Annual Screening Questionnaire – Self Service

Introduction

This guide provides the procedures for a Reservist to submit their Annual Screening Questionnaire (ASQ) in Direct Access (DA).

Information

Federal law requires that all Ready Reservists, Selected Reservists (SELRES) and Individual Ready Reservists (IRR), be screened annually to ensure their availability and fitness for duty if mobilized. Coast Guard Reservists must submit updated information to their chain of command via the ASQ.

Reserve members serving on EAD contracts are not in the Ready Reserve and therefore, do not need to complete the ASQ. However, they should complete the ASQ as soon as possible following their release from active duty.

Members are required to submit an ASQ between 1 August and 31 October each year, but the ASQ may be submitted as often as necessary; however, only one can be completed in a calendar day. The questionnaire is designed to be done as often as the information or recall availability changes.

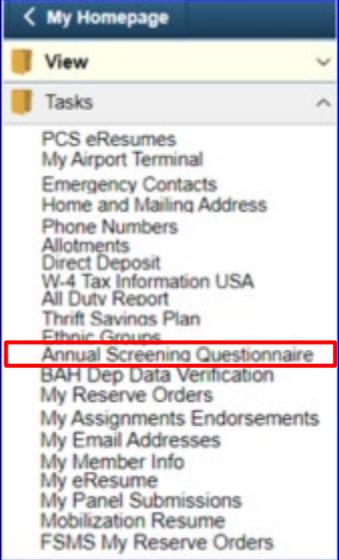If an ASQ is submitted with "I do not understand or accept" or any recall status other than "Available for Recall," the ASQ must be routed through the chain of command for further counseling.

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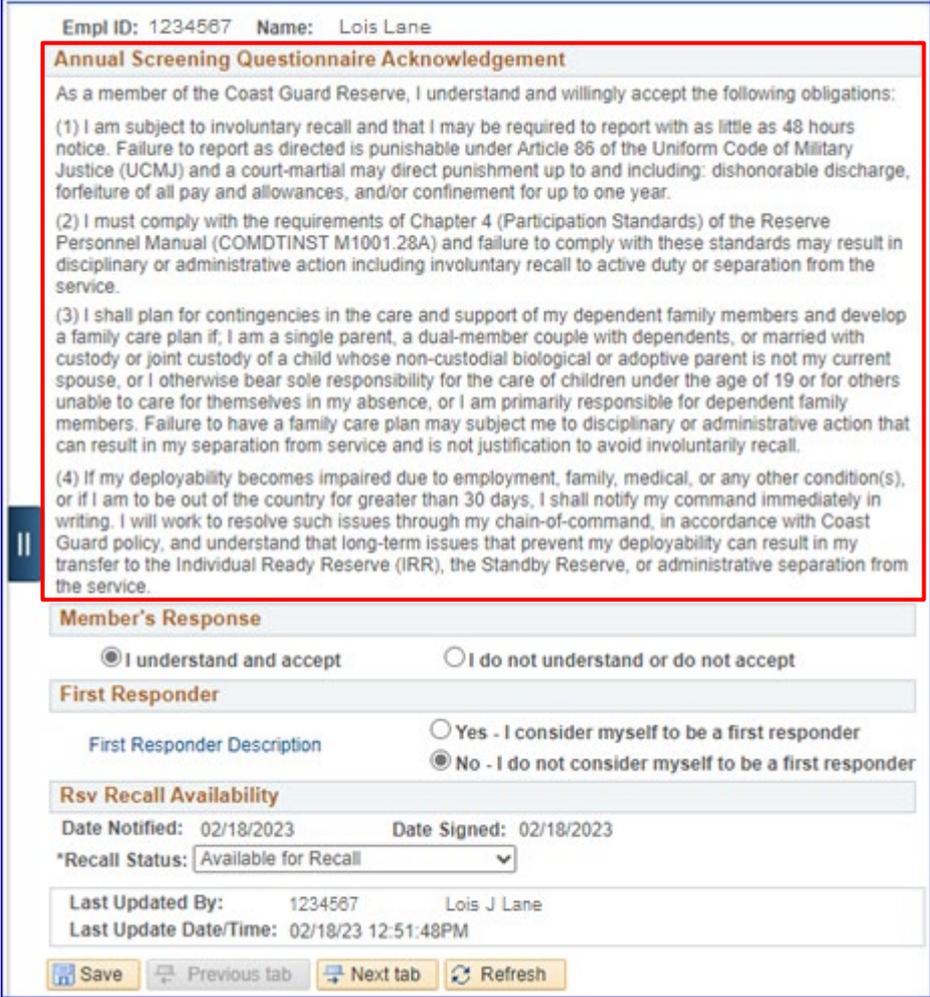
Annual Screening Questionnaire – Self Service, Continued

Procedures   See below.

