

## AMEDD Resiliency Needs Assessment

### A. Survey Introduction

#### Participant Information Sheet

|                      |  |
|----------------------|--|
| <b>Title:</b>        | <b>Army Medical Department (AMEDD) Resiliency Needs Assessment</b> |
| <b>Project Lead:</b> | WRAIR  |
| <b>Contact Info:</b> | 301-319-9711;  |

#### Why are you completing this survey?

The Army's Office of the Surgeon General (OTSG) has requested support from the Walter Reed Army Institute of Research (WRAIR) to provide a needs assessment across the AMEDD enterprise to inform the development of a resiliency program for AMEDD personnel. You have been directed to complete the online survey. The AMEDD Resiliency Needs Assessment will provide leaders with key information about unit cohesion and morale while also providing feedback on the levels of resiliency and burnout throughout the organization. To protect your identity, all data will be anonymous, held securely, and only group (aggregate) responses will be reported. Your individual responses will never be reported, and your name or identity will never be linked with your survey response in any way. This study is conducted and supported by the U. S. Department of Defense. There are mandatory and voluntary parts to this evaluation. The box below contains more detailed information concerning the online survey and your participation in the voluntary portion of the study. Please email any questions you might have before you decide whether to participate in the research portion of the study.

The following gives you important information about this survey:

| <b>Key Information for You to Consider</b>  |
|---|
| <ul style="list-style-type: none"> <li>• <b>Purpose.</b> This online survey will be used to inform the development of a resiliency program for AMEDD personnel.</li> <li>• <b>Procedures and Activities.</b> The online survey assesses topics such as burnout, work stressors, attitudes toward your organization, team, leadership, and COVID-19, physical and behavioral health, and attitudes toward seeking care for behavioral health issues.</li> <li>• <b>Voluntary.</b> While this survey is command-directed, the completion of all survey items is voluntary and you can stop any time. The survey is also anonymous. In addition, we will ask you whether you consent to allowing your anonymous data be used for analyses in potential future research efforts. Providing your consent for future use of your data is voluntary. It is up to you whether you choose to allow your data to be used for any potential future research. There are no penalties and you will not lose anything if you decide that you do not want your data to be used for research.</li> <li>• <b>Duration.</b> The online survey will take approximately 30 minutes to complete.</li> <li>• <b>Risks.</b> The risks of participating in the survey have been determined to be minimal; however, certain questions may involve topics that make you uncomfortable. You may skip or elect not to answer any questions. Resources for any distress or anxiety are provided below.</li> <li>• <b>Benefits.</b> This survey is not designed to benefit you directly. The OTSG will use these results to develop a resiliency program. There is a chance that AMEDD personnel may benefit from that new program and therefore indirectly benefit from the information learned from this evaluation.</li> </ul> |

**What are my responsibilities as a participant?**

You are being asked to complete an online survey. Please reserve enough time to complete the survey in one sitting (approximately 30 minutes).

This survey cannot be used as a way to request behavioral health assistance because everything is anonymous, and we will not be able to identify you to provide help. If these questions cause you distress or anxiety, you can use the following web resources: Military OneSource, <https://www.militaryonesource.mil/>, Community Resource Guide, <https://crg.amedd.army.mil/Pages/default.aspx>, and Army Wellness Center, <https://p3.amedd.army.mil/my-army-wellness-center/locations>. You can also contact your local Employee Assistance Program (EAP), MTF, or clinic. Visit <https://www.tricare.mil/mtf> to find contact information for your local facility.

**What happens to the information collected?**

The information collected will be used to inform the development of a resiliency program for AMEDD personnel. Responses to this survey will NOT be used to take any actions for any individual. Unit Command and AMEDD Leadership will not receive any individualized data and individual participants will not be identified based on their responses. Your personal identity will not be revealed under any circumstances. All data are considered as a group (in aggregate) and are completely anonymous.

**How will your privacy and data confidentiality be protected?**

All data are anonymous and not linked to personally identifying information (PII); thus the risk of a breach to confidentiality is extremely low. We will not be collecting any information that can identify you now or in the future. Data collected online will be securely stored and encrypted when transferred from one location to another. Data will be stored on secure common access card-accessible drives at the WRAIR. Records may be inspected by the WRAIR Human Subjects Protection Branch and other representatives of the DoD.

