



FAMILIES

Tell us your views



The Families Continuous Attitude Survey (FAMCAS) is your chance to tell me about your experience of being the husband, wife or civil partner of someone in the Army.

It is an opportunity to have your views heard by those that can - and want to - make a difference.

The answers you provide will help me and my team to argue more effectively on your behalf.

The more people who respond, the more convincing these arguments will be.

Please don't waste this chance to voice your views.

G W Berragan CB
Lieutenant General

A MESSAGE FROM THE ARMED FORCES COVENANT TEAM

I thought it would be worth telling you how much we at the Armed Forces Covenant Team appreciate every survey that is completed.

We are continuing to build up a picture, year on year, of what life is like for those who are spouses or partners of Armed Forces personnel. From your survey, and thousands more, we can keep our eyes on where we need to do more through the Covenant, and use this information to bring improvements to Service families at home and abroad.

Every year we produce the Armed Forces Covenant Annual Report that goes before Parliament. The Covenant is all about ensuring that Armed Forces personnel, Veterans, and their families do not face disadvantage compared to their civilian counterparts in the provision of public and commercial services. Your answers help us build this report and take action when things should be improved.

I would really encourage you to take this opportunity to tell us what you think. The data from this survey will often be the first step in identifying where something might be going wrong and enabling us to do something about it.

I assure you that your time spent in completing this survey will make a very valuable contribution.

James Franklin
Head of Armed Forces Covenant Team

How to complete the questionnaire

- The Families Continuous Attitude Survey is sent every year to a random selection of Army spouses/civil partners. The questions cover different areas of family life including housing, welfare, facilities & services and your attitudes toward Army life.
- **Please note that the term spouse/civil partner used throughout this survey refers to the married or civil partner of a Serving person within the Army.**
- Please put a **tick** in the box next to the answer that best applies to you in your **CURRENT** situation.
- In some of the questions you need to give your answer in numbers. Please write clearly, putting one number in each box provided. For example,

0	7
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 years.
- A few questions will require a written answer - please write in **BLOCK CAPITALS**.
- All surveys are **anonymous** and your responses will remain absolutely **confidential**. No attempt will be made to identify you or the serving member of your family. Only civilian researchers outside of the Chain of Command will see the completed surveys.
- If you do not wish to participate in the survey it would be very helpful to us if you could return the uncompleted questionnaire in the envelope provided.
- Please note that by completing and posting this survey you have given your consent to participate in this study. However, participation is entirely voluntary and if you choose not to take part this will not disadvantage you or your spouse/civil partner in any way.
- Please return your survey as soon as possible using the pre-paid envelope provided. If you have any problems or questions regarding the questionnaire please call Hannah Walker on 01264 381697 or alternatively email ArmyPersCap-survey@mod.uk

Thank you for completing this questionnaire

About You

* Your answers to **Q1 & Q2** are vital in allowing us to ensure survey findings are reliable. Surveys which do not include answers to these questions cannot be counted.

1: Where do you currently live?

England 1 Scotland 3 Outside the UK 5
Northern Ireland 2 Wales 4

2: What is your spouse/civil partner's rank?

Pte 1 LCpl 2 Cpl 3 Sgt 4 SSgt/CSgt 5 WO2 6 WO1 7
2nd Lt 10 Lt 20 Capt 30 Maj 40 Lt Col 50 Col 60 1*and above 70

3: Where is your spouse/civil partner currently stationed/posted?

England 1 Scotland 3 Outside the UK 5
Northern Ireland 2 Wales 4

4: Have you moved in the last 12 months?

Yes, for Service reasons 1 Yes, for other reasons 2 No 3

5: How old are you?

(Please write your age in the box) Years

6: Are you?

Male 1 Female 2

7: Have you ever served as a Regular in the Armed Forces?

Yes, I am still serving 1 Yes, but I'm no longer serving 2 No, I have never served 3

8: Do you live separately from your spouse/civil partner during the working week?

Yes 1 No 2 *If No, go to question 10*

9: If yes, how often do you see your spouse/civil partner?

Weekly 1 Fortnightly 2 Monthly 3 Other 4

10: In the past 12 months approximately how much time has your spouse/civil partner spent away from home for Service reasons?

