = "No")] In retrospect, would you make the same decision about reporting if you could do it over?

- Yes
- No

[Ask if Q32 = "Yes" AND (Q46 = "Yes" OR Q46 = "No") AND Q73 = "No"] What would you have changed about your reporting decision?

PERSONNEL POLICY AND PRACTICES

74. In an effort to prevent sexual assault, please indicate how well your unit leadership... Mark one answer for each item.

	Very poorly	Poorly	Neither well nor poorly	Well	Very well
a. Makes it clear that sexual assault has no place in the military.	<input checked="" type="checkbox"/>				
b. Promotes a unit climate based on mutual respect and trust.....	<input checked="" type="checkbox"/>				
c. Leads by example (e.g., refrains from sexist comments and behaviors).....	<input checked="" type="checkbox"/>				
d. Catches and immediately corrects incidents of sexual harassment (e.g., inappropriate jokes, comments, and behaviors).....	<input checked="" type="checkbox"/>				
e. Creates an environment where victims would feel comfortable reporting.....	<input checked="" type="checkbox"/>				

75. In your work group, to what extent... Mark one answer for each item.

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. Would you feel free to report <u>sexual assault</u> without fear of reprisals?.....	<input checked="" type="checkbox"/>				
b. Would people be able to get away with <u>sexual assault</u> if it were reported?.....	<input checked="" type="checkbox"/>				

76. To what extent are you willing to... Mark one answer for each item.

	Not at all	Small extent	Moderate extent	Large extent	Very large extent
a. Report a <u>sexual assault</u> ?	<input checked="" type="checkbox"/>				
b. Point out to someone that you think their experience of unwanted sexual contact was <u>sexual assault</u> ?	<input checked="" type="checkbox"/>				
c. Step in and stop a situation that might lead to <u>sexual assault</u> ?	<input checked="" type="checkbox"/>				
d. Encourage someone who has experienced <u>sexual assault</u> to seek counseling?.....	<input checked="" type="checkbox"/>				
e. Encourage someone who has experienced <u>sexual assault</u> to report it?	<input checked="" type="checkbox"/>				

77. [Ask if Q76 e = "Not at all"] You indicated you would not encourage someone to report a sexual assault. What are your reasons? Mark "Yes" or "No" for each statement.

	Yes	No
a. You don't think anything would be done.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. You have heard of negative experiences other victims went through who reported their situation.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. You think the victim wouldn't be believed.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. You think reporting would take too much time/effort.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. You think there would be reprisals from the offender(s) or their friends.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. You think the victim's performance evaluation or chances for promotion would suffer.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. You think the victim would be labeled a troublemaker.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. You think the report wouldn't be kept confidential.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. You fear individuals other than the offender would be punished for infractions/ violations, such as underage drinking or fraternization.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. You think the victim would lose their security clearance/personnel reliability certification.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k. You think the victim's career would be affected (e.g., change of station/ assignment).....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	No
	Yes
I. Other.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

[Ask if Q76 e = "Not at all" AND Q77 I = "Yes"]

What other reasons do you have for not encouraging someone to report a sexual assault? Please explain.

78. At my installation/ship, there is a... Mark "Yes," "No," or "Don't know" for each item.

	Don't know
	No
	Yes
a. Sexual Assault Response Coordinator (SARC) to help those who experience sexual assault.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
b. Sexual Assault Victims' Advocate to help those who experience sexual assault.....	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

DoD provides two types of reporting of sexual assault. Unrestricted reporting is for victims who want medical treatment, counseling, and an official investigation of the assault. Restricted reporting is for victims who want information and to receive medical treatment and counseling without prompting an official investigation of the assault.

79. How satisfied have you been with the availability of information on... Mark one answer for each item.

	Very dissatisfied
	Dissatisfied
	Neither satisfied nor dissatisfied
	Satisfied
	Very satisfied
a. How to file a <u>restricted</u> report?	<input checked="" type="checkbox"/>
b. How to file an <u>unrestricted</u> report?	<input checked="" type="checkbox"/>

SEXUAL ASSAULT TRAINING

80. Have you had any military training during the past 12 months on topics related to *sexual assault*?

Yes

No

81. [Ask if Q80 = "Yes"] My Service's sexual assault training... Mark one answer for each item.

	Strongly disagree
	Disagree
	Neither agree nor disagree
	Agree
	Strongly agree
a. Provides a good understanding of what actions are considered sexual assault.....	<input checked="" type="checkbox"/>
b. Teaches that the consumption of alcohol may increase the likelihood of sexual assault.....	<input checked="" type="checkbox"/>
c. Teaches how to avoid situations that might increase the risk of being a victim of sexual assault.....	<input checked="" type="checkbox"/>
d. Teaches how to intervene when you witness a situation involving a fellow Service member (bystander intervention).....	<input checked="" type="checkbox"/>
e. Teaches how to obtain medical care following a sexual assault.....	<input checked="" type="checkbox"/>
f. Explains the role of the chain of command in handling sexual assaults.....	<input checked="" type="checkbox"/>
g. Explains the reporting options available if a sexual assault occurs.....	<input checked="" type="checkbox"/>
h. Identifies the points of contact for reporting sexual assault (e.g., SARC, Victims' Advocate).....	<input checked="" type="checkbox"/>
i. Explains how sexual assault is a mission readiness problem.....	<input checked="" type="checkbox"/>
j. Explains the resources available to victims (e.g., Safe Helpline).....	<input checked="" type="checkbox"/>

82. [Ask if Q80 = "Yes"] In your opinion, how effective was the training you received in... Mark one answer in each item.

