Unit Ministry Team (UMT)
Multi-National Force - Iraq

This survey is being conducted under the direction of the MNF-I Commander. The purpose of this questionnaire is to gather data about the current mental/spiritual well-being of Soldiers and chaplains in theater and the functioning of the mental health system in OIF. Your responses will not be liked to you as an individual.

Definition: In this survey, Combat and Operational Stress Control (COSC) is used synonymously with preventive, educational and outreach services, and the management of combat and operational stress reactions. Behavioral Health is used synonymously with clinical care for behavioral health disorders (i.e. evaluation and treatment).

A. Demographics

Today's Date: _____

1. AGE
   - 18-19
   - 20-24
   - 25-29
   - 30-39
   - 40 or older

2. GENDER
   - Male
   - Female

3. GRADE/RANK
   - E1-E4
   - E5-E6
   - E7-E9
   - O1-O3
   - O4-O9
   - WO1-WO5

4. Branch of Service
   - Army
   - Navy
   - Air Force
   - Marines
   - Other _____

5. PRIMARY COMPONENT
   - Active Component
   - Reserve (USAR)
   - National Guard
   - AGR
   - Individual Ready Reserve (IRR)

6. Occupational Specialty:
   - Chaplain
   - Chaplain Assist.
   - Other _____

7. Which region best describes where you are currently serving?
   - Northern Iraq (Mosul area)
   - North East Iraq (Kirkuk area)
   - North Central Iraq (Tikrit/Balad area)
   - Central Iraq (Baghdad area)
   - South Central Iraq (Karbala to Nasiriyah)
   - South Iraq (Basra area)
   - North Kuwait (Udairi, Virginia, etc.)
   - South Kuwait (Doha, Arifjan, etc.)
   - Other _____

8. For **THIS** deployment, please indicate **MONTH/YEAR** you arrived in theater:

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	2	3	4	5	6	7	8	9	10	11	12

YEAR	2003	2004	2005	2006
	1	2	3	4

9. How long (**MONTHS**) should a deployment last?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

10. How many **TOTAL DAYS** have you been deployed (combat or peacekeeping) in the **past two years**)?

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

11. How many **MONTHS** have you been assigned to the current unit?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

12. How many **MONTHS** has your current unit been deployed to Iraq/Kuwait?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

[Serial #]

B. Coordination

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
My command provides us with the resources required to conduct our UMT religious activities.					
My chaplain chain of command provides us with the resources required to conduct our UMT religious activities.					
We coordinate/integrate our UMT religious activities with the BH/COSC team(s) in our Area of Operations (AO).					
We coordinate/integrate our UMT religious activities with primary care medical personnel in the battalion aid station(s)/medical company(s) in our AO.					
Mental health personnel have provided us information about where to refer Soldiers for mental health problems.					
Mental health personnel have provided us information about the services they provide to Soldiers.					

C. UMT Religious Activities

1. During this deployment, how frequently did you:

	NEVER	ONLY ONCE	ONCE EVERY 2-3 MONTHS	ONCE A MONTH	TWO TO THREE TIMES A MONTH	ONCE A WEEK	SEVERAL TIMES A WEEK
Provide ministry of presence?							
Conduct suicide prevention training?							
Conduct religious services?							
Conduct memorial services?							
Identify soldiers at risk for battle fatigue?							
Provide crisis intervention management?							
Conduct educational classes (stress management, etc.)?							
Consult with unit leaders?							
Conduct psychological debriefings (CED/CISD)?							
Conduct systematic unit religious needs assessments?							
Conduct grief facilitation and hope counseling?							
Reinforce Soldiers' faith and hope?							
Provide Soldiers opportunities to discuss their combat experiences?							
Provide one-to-one pastoral counseling with Soldiers at their worksite?							
Provide one-to-one pastoral counseling with Soldiers at the UMT worksite?							

2. Approximately how many Soldiers does your team support?

Example: If 500, then bubble "0500"

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3. How many locations (base camps/FOBs) does your UMT team support?

Example: If 20, then bubble "020"

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
	6	6
	7	7
	8	8
	9	9

4. On average, how many hours does it take to convoy to the base camps you support (including preparation time)?

Example: If 20, then bubble "020"

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
	6	6
	7	7
	8	8
	9	9

D. Skills and Training

Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

1. I feel confident in my ability to:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Conduct pastoral counseling.					
Conduct suicide prevention classes/training for Soldiers.					
Identify and assist Solders with suicidal thoughts/behaviors.					
Help Soldiers adapt to the stressors of combat-deployment.					
Identify Soldiers with Substance Abuse/Dependence.					
Assist Soldiers with sexual harassment issues.					
Identify Soldiers with Combat and Operational Stress Reactions.					
Perform clinical evaluation and treatment of detainees.					

2. Who do you think is the most appropriate teacher of ethics on the battlefield?

- Chaplains
- Mental health personnel
- Officers in unit
- NCOs in unit
- Other

3. Who should participate in the teaching of ethics on the battlefield? **Mark all that apply.**

- Chaplains
- Mental health personnel
- Officers in unit
- NCOs in unit
- Other

E. Stigma and Barriers to Care

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Commanders welcome back Soldiers who have received mental health services.					
Commanders welcome back Soldiers who have been assessed for suicidal thoughts/behaviors and returned to duty.					
Commanders welcome back Soldiers who have been assessed for homicidal thoughts/behaviors and returned to duty.					
The leadership doesn't support pastoral counseling activities.					
There is inadequate transportation to conduct UMT religious activities.					
Soldiers feel uncomfortable talking to UMT personnel about their problems.					
Traveling to supported units is too dangerous.					
Arranging convoys to supported units is too difficult.					

F. Soldier Needs

1. How often do you assess the religious/spiritual needs of the units you support?

	Never	Seldom	Frequently	Always
Talk informally to the Soldiers				
Conduct focus groups with Soldiers				
Talk with the BH/COSC personnel				
Talk with the unit's commander				
Talk with the unit's medical personnel				
Use validated surveys/instruments				
Use localy developed surveys/instruments				
Develop a religious support plan				

G. Personal Well-being

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
My ability to do my UMT job is impaired by the stressors of deployment/combat.					
My mental well-being has been adversely affected by the events I have witnessed on this deployment.					
My spiritual well-being has been adversely affected by the events I have witnessed on this deployment.					
Since this deployment, I have become less sensitive to the religious/spiritual needs of the Soldiers I serve/support.					
My ability to do my job is impaired by listening to the combat experiences of Soldiers I've talked with while performing my UMT mission.					

2. Please rate the following:

	Very Low	Low	Medium	High	Very High
Your personal morale					
Your energy level					
Your level of burnout					
Your motivation					

3. The following equipment/supplies would have improved my team's ability to complete our UMT mission:

_____

_____

_____

THANK YOU FOR COMPLETING THIS SURVEY!

Please provide any additional comments below and on the back of the survey, if needed.