Not been away 1 Up to 1 month 2 Up to 3 months 3 Up to 6 months 4
Up to 9 months 5 Up to 12 months 6 Not applicable 7

Electoral Registration

11: Are you currently registered to vote? *(Please choose one of the following)*

- Yes, and I registered without difficulty 1
- Yes, but I had some difficulty registering 2
- No, I chose not to register 3
- No, I was not able to register 4
- Don't know 5
- Prefer not to say 6

12: If you are registered, which registration option did you use? *(Please choose one of the following)*

- I'm registered as an ordinary/residential voter – registered for one year, via the annual update of voters (annual canvass) 1
- I'm registered as a Service voter – registered for five years, via a service declaration 2
- I'm registered as an overseas voter – registered for one year, in the same way as a non-forces British citizen living overseas 3
- Don't know 4

Health Care

In this section we wish to ask about the provision of healthcare services for Service families (excluding any serving personnel).

If you and your spouse/civil partner are both currently serving and have no children, please go to Q30

13: In the last 12 months have you/your children been able to access the following healthcare services?

	Yes, without difficulties	Yes, but with some difficulties	No, I was unable to	No, I did not need to
a) Dental treatment	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 1	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 3	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 4
b) GP (Including Nurse/Midwife etc)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 1	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 3	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 4
c) Mental Health treatment	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 1	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 3	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 4
d) Hospital or specialist services	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 1	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 3	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 4

Please use the text box at the end of the survey to tell us about the difficulties you may have encountered.

Please only complete this question if you have moved within the last 12 months. If you have not moved, please go to Q17

14: If you/your children were undergoing a course of treatment with any of the following services at the time of your move, were you/your children able to continue the treatment in your new location?

	Yes, without difficulties	Yes, but with some difficulties	No, I was unable to	No, I did not need to
a) Dental treatment	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 1	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 3	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 4
b) GP (Including Nurse/Midwife etc)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 1	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 3	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 4
c) Mental Health treatment	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 1	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 3	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 4
d) Hospital or specialist services	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 1	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 3	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 4

15: In the last 12 months have you or any of your children been on a waiting list for an operation/ consultants appointment?

Yes 1 No 2

16: If yes, was the waiting time increased as a result of moving?

Yes 1 No 2 Don't know 3 Not Applicable 4

Childcare & Children's Education

17: Do you have any children?

Yes 1 No 2 *If **No**, please go to question 30 in the next section*

18: If yes, how many children do you have? *(Please write the number of children in each box. If you do not have children in that age group, please insert '0')*

Under 5 years 1 Between 5 and 17 years 2

18 years or older, not in full time education 3 18 years or older, in full time education 4

19: Have you needed childcare in the last 12 months?

Yes 1 No 2 *If **No**, please go to question 23*

20: If yes, have you been able to access childcare?

Yes 1 No 2 *If **Yes**, please go to question 22*

21: If no, you could not access childcare, what difficulties did you have? *(Please specify)*

22: How satisfied or dissatisfied are you with the following aspects of your local childcare facilities?

	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
a) Access (e.g. distance, transportation)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) Quality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) Cost	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d) Opening hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

23: Do you have any children of school age?Yes 1No 2*If **No**, please go to question 30 in the next section***24: If yes, please tell us the number of children you have at each type of school:***(If you do not have any children at the type of school described please insert '0')*State school 1Independent day school 2Independent boarding school 3Service school 4Other 5**25: Do you receive CEA (Children's Education Allowance)?**Yes 1No 2**26: Whether you use it or not, is CEA an important part of the Army employment package?**Yes 1No 2Not sure 3**27: Did any of your child(ren) have to change school in the last 12 months?**Yes, for Service reasons 1Yes, for other reasons 2No 3**28: How satisfied are you with the following for your school age children?**

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not applicable
a) Availability of out of school hours activities run by the school	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6
b) Quality of out of school hours activities run by the school	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6
c) Availability of activities for children run by the Local Authority or third party	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6
d) Quality of activities for children run by the Local Authority or third party	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6

29: Did you experience any of the following difficulties with your children's schooling in the last 12 months? (Tick all that apply)

- | | | | |
|--|----------------------------|---|----------------------------|
| a) I did not experience any difficulties | <input type="checkbox"/> 1 | h) Children could not attend same school together | <input type="checkbox"/> 1 |
| b) Insufficient transportation at school | <input type="checkbox"/> 1 | i) Obtaining support for Special Educational Needs (SEN) | <input type="checkbox"/> 1 |
| c) Distance to school | <input type="checkbox"/> 1 | j) School admission application period did not coincide with notification of assignment | <input type="checkbox"/> 1 |
| d) Getting a place at the school of your choice | <input type="checkbox"/> 1 | k) Local Authority was unsupportive | <input type="checkbox"/> 1 |
| e) Getting enough information about schools in your area | <input type="checkbox"/> 1 | l) Continuing your children's education without a gap | <input type="checkbox"/> 1 |
| f) Not enough places at your local school | <input type="checkbox"/> 1 | m) Differences in syllabus | <input type="checkbox"/> 1 |
| g) Unsuitable educational standard of local school | <input type="checkbox"/> 1 | n) Other difficulty | <input type="checkbox"/> 1 |

Please use the box at the end of the survey to tell us of any other difficulties.