**What happens if I no longer want to participate?**

You may withdraw your participation by closing out of the online survey at any time. You may choose to not answer any given question on the survey if you do not feel comfortable. If you choose to quit the survey, data collected prior to your withdrawal will be used for research purposes if you provided prior consent as there will be no way to identify you. Stopping the survey will not result in any penalties against you and there will be no loss of benefit to which you were previously entitled.

**Who can I contact if I have questions?**

If you have questions about this evaluation, you may contact 301-319-9711;

If you have questions about your rights as a respondent, you can contact the HSPB Director at WRAIR, at (301) 319-9940 or via email at [usarmy.detrick.medcom-wrair.mbx.hspb@mail.mil](mailto:usarmy.detrick.medcom-wrair.mbx.hspb@mail.mil).

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I received a participant information sheet and I agree to allow my survey responses to be used for research purposes.

- Yes
- No

## B. Demographics

***While your responses to this survey are anonymous and confidential, the following demographic information is collected to describe survey participation. Please answer each question honestly; only group (aggregate) responses will be reported and your individual responses will never be identified.***

1. What is your primary military affiliation?
  - I am a Department of the Army or Department of Defense Civilian (or NAF employee)
  - I am a Soldier on an active status (i.e., active duty or activated member of the reserve or National Guard)
  - I am a Department of Defense Contractor → [Screen out to closing page with resources]
  - Other → [Screen out to closing page with resources]
2. What is your gender identity?
  - Male
  - Female
  - Other, please specify \_\_\_\_\_
  - Prefer not to answer
3. What is your age?
  - 18-24
  - 25-29
  - 30-39
  - 40-49
  - 50-59
  - 60 and over
  - Prefer not to answer
4. Do you consider your ethnicity to be Hispanic or Latino/a?
  - Yes
  - No
  - Prefer not to answer
5. Do you consider your race to be (check all that apply):
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - Caucasian
  - Other, please specify \_\_\_\_\_
  - Prefer not to answer
6. What is your highest level of civilian education?
  - High school diploma/GED
  - Some college
  - Associate's degree
  - Bachelor's degree
  - Graduate degree
  - Prefer not to answer
7. What is your current marital status?
  - Not married

- Married, living with spouse
  - Married, not living with spouse (geographically separated)
  - Separated
  - Prefer not to respond
8. [If 7=married and 1=Soldier] Is your spouse also serving in the military?
- Yes
  - No
  - Prefer not to respond
9. [If 7=not married or separated] What is your current relationship status?
- Not in a committed relationship
  - In a committed relationship and living with partner
  - In a committed relationship and not living with partner
  - Prefer not to respond
10. Do you have any children in your household who are 18 or younger?
- Yes
  - No
  - Prefer not to respond
11. [if 10=Yes] How many children in your household are 18 or younger?
- 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7 or more
  - Prefer not to respond
12. Please indicate your primary job role.
- Clinical services, in which you directly care for patients or animals (e.g., doctor, dentist, veterinarian, nurse, public health nurse, physical therapist, psychologist, physician assistant, nurse practitioner)
  - Technical and clinical support services, in which you aid other clinicians (e.g., phlebotomist, medical technologist, dental hygienist, veterinary technician, epidemiologist)
  - Administrative services, in which you aid in the functioning of the hospital (e.g., human resources, administrative assistant, logistics, resource management)
13. [If 12=Clinical or technical services] For your primary job role, in which of the following medical services are you employed?
- Primary and/or Soldier care
  - Preventative care
  - Public health
  - Hospital care and surgery
  - Urgent and emergency care
  - Behavioral health and substance use
  - Laboratory
  - Radiology
  - Specialty care
  - Case management
  - Dental
  - Pharmacy
  - Vision
  - Women's health and pregnancy

