



Airman Needs Questionnaire

Please answer the following questions honestly to help the Wing better meet your needs. This information will not be used to identify you as an individual. Please complete the first section to your comfort level.

Note: Completion of the top section is optional (Please circle the appropriate answers).

Age: 18-24 25-30 31-37 38-44 45-49 50+ **Rank:** E1-E5 E6-E9 O1-O3 O4+

Gender: Female Male **Unit/Squadron:** _____ **Are You a Supervisor:** Yes No

Traditional Technician AGR Other (specify): _____ **Number of Deployments:** _____

City/State: _____ **County:** _____

Marital Status: Single Engaged Married Partner/Significant Other Separated Divorced Widowed

Spouse/Significant Other works: Full time Part time Doesn't work by choice Looking for employment

Primary Financial Support Lies with: Self Spouse/Significant Other Both

Dependents: Yes No **Dependents age(s):** _____ **Dependents with Special Needs:** Yes No

What are some of *your* stressors?

| | | | | | |
|-----------------------|-----------------------|-----------------------|----------------------|------------------|---------------------|
| Romantic Relationship | Financial Concerns | Deployments | Children | School | Alcohol |
| Drugs | Medical Issues | Mental Health Issues | Employment | Friends | Parents |
| Lack of Support | Work-Related Issue(s) | Exposure to Combat | Exposure to Disaster | Job Satisfaction | Loss of a Loved One |
| Bullying | Health | Religious Obligations | Domestic Violence | Other: | |

What are some of *your family's* stressors?

| | | | | | |
|-----------------------|-----------------------|----------------------|----------------------|------------------|---------------------|
| Romantic Relationship | Financial Concerns | Deployments | Children | School | Alcohol |
| Drugs | Medical Issues | Mental Health Issues | Employment | Friends | Parents |
| Lack of Support | Work Related Issue(s) | Exposure to Combat | Exposure to Disaster | Job Satisfaction | Loss of a Loved One |
| Bullying | Health | Religion | Domestic Violence | Other: | |

What do you do to relieve stress?

| | | | | | |
|------------------|----------------------|----------|-------|-----------------------|-------|
| Exercise | Relaxation Exercises | Watch TV | Drink | Use Drugs | Sleep |
| Talk with Others | Home Improvements | Cook | Write | Hang out with Friends | Shop |
| Hobbies | Practice Religion | Other: | | | |

What programs / people in the wing have been helpful to you?

| | | | | | |
|--|---------------------------------------|----------------|----------------|-------------------|-------------------------------------|
| Wing Command | Unit Command | First Sergeant | Superintendent | Direct Supervisor | Inspector General |
| Chaplains Office | Safety | Peers | Strong Bonds | Resiliency | Airmen and Family Readiness Program |
| Military and Family Life Consultant (MFLC) | Wing Director of Psychological Health | Yellow Ribbon | Other: | | |

Please circle any of the following challenges you have experienced in the past month.

| | | | | | |
|--------------------|------------------|-------------------|-------------------------|---------------|-----------------------|
| Trouble Sleeping | Pain | Avoidance | Procrastination | Intense Anger | Anxiety |
| Spiritual Crisis | Problems at work | Academic Problems | Poor Concentration | Hyperactivity | Excessive Alcohol Use |
| Loss of Interest | Irritability | Trouble Focusing | Feeling Overly Stressed | Distant | Loss of a Loved One |
| Aggressive Driving | Moody | Sadness | | | |

Other (Please Specify): _____

I would be interested in the following services or presentations at my wing:

- Confidential Counseling Services/Referrals
- Stress Management Classes
- Meditation and Relaxation Classes
- Self-Care Strategies
- Mind/Body Connection Classes
- Improving Health Behavior
- Suicide Prevention
- Anxiety Management
- Financial Management
- Procrastination

- Combat Stress/Post Traumatic Stress
- Family and Relationship Building
- Anger Management
- Traumatic Brain Injury
- Resume Building and Employment Skills
- Depression Management
- Alcohol and Substance Abuse Prevention
- Pre and Post Deployment Family Issues
- Parenting
- Mentoring

Other (List as many as you like): _____

I would use resource guides for psychological health behavior (i.e., how-to information, updates, newsletters, etc.) Y N

What is the best way to get information about services or wing events to your family? (check one)

- Email You A publicly accessible website

Other (specify): _____

How likely are you to utilize the Wing Director of Psychological Health for assistance and referral?

- Very Likely
- Likely
- Somewhat Likely
- Not Very Likely
- Not At All

When would you most likely participate? (check all that apply)

- Weekday
- UTA Weekend Saturday
- UTA Weekend Sunday
- Lunchtime
- After Work
- Other (Specify): _____

If Not Very Likely or Not At All, please explain:

If Not Very Likely or Somewhat Likely, please give suggestions as to what would make you more likely to utilize services:

Thank you for your participation!