Accommodation

30: Do you own your own home?

- Yes, I am living in it. 1 No 3
- Yes, but not living in it. 2 No, but I am currently saving up to buy a home in the future. 4

31: If you currently own your own home, why did you decide to buy it? (Tick all that apply)

- | | |
|---|--|
| a) Stability for self and family <input type="checkbox"/> 1 | d) Poor standard of Service family accomodation <input type="checkbox"/> 1 |
| b) To take advantage of allowances to live in our own home <input type="checkbox"/> 1 | e) Poor location of Service family accomodation <input type="checkbox"/> 1 |
| c) For financial investment or to rent out <input type="checkbox"/> 1 | f) For resettlement <input type="checkbox"/> 1 |

32: If you don't own your own home, which of the following statements apply to you?

(Tick all that apply)

- | | |
|--|--|
| a) I/we don't want to own a home at this stage in my/our life/career(s) <input type="checkbox"/> 1 | f) I/we can't afford to buy a suitable home at the moment <input type="checkbox"/> 1 |
| b) Living in Service accommodation is better suited to my family's needs at present <input type="checkbox"/> 1 | g) I/we wouldn't be able to live in the home <input type="checkbox"/> 1 |
| c) I/we want to be able to move with my spouse/civil partner when he/she is posted <input type="checkbox"/> 1 | h) I/we had difficulties getting a mortgage <input type="checkbox"/> 1 |
| d) I/we don't want to buy a home where we are currently located <input type="checkbox"/> 1 | i) Other reason <input type="checkbox"/> 1 |
| e) I am expecting my spouse/civil partner to be posted overseas or to an area where I/we don't want to buy a home <input type="checkbox"/> 1 | |

33: What type of accommodation do you live in during the working week? (Tick one box only)

- | | |
|---|---|
| Service Family Accommodation (SFA) <input type="checkbox"/> 1 | Property I/we own <input type="checkbox"/> 5 |
| Substitute Service Family Accommodation (SSFA) <input type="checkbox"/> 2 | Privately rented accommodation <input type="checkbox"/> 6 |
| Single Living Accommodation (SLA) <input type="checkbox"/> 3 | Other accommodation <input type="checkbox"/> 7 |
| Substitute Single Living Accommodation (SSLA) <input type="checkbox"/> 4 | |

34: What type of accommodation would you prefer to live in during the working week?

(Tick one box only)

- | | |
|---|---|
| Service Family Accommodation (SFA) <input type="checkbox"/> 1 | Property I/we own <input type="checkbox"/> 5 |
| Substitute Service Family Accommodation (SSFA) <input type="checkbox"/> 2 | Privately rented accommodation <input type="checkbox"/> 6 |
| Single Living Accommodation (SLA) <input type="checkbox"/> 3 | Other accommodation <input type="checkbox"/> 7 |
| Substitute Single Living Accommodation (SSLA) <input type="checkbox"/> 4 | |

35: If you live in SFA or SSFA, how satisfied or dissatisfied are you with each of the following?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know
a) The overall standard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) The value for money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) The response to requests for maintenance/repair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d) The quality of maintenance/ repair work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e) How fairly Service accommodation is allocated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f) The security of your SFA/SSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g) The cleanliness of your accommodation when moving in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Employment**36: In the last 12 months have you or anyone in your family experienced difficulties with the following as a result of Service life?**

	Yes	No	Not applicable
a) Accessing Further or Higher Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b) Continuing a course previously started	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

37: In the last 12 months, have you or your family accompanied your spouse/civil partner on overseas assignments?