- Children's health
  - Veterinary
  - Other, please specify: \_\_\_\_\_
14. [If 12=Clinical services] What is your specialty?
- Allergy and immunology
  - Anesthesiology and surgical services
  - Behavioral health
  - Behavioral health nursing
  - Dental
  - Dermatology
  - Diagnostic radiology
  - Emergency medicine
  - Family medicine
  - Internal medicine
  - Maternal child nursing
  - Medical Sub-specialties
  - Med-surg nursing
  - Neurology
  - Nuclear medicine
  - Obstetrics and gynecology
  - Ophthalmology
  - Orthopedic Surgery
  - Otolaryngology
  - Pathology
  - Pediatrics
  - Pediatric Sub-specialties
  - Physical medicine and rehabilitation
  - Preventative medicine
  - Public Health
  - Radiation oncology
  - Surgery
  - Surgical Sub-specialties
  - Urology
  - Veterinary
  - Other, please specify: \_\_\_\_\_
15. [If 12=Clinical services] In what setting do you primarily see patients?
- Inpatient
  - Outpatient
  - Other, please specify: \_\_\_\_\_
16. [If 12= Administrative services] In your primary job role, in which of the following departments of the medical service are you employed?
- Clinical operations
  - Housekeeping/janitorial
  - Human resources
  - Hospital leadership
  - Information technology
  - Logistics and maintenance
  - Patient administration
  - Resource management/business operations
  - Other, please specify: \_\_\_\_\_

17. Including training, how many years of professional experience do you have working in a military system?
- <1
  - 1-5
  - 6-10
  - 10-15
  - 16-20
  - 20-30
  - More than 30
  - Prefer not to respond
18. [If 12=Clinical] Are you an intern, resident, or fellow (e.g., graduate medical education, Social Work Internship Program, Phase 2 AIT)?
- No
  - Yes
  - Prefer not to respond
19. [If 1=Active Duty] What is your rank/pay grade?
- E1-E4
  - E5-E9
  - O1-O3, W1-W5
  - O4 and above
  - Prefer not to respond
20. [If 1=Active Duty] Are you a part of the MTOE Assigned Personnel (MAP) Program?
- Yes
  - No
  - Prefer not to respond
21. [If 1=Active Duty] How many of each type of deployment have you completed that lasted more than 30 days?
- Combat
    - 0-20 (dropdown)
  - Non-combat
    - 0-20 (dropdown)
  - COVID-related
    - 0-20 (dropdown)
22. [If 21 COVID >0] Did you feel that you had received adequate training or preparation for your COVID assignment/deployment?
- Yes
  - No
23. [If 21 COVID >0] Did the COVID deployment or assignment require extended time away from home?
- Yes
  - No
24. Which of the following best describes the type of medical unit you are affiliated with:
- Military Treatment Facility (including Health Clinics, Community Hospitals, Medical Centers, Troop Commands, and Soldier Readiness Units)
  - Dental Treatment Facility
  - Public health Unit
  - Headquarters Unit
25. [If 24=Military Treatment Facility] Specify the Military Treatment Facility where you currently work:
- Bassett Army Community Hospital – Fort Wainwright, AK
  - Baumholder Army Health Clinic – Baumholder, Germany
  - Bayne-Jones Army Community Hospital – Fort Polk, LA