	Not at all effective
	Slightly effective
	Moderately effective
	Very effective
a. Actually reducing/preventing sexual assault or behaviors related to sexual assault?	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Not at all effective			
Slightly effective			
Moderately effective			
Very effective			

b. Explaining the difference between restricted and unrestricted reporting of sexual assault?

83. Are you aware of the following sources for understanding sexual assault prevention and response? *Mark "Yes" or "No" for each item.*

		No	
		Yes	

a. The "My Strength is for Defending" campaign. Yes No

b. The Sexual Assault Prevention Web site (www.myduty.mil). Yes No

c. My installation's Sexual Assault Awareness Month programs. Yes No

For more information about the DoD Safe Helpline, visit www.safehelpline.org/

84. Are you aware that the Department of Defense has a live, one-on-one, confidential hotline called DoD Safe Helpline that provides sexual assault support worldwide and 24/7 to members of the DoD community via online, telephone, and texting services?

- Yes
- No

85. [Ask if Q84 = "Yes"] How did you hear about the DoD Safe Helpline? *Mark the one most useful source of information.*

- Television public service announcement
- Radio public service announcement
- Print advertisement
- Online media (e.g., Web site, blog, banners, etc.)
- Posters, brochures and/or stickers
- Unit
- Chaplain
- Other

REACTION TO SEXUAL ASSAULT

86. Are the following statements true or false? *Mark one answer for each item.*

			Don't know		
			False		
			True		

a. When you are in a social setting, it is your duty to stop a fellow Service member from doing something potentially harmful to themselves or others. True False Don't know

b. If you tell a Sexual Assault Response Coordinator (SARC) or Victims' Advocate (VA) that you were sexually assaulted, the SARC/VA is not always required to provide your name to your commander. True False Don't know

c. Your communications with a SARC or VA are protected by the Victims' Advocate Privilege (MRE 514). True False Don't know

d. If you were to experience unwanted sexual touching, but not rape, you could report your experience to a SARC or VA. True False Don't know

e. If you are sexually assaulted, you can trust the military system to protect your privacy. True False Don't know

f. If you are sexually assaulted, you can trust the military system to ensure your safety following the incident. True False Don't know

g. If you are sexually assaulted, you can trust the military system to treat you with dignity and respect. True False Don't know

h. If you are sexually assaulted, you can request a transfer and receive a response within 72 hours. True False Don't know

87. Suppose you see a Service member, who you do not know very well, getting drunk at a party. Someone tells you that one of your coworkers is going to lead that Service member off to have sex. What are you most likely to do in this kind of situation? *Mark one.*

- Nothing
- Leave to avoid any kind of trouble
- Find someone who knows the Service member and can help them
- Talk to the Service member/try to get them out of the situation
- Stop your coworker from leaving with the Service member
- Other action

88. [Ask if Q87 = "Nothing" OR Q87 = "Leave to avoid any kind of trouble"] Which reason below best explains your reaction to the situation in the previous question? *Mark one.*

- I don't see this situation as a problem.
- It's none of my business.
- I could be picked on or made fun of.
- I wouldn't want to become the focus of my coworker's attention.
- Nothing I could do or say would make a difference.
- It is hard to reason with someone who has been drinking.
- I don't believe the Service member would listen to me if they do not know me very well.
- The Service member should not have gotten into this situation in the first place.
- People put themselves into this type of situation because they want to drink and have sex.
- Other reason

[Ask if (Q87 = "Nothing" OR Q87 = "Leave to avoid any kind of trouble") AND Q88 = "Other reason"] What other reason best explains your reaction to the situation in the previous question?

PRIOR EXPERIENCES

89. **Prior to your entry into the military, did you experience any of the following intentional sexual contacts that were against your will or occurred when you did not or could not consent where someone...**
- **Sexually touched you (e.g., intentional touching of genitalia, breasts, or buttocks) or made you sexually touch them?**
 - **Attempted to make you have sexual intercourse, but was not successful?**
 - **Made you have sexual intercourse?**
 - **Attempted to make you perform or receive oral sex, anal sex, or penetration by a finger or object, but was not successful?**
 - **Made you perform or receive oral sex, anal sex, or penetration by a finger or object?**
- Yes
- No

90. [Ask if Q32 = "No"] **Since the date you first joined the military, have you ever experienced any of the following intentional sexual contacts that were against your will or occurred when you did not or could not consent where someone...**

- **Sexually touched you (e.g., intentional touching of genitalia, breasts, or buttocks) or made you sexually touch them?**
 - **Attempted to make you have sexual intercourse, but was not successful?**
 - **Made you have sexual intercourse?**
 - **Attempted to make you perform or receive oral sex, anal sex, or penetration by a finger or object, but was not successful?**
 - **Made you perform or receive oral sex, anal sex, or penetration by a finger or object?**
- Yes
- No

HOW ARE WE DOING?

91. **In your opinion, has *sexual assault* in our nation become more or less of a problem over the last 4 years?**
- Less of a problem today
- About the same as 4 years ago
- More of a problem today
92. [Ask if "Years of Service" > 3] **In your opinion, has *sexual assault* in the military become more or less of a problem over the last 4 years?**
- Less of a problem today
- About the same as 4 years ago
- More of a problem today

TAKING THE SURVEY

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

94. [Ask if Q1 = 'No, I separated or retired'] Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer. To submit your answers, click *Submit*. For further help, please call our Survey Processing Center toll-free at 1-800-881-5307, e-mail WGRSurvey@osd.pentagon.mil, or send a fax to 1-763-268-3002.