Yes	<input type="checkbox"/> 1	
No	<input type="checkbox"/> 2	<i>If No, go to Q39</i>

38: If yes, were you able to:

	Yes, without difficulty	Yes, with difficulty	No, I was not able to	No, I chose not to
a) Obtain paid employment overseas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Access Service-provided information before moving overseas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

39: What is your current employment status? (Tick all that apply)

- | | | |
|---|--------------------------|---|
| a) In full-time employment | <input type="checkbox"/> | 1 |
| b) In part-time employment | <input type="checkbox"/> | 1 |
| c) Self employed | <input type="checkbox"/> | 1 |
| d) Homemaker/parent at home | <input type="checkbox"/> | 1 |
| e) Not employed - seeking employment | <input type="checkbox"/> | 1 |
| f) Not employed - not seeking employment | <input type="checkbox"/> | 1 |
| g) In full-time education/personal development | <input type="checkbox"/> | 1 |
| h) In part-time education | <input type="checkbox"/> | 1 |
| i) My immigration status means that I am unable to work | <input type="checkbox"/> | 1 |
| j) Not applicable | <input type="checkbox"/> | 1 |

40: If employed, what is the main reason why you do your current job? (Tick one box only)

- | | | |
|---|--------------------------|---|
| For my career | <input type="checkbox"/> | 1 |
| For financial reasons | <input type="checkbox"/> | 2 |
| I enjoy this work | <input type="checkbox"/> | 3 |
| There are limited employment opportunities where I live | <input type="checkbox"/> | 4 |
| It fits in with my family life | <input type="checkbox"/> | 5 |
| Other | <input type="checkbox"/> | 6 |

41: If you have a job, would you like to work longer hours at your current basic rate of pay given the opportunity?

- | | | | |
|----------------|--------------------------|---|--|
| Yes | <input type="checkbox"/> | 1 | |
| No | <input type="checkbox"/> | 2 | <i>If No, go to Q43</i> |
| Not applicable | <input type="checkbox"/> | 3 | <i>If Not applicable, go to Q43</i> |

42: If yes, how many extra hours would you like to work each week?

Number of extra hours

43: If you have a job, how satisfied are you with the following:

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know	Not applicable
a) Your job overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) That your qualifications match your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c) That your job matches your skills and experience	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

44: Have you been looking for a job in the last 12 months?

Yes 1

No 2 *If No, go to Q47*

45: If yes, did you have any difficulty finding suitable employment?

Yes 1

No 2 *If No, go to Q47*

46: If you experienced difficulty finding suitable employment, was it because of any of the following? (Tick all that apply)

- a) A lack of relevant qualifications 1
- b) Your employment history (i.e. changing jobs frequently) 1
- c) Being overseas with your spouse/civil partner 1
- d) Having a spouse who is often away 1
- e) Having a spouse in the Armed Forces 1
- f) Access to affordable and quality childcare 1
- g) Other (please specify in the box below) 1

Other difficulties:

Deployment

47: Do you know where to go for Service-provided welfare support and information while your spouse/civil partner is on an operational tour?

Yes 1 No 2 Not applicable 3

48: When was your spouse or civil partner's last operational tour?

Currently on operational tour 1
 In the last 12 months 2
 1 to 2 years ago 3
 3 to 4 years ago 4
 More than 5 years ago 5 *If more than 5 years, go to Q53*
 Not applicable 6 *If Not applicable, go to Q53*

49: What is your view of operational tours?

	Too often	About right	Not often enough
a) Frequency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Too long	About right	Too short
b) Length	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

50: How satisfied were you with the following BEFORE your spouse/civil partner's most recent operational tour? (Tick one box per line)

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Did not use
a) Welfare support you used (e.g. information, Padre, support staff, welfare organisations, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) Direct contact and support from your spouse/civil partner's Chain of Command/Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Facilities and events to meet with other spouses and families	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

51: How satisfied were you with the following DURING your spouse/civil partner's most recent operational tour? (Tick one box per line)

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Did not use
a) Welfare support you used (e.g. information, Padre, support staff, welfare organisations, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) Direct contact and support from your spouse/civil partner's Chain of Command/Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Facilities and events to meet with other spouses and families	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d) Lines of communication with your with your spouse/civil partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

52: How satisfied were you with the following AFTER your spouse/civil partner's most recent operational tour?
 (Tick one box per line)

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Did not use
a) Welfare support you used (e.g. information, Padre, support staff, welfare organisations, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) Direct contact and support from your spouse/civil partner's Chain of Command/Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Facilities and events to meet with other spouses and families	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Welfare

53: If you or your family have used them in the last 12 months how satisfied are you with the following aspects of Service provided welfare?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Did not use
a) Contact from your unit welfare officer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) Army Welfare Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Children's Educational Advisory Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d) HIVE Information Office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Armed Forces Covenant

54: Which of these best sums up your awareness of the Armed Forces Covenant?