- - B. G. Crawford F. Sams Army Medical Clinic – Camp Zama, Japan
  - Blanchfield Army Community Hospital – Fort Campbell, KY
  - Brian D. Allgood Army Community Hospital – Camp Humphreys, South Korea
  - Brooke Army Medical Center – Joint Base San Antonio, TX
  - Brussels Army Health Clinic (NATO) – Sterrebeek, Belgium
  - Darnall Army Medical Center – Fort Hood, TX
  - Desmond Doss Health Clinic – Schofield Barracks, HI
  - Dunham Army Health Clinic – Carlisle Barracks, PA
  - Eisenhower Army Medical Center – Fort Gordon, GA
  - Evans Army Community Hospital – Fort Carson, CO
  - Fort Belvoir Community Hospital – Fort Belvoir, VA
  - Fox Army Health Center – Redstone Arsenal, AL
  - Grafenwoehr Army Health Clinic – Grafenwohr, Germany
  - Guthrie Army Health Clinic – Fort Drum, NY
  - Hohenfels Army Health Clinic – Hohenfels, Germany
  - Ireland Army Community Hospital – Fort Knox, KY
  - Irwin Army Community Hospital – Fort Riley, KS
  - Keller Army Community Hospital – West Point, NY
  - Kenner Army Health Clinic – Fort Lee, VA
  - Kimbrough Ambulatory Care Center – Fort Meade, MD
  - Kirk Army Health Clinic – Aberdeen Proving Ground, MD
  - Landstuhl Regional Medical Center – Germany
  - Leonard Wood Army Community Hospital – Fort Leonard Wood, MO
  - Lyster Army Health Clinic – Fort Rucker, AL
  - Madigan Army Medical Center – Joint Base Lewis-McChord, WA
  - Martin Army Community Hospital – Fort Benning, GA
  - McAfee Army Health Clinic – White Sands Missile Range, NM
  - McDonald Army Health Clinic – Joint Base Langley-Eustis, VA
  - Moncrief Army Community Hospital – Fort Jackson, SC
  - Munson Army Health Center – Fort Leavenworth, KS
  - Presidio of Monterey Army Health Clinic – Monterey, CA
  - Reynolds Army Community Hospital – Fort Sill, OK
  - Rodriguez Army Health Clinic – Fort Buchanan, PR
  - Raymond W. Bliss Army Health Center – Fort Huachuca, AZ
  - SHAPE Army Health Clinic – Casteau, Belgium
  - SOUTHCOM Health Clinic – Doral, FL
  - Stuttgart Army Health Clinic – Patch Barracks, Germany
  - Tripler Army Medical Center – Honolulu, HI
  - Tuttle Army Health Clinic – Savannah, GA
  - Vicenza Army Health Clinic – Vicenza, Italy
  - Vilseck Army Health Clinic – Rose Barracks, Germany
  - Walter Reed National Military Medical Center – Bethesda, MD
  - Weed Army Community Hospital – Fort Irwin, CA
  - Wiesbaden Army Health Clinic – Wiesbaden, Germany
  - William Beaumont Army Medical Center – Fort Bliss, TX
  - Winn Army Community Hospital – Fort Stewart, GA
  - Womack Army Medical Center – Fort Bragg, NC
  - Other, please specify: \_\_\_\_\_
26. [If 24=Dental Treatment Facility] Specify the Dental Treatment Facility where you currently work:

- Dental Activity – Alaska
  - Dental Activity – Army Dental Laboratory
  - Dental Activity – Bavaria, Germany
  - Dental Activity – Fort Benning, GA
  - Dental Activity – Fort Bliss, TX
  - Dental Activity – Fort Bragg, NC
  - Dental Activity – Fort Campbell, KY
  - Dental Activity – Fort Carson, CO
  - Dental Activity – Fort Drum, NY
  - Dental Activity – Fort Eustis, VA
  - Dental Activity – Fort Gordon, GA
  - Dental Activity – Fort Hood, TX
  - Dental Activity – Fort Jackson, SC
  - Dental Activity – Fort Knox, KY
  - Dental Activity – Fort Lee, VA
  - Dental Activity – Fort Leonard Wood, MO
  - Dental Activity – Fort Meade, MD
  - Dental Activity – Fort Polk, LA
  - Dental Activity – Fort Riley, KS
  - Dental Activity – Fort Sill, OK
  - Dental Activity – Fort Stewart, GA
  - Dental Activity – Hawaii
  - Dental Activity – Joint Base Lewis-McChord, WA
  - Dental Activity – Joint Base San Antonio, TX
  - Dental Activity – Korea
  - Dental Activity – Landstuhl, Germany
  - Dental Activity – Vicenza, Italy
  - Dental Activity – West Point, NY
  - Dental Clinic – Aberdeen Proving Ground, MD
  - Dental Clinic – Carlisle Barracks, PA
  - Dental Clinic – Fort Belvoir, VA
  - Dental Clinic – Fort Huachuca, AZ
  - Dental Clinic – Fort Irwin, CA
  - Dental Clinic – Fort Leavenworth, KS
  - Dental Clinic – Fort Richardson, AK
  - Dental Clinic – Fort Rucker, AL
  - Dental Clinic – Camp Zama, Japan
  - Dental Clinic – SHAPE, Belgium
  - Dental Health Command – Atlantic – Fort Belvoir, VA
  - Dental Health Command – Central – Fort Bliss, TX
  - Dental Health Command – Europe – Landstuhl, Germany
  - Dental Health Command – Pacific – Hawaii
  - Other, please specify: \_\_\_\_\_
27. [If **24**=Public Health Unit] Specify the Public Health Unit where you currently work:
- Army Public Health Center – Aberdeen Proving Ground, MD
  - Public Health Command – Central – Joint Base San Antonio, TX
  - Public Health Command – Atlantic – Fort Meade, MD
  - Public Health Command – Europe – Germany
  - Public Health Command – Pacific – Hawaii
  - Public Health Activity – Rheinland-Pfalz