Step	Action
1	Click the **Member Self Service** Tile from the My Homepage drop-down. **Member Self Service**
2	Select the **Annual Screening Questionnaire** option, from the Tasks drop-down. **< My Homepage** **View** **Tasks** PCS eResumes My Airport Terminal Emergency Contacts Home and Mailing Address Phone Numbers Allotments Direct Deposit W-4 Tax Information USA All Duty Report Thrift Savings Plan Ethnic Groups Annual Screening Questionnaire BAH Dep Data Verification My Reserve Orders My Assignments Endorsements My Email Addresses My Member Info My eResume My Panel Submissions Mobilization Resume FSMS My Reserve Orders

Annual Screening Questionnaire – Self Service, Continued

Procedures,
continued

Step	Action
3	The Annual Screening Questionnaire will display with two tabs: the **Questionnaire** and **Occupation Data**. Both tabs must be reviewed before saving any changes. **Review** the ASQ Acknowledgement statement. Empl ID: 1234567 Name: Lois Lane **Annual Screening Questionnaire Acknowledgement** As a member of the Coast Guard Reserve, I understand and willingly accept the following obligations: (1) I am subject to involuntary recall and that I may be required to report with as little as 48 hours notice. Failure to report as directed is punishable under Article 86 of the Uniform Code of Military Justice (UCMJ) and a court-martial may direct punishment up to and including: dishonorable discharge, forfeiture of all pay and allowances, and/or confinement for up to one year. (2) I must comply with the requirements of Chapter 4 (Participation Standards) of the Reserve Personnel Manual (COMDTINST M1001.28A) and failure to comply with these standards may result in disciplinary or administrative action including involuntary recall to active duty or separation from the service. (3) I shall plan for contingencies in the care and support of my dependent family members and develop a family care plan if; I am a single parent, a dual-member couple with dependents, or married with custody or joint custody of a child whose non-custodial biological or adoptive parent is not my current spouse, or I otherwise bear sole responsibility for the care of children under the age of 19 or for others unable to care for themselves in my absence, or I am primarily responsible for dependent family members. Failure to have a family care plan may subject me to disciplinary or administrative action that can result in my separation from service and is not justification to avoid involuntarily recall. (4) If my deployability becomes impaired due to employment, family, medical, or any other condition(s), or if I am to be out of the country for greater than 30 days, I shall notify my command immediately in writing. I will work to resolve such issues through my chain-of-command, in accordance with Coast Guard policy, and understand that long-term issues that prevent my deployability can result in my transfer to the Individual Ready Reserve (IRR), the Standby Reserve, or administrative separation from the service. **Member's Response** ⦿ I understand and accept ◯ I do not understand or do not accept **First Responder** First Responder Description ◯ Yes - I consider myself to be a first responder ⦿ No - I do not consider myself to be a first responder **Rsv Recall Availability** Date Notified: 02/18/2023 Date Signed: 02/18/2023 *Recall Status: Available for Recall Last Updated By: 1234567 Lois J Lane Last Update Date/Time: 02/18/23 12:51:48PM [Save] [Previous tab] [Next tab] [Refresh]

Annual Screening Questionnaire – Self Service, Continued

Procedures,
continued

Step	Action
4	Under **Member's Response**, select the applicable radio button. **NOTE:** If an ASQ is submitted with "**I do not understand or accept**" or any recall status other than "Available for Recall," the ASQ must be routed to the chain of command for further counseling.
5	Under **First Responder**, review the **First Responder Description** and select the applicable radio button.

Annual Screening Questionnaire – Self Service, Continued

Procedures,
continued

Step	Action
6	In the **RSV Recall Availability** section, select the appropriate **Recall Status** from the drop-down.

Member's Response

◉ I understand and accept   ○ I do not understand or do not accept

First Responder

First Responder Description   ○ Yes - I consider myself to be a first responder

◉ No - I do not consider myself to be a first responder

Rsv Recall Availability

Date Notified: 02/18/2023   Date Signed: 02/18/2023

*Recall Status: Available for Recall

- Available for Recall
- Community or Family Hardship
- Critical Civilian Occupation
- Key Employee or Govt Official
- Other

Last Updated

Last Update Date/Time: 02/18/23 12:51:48 M

Status	Use when…
Available for Recall	Available for Recall
Community or Family Hardship	Not available for recall due to financial or family hardship. Document the extenuating circumstances that prevent mobilizing.
Critical Civilian Occupation	Not available for recall due to employment in a critical civilian industry or profession. Document the extenuating circumstances that prevent mobilizing. This is an occupation that could be critical to your community at the same time a mobilization is necessary (police, fire, EMA, local government official).
Key Employee or Gov't Official	Not available for recall due to employment in a key federal position. See appropriate agency (full-time employer of USCGR member) instruction for written designation. USCG's policy to identify its civilian positions is described in COMDTINST 12910.1 (series), Screening of Civilian Employees in the Reserve Components.
Other	Not available for recall for a reason not listed. Document the extenuating circumstances that prevent mobilizing.