- I've never heard of it 1
- I've heard of it but know nothing about it 2
- I've heard of it and know a little about it 3
- I've heard of it and know a lot about it 4

55: How advantaged or disadvantaged do you feel when you compare yourself to the general public on these key Covenant issues? (Tick one box per line)

	Very advantaged	Advantaged	Neither advantaged nor disadvantaged	Disadvantaged	Very disadvantaged	Don't know
a) Housing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Healthcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

For details of the Covenant go to: www.gov.uk/the-armed-forces-covenant

56: Are there any other areas in which you feel particularly advantaged when compared to the public?

A large, empty rectangular box with a thin red border, intended for the respondent to provide their answer to question 56.

57: Are there any other areas in which you feel particularly disadvantaged when compared to the public?

A large, empty rectangular box with a thin red border, intended for the respondent to provide their answer to question 57.

58: How positive or negative do you feel about the following aspects of Service family life?

	Very positive	Positive	Neither positive nor negative	Negative	Very negative	Not applicable
a) Effect on my career	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b) Effect on my children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c) Army provided facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d) Effect on relationship with my spouse/civil partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e) Frequency of house moves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f) Family income/allowances	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g) Knowing other military families	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h) Social support for my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i) Amount of separation from spouse/civil partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j) Prospects for buying or renting own home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k) Opportunities for travel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l) Pride in my spouse/civil partner being in the Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
m) Job security	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

59: As a member of the wider Armed Forces Community, I feel respected by society at large:

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

60: How often have you:

	Often	Occasionally	Never
a) Encouraged your spouse/civil partner to stay in the Army	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b) Encouraged your spouse/civil partner to leave the Army	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

61: How would you feel if your spouse/civil partner chose to leave the Army sooner than planned?

Happy	No different	Unhappy
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

As part of measuring national well-being we are interested to understand how satisfied you are in general with life. The questions below are not linked particularly to Service family life but to your life in general.

62: Overall, how satisfied are you with your life nowadays?

Not at all										Completely
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63: Overall, how happy did you feel yesterday?

Not at all										Completely
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64: Overall, how anxious did you feel yesterday?

Not at all										Completely
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65: Overall, to what extent do you feel the things you do in your life are worthwhile?

Not at all										Completely
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66 : Please add any comments you wish to make about any other Service-related issues you have faced in the last 12 months.

Which area(s) do your comment(s) relate to? (Tick all that apply)

- | | | | | | |
|-------------------------|--------------------------|---|--------------------------|--------------------------|---|
| a) Healthcare | <input type="checkbox"/> | 1 | i) My Education | <input type="checkbox"/> | 1 |
| b) Children's Education | <input type="checkbox"/> | 1 | j) Home move | <input type="checkbox"/> | 1 |
| c) Childcare | <input type="checkbox"/> | 1 | k) Family relationships | <input type="checkbox"/> | 1 |
| d) Housing | <input type="checkbox"/> | 1 | l) Finance/family income | <input type="checkbox"/> | 1 |
| e) Employment my career | <input type="checkbox"/> | 1 | m) Service community | <input type="checkbox"/> | 1 |
| g) Deployment/postings | <input type="checkbox"/> | 1 | n) Other issues | <input type="checkbox"/> | 1 |
| h) Welfare | <input type="checkbox"/> | 1 | | | |

Thank you for taking the time to complete this survey

Please find below a list of useful contact points for your information:

Army Families Federation - An independent organisation that voices the concerns of Army families and works towards improving the quality of life for Army families.

Tel: +44 (0)1980 615525 or visit www.aff.org.uk

Army Welfare Information Service - Confidential information and direction on any welfare problem from the Army's Welfare Service. Open 9am-5pm (UK local time), Mon-Fri.

Tel: +44 (0)1722 436569

Children's Educational Advisory Service - An MoD Service, independent of the Chain of Command, set up to provide information, advice and support for Armed Services families about issues relating to the education of their children.

Tel: +44 (0)1980 618244 or Email: enquiries@ceas.detsa.co.uk

Confidential Support Line - Personal, confidential and independent support and advice.

Open 10.30am-10.30pm (UK local time), everyday.

Tel: (UK) 0800 7314880, (Germany) 0800 1827395, (Cyprus) 800 91065,

(Worldwide) +44 (0)1980 630854, (Operational Theatres via Paradigm) *201

HIVE - Help, information and sign posting to professional support agencies.

Tel: +44 (0)1722 436498

Joint Service Housing Advice Office - Focal point for housing information and advice.

Tel: +44 (0)1722 436575

Armed Forces Covenant Website - <https://www.gov.uk/the-armed-forces-covenant>

Please return this survey as soon as possible in the enclosed return envelope.