- Public Health Activity – Italy
  - Public Health Activity – Fort Belvoir
  - Public Health Activity – Fort Bragg
  - Public Health Activity – Fort Gordon
  - Public Health Activity – Fort Knox
  - Public Health Activity – Fort Hood
  - Public Health Activity – Fort Carson
  - Public Health Activity – Joint Base Lewis-McChord
  - Public Health Activity – Guam
  - Public Health Activity – Hawaii
  - Public Health Activity – Japan
  - Public Health Activity – Korea
  - Public Health Activity – San Diego
  - Other, please specify: \_\_\_\_\_
28. [If 24=Headquarters Unit] Specify the Headquarters Unit where you currently work:
- Office of the Surgeon General (OTSG)
  - Medical Command (MEDCOM)
  - Regional Health Command – Europe (RHC-E)
  - Regional Health Command – Atlantic (RHC-A)
  - Regional Health Command – Central (RHC-C)
  - Regional Health Command – Pacific (RHC-P)
  - Other, please specify: \_\_\_\_\_

### C. Organizational Attitudes

***The questions in this section are intended to provide information on your attitudes regarding the organization in which you work. You may feel anxiety or distress while answering certain questions. To protect your identity, all data will be held securely and only group (aggregate) responses will be reported. As a reminder, your individual responses will not be reported.***

29. [If 1=Active Duty] What best describes your current career intentions?
- Definitely STAY IN until retirement
  - Probably STAY IN until retirement
  - Definitely STAY IN beyond my present obligation, but not necessarily until retirement
  - UNDECIDED about whether to stay after completion of my current obligation
  - Probably LEAVE upon completion of my current obligation
  - Definitely LEAVE upon completion of my current obligation
30. [If 1=Civilian] What best describes your current career intentions?
- Definitely STAY working in the military health system until retirement
  - Probably STAY working in the military health system until retirement
  - Definitely STAY working in the military health system for the next three years, but not necessarily until retirement
  - UNDECIDED about whether to stay working in the military health system for the next three years
  - Probably LEAVE the military health system in the next three years
  - Definitely LEAVE the military health system in the next three years
31. In the past year, have you considered no longer working in healthcare?
- Yes
  - No

| 32. Please rate the following:                  | Very low                 | Low                      | Medium                   | High                     | Very high                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Your overall job satisfaction                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your satisfaction with your salary/compensation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 33. Please rate the extent to which you agree or disagree that the following are problems among the team members you work with on a day-to-day basis: | Strongly disagree        | Disagree                 | Neither agree nor disagree | Agree                    | Strongly agree           |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Sexual harassment is a problem in my team   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual assault is a problem in my team  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Racism is a problem in my team  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremism is a problem in my team   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Bullying or hazing is a problem in my team  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

| 34. Please rate the extent to which you agree or disagree with the following statements. | Strongly disagree        | Disagree                 | Neither agree nor disagree | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| The members of my team are cooperative with each other.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The members of my team know that they can depend on each other.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The members of my team stand up for each other.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

| 35. Please rate the extent to which you agree or disagree with the following statements. | Strongly disagree        | Disagree                 | Neither agree nor disagree | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| I trust my immediate supervisor.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| I trust the leadership in my organization.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

| 36. Please rate the extent to which you agree or disagree with the following statements. | Strongly disagree        | Disagree                 | Neither agree nor disagree | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| My immediate supervisor is an effective leader   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

| 37. Thinking about your current team/unit, rate how often your leaders... | Never                    | Seldom                   | Sometimes                | Often                    | Always                   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Emphasize taking care of yourself   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encourage you to get enough sleep   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Give you positive feedback about your accomplishments                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Remind you that you serve an important purpose                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encourage you to maintain compassion                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acknowledge challenges the team may face                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reduce tension in the team/unit when emotions run high                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Take responsibility when mistakes or challenging circumstances occur      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are willing to listen to you  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protect subordinates from unnecessary or overly burdensome tasks          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are approachable and available when needed                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are objective and fair when addressing conflicts                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D. Organizational Culture**

| 38. How <b>committed</b> do you think your organization is to the each of the following? | Not at all committed     | Slightly committed       | Moderately committed     | Very committed           | Extremely committed      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| My physical safety   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Allowing members of my team to be able to bring up problems and tough issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fostering development of meaning and purpose in my work.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Giving me choice and flexibility at work                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognizing and rewarding my accomplishments                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allowing me to participate in decision-making that affects me                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fostering cohesion at work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily improvement and learning from mistakes                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My wellness and self-care  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Giving me regular feedback on my work  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### E. Work Stressors

***The questions in this section are intended to provide information on specific stressors you may be concerned about and their effects on you. You may feel anxiety or distress while answering certain questions. To protect your identity, all data will be held securely and only group (aggregate) responses will be reported. As a reminder, your individual responses will not be reported.***

| 39. How often do the following statements describe the way you feel? | Always                   | Often                    | Sometimes                | Seldom                   | Never/<br>Almost Never   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How often do you feel tired?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often are you physically exhausted?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often are you emotionally exhausted?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you think: "I can't take it anymore"                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you feel worn out?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you feel weak and susceptible to illness?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel worn out at the end of the working day?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Are you exhausted in the morning at the thought of another day at work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel that every working hour is tiring for you?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have enough energy for family and friends during leisure time?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 40. How often do the following statements describe the way you feel? | To a very high degree    | To a high degree         | Somewhat                 | To a low degree          | To a very low degree     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is your work emotionally exhausting?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel burnt out because of your work?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your work frustrate you?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

41. Using your own definition of “burnout,” please select one of the answers below:

- I enjoy my work. I have no symptoms of burnout.
- I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
- The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.
- I feel completely burned out. I am at the point where I may need to seek help.

| 42. Please rate the extent to which you are worried or concerned about the following: | Not At All               | Slightly                 | Moderately               | Very                     | Extremely                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| My workload   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staffing levels of my team  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased work demands due to team members who have deployed                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Getting clear, up to date communications  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MHS Genesis/Network Issues  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of career growth/promotion opportunities   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mandatory training requirements   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Insufficient compensation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transfer to DHA  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of control/autonomy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential downsizing of the Army's medical component                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of respect from patients/customers  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of respect from supervisors/employers, colleagues, or staff               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Administrative demands   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TRICARE network ability to provide outside medical services to patients        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [If 1=Active Duty] Change from PROFIS to MTOE Assigned Personnel (MAP) Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [If 1=Active Duty] Marketplace program   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [If 1=Active Duty] Army Combat Fitness Test (ACFT)                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### F. COVID-19 Stressors and Attitudes

*This survey intends to assess stressors and attitudes related to the COVID-19 pandemic. Please answer the following questions about your stressors and attitudes related to COVID-19.*

| 43. Please rate the extent to which you are worried or concerned about the following in the context of COVID-19: | Not At All               | Slightly                 | Moderately               | Very                     | Extremely                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Being isolated/quarantined/quartered because of COVID-19   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doing jobs I am not trained for  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changes in workload due to COVID-19  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having adequate childcare while I work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changes to work schedule(s)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uncertainty about COVID-19   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing rules, regulations and guidance related to COVID-19   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contracting the COVID-19 virus   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

44. To what extent has COVID-19 impacted your work duties?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

45. Please indicate which response best represents what you think about your team’s current response to the COVID-19 pandemic:

- My team has not taken enough precautions in response to the COVID-19 pandemic.
- My team has taken the right amount of precautions in response to the COVID-19 pandemic.
- My team has taken too many precautions in response to the COVID-19 pandemic.

46. To what extent has your household been impacted financially by the COVID-19 pandemic?

- No impact
- Minimal impact
- Moderate impact
- Major impact
- Severe impact

| 47. [If 7=married or 8= In a committed relationship and living with partner]<br>Have any of the following occurred as a result of the COVID-19 pandemic? | Yes                      | No                       | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|
| My Spouse/partner is no longer employed outside of the home  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My Spouse/partner has had their work hours reduced   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My spouse/partner had to take an unpaid leave of absence/“furloughed”  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My spouse/partner shifted to working from home or teleworking part- or full-time   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

48. [If 7=married or 8= In a committed relationship and living with partner] To what extent have you and your spouse/partner had difficulty coping with the impact of the COVID-19 pandemic?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

### G. Health and Wellness

***The questions in this section are intended to provide a snapshot of physical and behavioral health. You may feel anxiety or distress while answering certain questions. To protect your identity, all data will be held securely and only group (aggregate) responses will be reported. As a reminder, your individual responses will not be reported.***

49. In general, would you say your health is:

- Excellent
- Very good

- Good
- Fair
- Poor

| 50. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much? | Yes, limited a lot       | Yes, limited a little    | No, not limited at all   |
|---|--------------------------|--------------------------|--------------------------|
| <b>Moderate activities</b> such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing <b>several</b> flights of stairs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 51. During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u> ? | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>Accomplished less</b> than you would like.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were limited in the <b>kind</b> of work or other activities.  | <input type="checkbox"/> | <input type="checkbox"/> |

| 52. During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)? | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>Accomplished less</b> than you would like  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did work or activities <b>less carefully than usual</b> .   | <input type="checkbox"/> | <input type="checkbox"/> |

53. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely



These questions are about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

| 54. How much of the time during the past 4 weeks... | All of the time          | Most of the time         | A good bit of the time   | Some of the time         | A little of the time     | None of the time         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Have you felt calm and peaceful?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a lot of energy?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you felt downhearted and blue?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

55. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

56. On average, how many hours of sleep have you gotten per day during the last week?

- 3 or fewer
- 4
- 5
- 6
- 7
- 8 or more

| 57. Over the <b>last 2 weeks</b> , how often have you been bothered by any of the following problems? | Not at all               | Several days             | More than half the days  | Nearly every day         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Little interest or pleasure in doing things   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling down, depressed, or hopeless  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

58. At any time in the past 12 months, did you seriously think about trying to kill yourself?

- Yes
- No → [Go to **61**]

59. [If **58**=Yes] During the past 12 months, did you make any plans to kill yourself?

- Yes
- No

60. [If 58=Yes] During the past 12 months, did you try to kill yourself?

- Yes
- No

|   | Never                    | One time monthly or less | Two or four times a month | Two or three times per week | Four or more times a week |
|---|--------------------------|--------------------------|---------------------------|-----------------------------|---------------------------|
| 61. How often do you have a drink containing alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/>  |

|  | 0 drinks                 | 1 or 2 drinks            | 3 or 4 drinks            | 5 or 6 drinks            | 7 to 9 drinks            | 10 or more               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 62. How many drinks containing alcohol do you have on a typical day when you are drinking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | Never                    | Less than monthly        | Monthly                  | Weekly                   | Daily or almost daily    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 63. How often do you have six or more drinks on one occasion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### H. Attitudes and Use of Behavioral Healthcare

*The questions in this section are intended to provide information regarding your attitudes and use of behavioral healthcare services. You may feel anxiety or distress while answering certain questions. To protect your identity, all data will be held securely and only group (aggregate) responses will be reported. As a reminder, your individual responses will not be reported.*

|   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| 64. In the past 12 months, did you think you needed help for emotional or behavioral health problems? | <input type="checkbox"/> | <input type="checkbox"/> |

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 65. In the past 12 months, did you seek out or receive behavioral health services for a stress, emotional, alcohol, or family problem(s)? | <input type="checkbox"/> | <input type="checkbox"/> |

| 66. [If 65=Yes] Did you receive services from a...                | Yes                      | No                       | Not applicable           |
|---|--------------------------|--------------------------|--------------------------|
| Behavioral health professional in the military health system      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavioral health professional outside the military health system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 67. If a <b>MILITARY</b> teammate needed help for a stress, emotional, alcohol or family problem, how likely would you be to recommend the following services? | Very unlikely            | Unlikely                 | Neutral                  | Likely                   | Very Likely              | Not familiar with the service |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| Behavioral health professional in the military health system   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Behavioral health professional outside the military health system  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| General medical doctor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Chaplain   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Military and Family Life Consultant (MFLC)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Peer Support Services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Army Wellness Center   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Military One Source  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Family advocacy program (FAP)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Army Substance Abuse Program (ASAP)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |

| 68. If a <b>CIVILIAN</b> teammate needed help for a stress, emotional, alcohol or family problem, how likely would you be to recommend the following services? | Very unlikely            | Unlikely                 | Neutral                  | Likely                   | Very Likely              | Not familiar with the service |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| Behavioral health professional   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| General medical doctor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |
| Faith-based counseling   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |

|                                   |                          |                          |                          |                          |                          |                          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Employee Assistance Program (EAP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peer Support Services             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 69. Rate each of the following factors related to receiving behavioral health counseling. | Strongly disagree        | Disagree                 | Neither agree nor disagree | Agree                    | Strongly agree           |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| I don't trust behavioral health professionals.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| It would be difficult to schedule an appointment.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| I would prefer to manage my problems on my own.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know where to get help.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| It would harm my career   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| I would be seen as weak   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

| 70. If you were experiencing the following issues, how willing would you be to voluntarily seek assistance? | Not at all likely        | Somewhat likely          | Moderately likely        | Very likely              | Extremely likely         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Burnout/work stress   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stress, emotional, alcohol, or family problem   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 71. If you were experiencing burnout/work stress, how willing would you be to voluntarily use behavioral health services, if the following were true: | Not at all likely        | Somewhat likely          | Moderately likely        | Very likely              | Extremely likely         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| My friends and family strongly encouraged me to do it   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Senior leaders encouraged those who need care to seek it  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Direct supervisors suggested I seek care  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I am guaranteed to get time off to get care

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Care is encouraged and provided as part of a workplace wellness program

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

I. Self-Care

*The questions in this section are intended to provide information about your current use of self-care strategies. As a reminder, your individual responses will not be reported.*

| 72. During the PAST 30 days, how often did you do the following kinds of physical activity?   | About every day          | 5-6 days a week          | 3-4 days a week          | 1-2 days a week          | Less than 1 day a week   | Not at all in the past 30 days |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| Moderate physical activity - Exertion that raises the heart rate and breathing, you should be able to carry on a conversation comfortably during the activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| Vigorous physical activity – Exertion that is high enough that you would find it difficult to carry on a conversation during the activity                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| Strength training – Including using weights or resistance training to increase muscle strength  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |

| 73. [If 67=Not at all in the past 30 days] During the PAST 30 days, on days you did the following, how long PER DAY did you typically do each?                | 60 or more minutes       | 30-59 minutes            | 20-29 minutes            | Less than 20 minutes     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Moderate physical activity - Exertion that raises the heart rate and breathing, you should be able to carry on a conversation comfortably during the activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vigorous physical activity – Exertion that is high enough that you would find it difficult to carry on a conversation during the activity                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strength training – Including using weights or resistance training to increase muscle strength  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 74. Please rate the extent to which you agree or disagree with the following statements. | <b>Strongly disagree</b> | <b>Disagree</b>          | <b>Neither agree nor disagree</b> | <b>Agree</b>             | <b>Strongly agree</b>    |
|--|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| I feel disconnected from the world around me   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| My life has a clear sense of purpose   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| I have so much in life to be thankful for  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |

## J. Previous survey participation

75. Is this the first time that you have taken this survey?

- Yes
- No
- Don't know