Annual Screening Questionnaire – Self Service, Continued

Procedures,
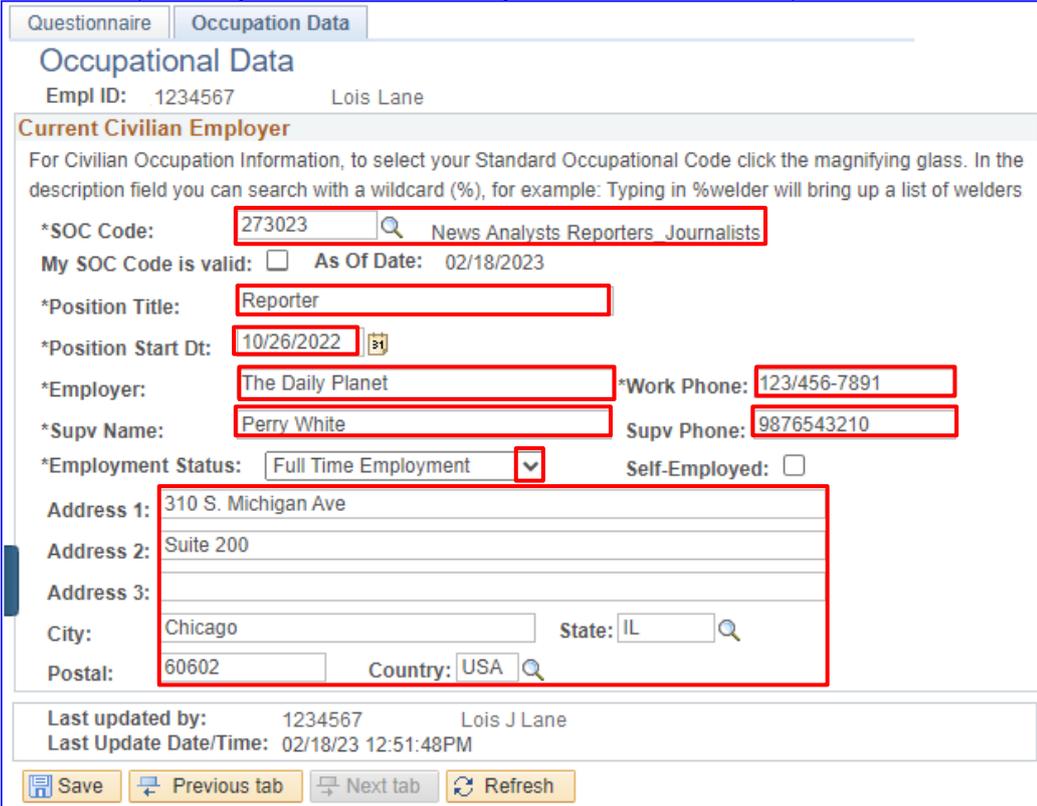continued

Step	Action
7	If "**I do not understand of do not accept**" (Step 4) or the Recall Status is anything other than "**Available for Recall**" (Step 6), a Supervisor's Empl ID is required to be entered into the **Supervisor ID** field to forward the ASQ for review and counsel by the chain of command. **NOTE:** After saving, the ASQ will be routed to the supervisor. (The supervisor must have a current uscg.mil email address listed in DA.) **Member's Response** ○ I understand and accept ◉ I do not understand or do not accept **First Responder** First Responder Description ○ Yes - I consider myself to be a first responder ◉ No - I do not consider myself to be a first responder **Rsv Recall Availability** Date Notified: 02/18/2023 Date Signed: 02/18/2023 *Recall Status: Community or Family Hardship ▾ Supervisor ID: [ ] 🔍

Annual Screening Questionnaire – Self Service, Continued

Procedures,
continued

Step	Action
8	After completing the Questionnaire tab, click the **Occupation Data** tab. Ensure all the **Civilian Employer** data shown on the page is accurate and make any changes as necessary. Mandatory fields annotated with an asterisk (*) cannot be left blank (See Steps 10 & 11 for an explanation of each field).

Annual Screening Questionnaire – Self Service, Continued

Procedures,
continued

Step	Action
9	To update the SOC Code, click the SOC Code lookup icon. *SOC Code: 273023 🔍
10	A list of Standard Occupational Classifications will display. You may either scroll through the list or use the drop-down to search by description. If searching by Description enter a key word (of first few letters) in the "**begins with**" field and click **Look Up.** Click on the **appropriate code**, from the list, to select it. **NOTE:** If you are a student, homemaker, or unemployed, select the occupational code that best describes your skills.

Annual Screening Questionnaire – Self Service, Continued

Procedures,
continued

Step	Action
11	The selected code will display in the Soc Code field. Complete the remaining fields (see below). | Field	Description | |---|---| | ***Position Title (required)** | Enter your civilian position title (i.e. Administrative Assistant, Line Cook, Lawyer, etc.). Students should enter "Student"; if not employed, enter "Not Applicable". | | ***Position Start Dt (required)** | Enter the date you started in your civilian employment position. Student/Not employed, enter the date you either became a student or unemployed. | | *Employer (required) | Enter the company name. Students should enter the school's name; if not employed, enter "Not Applicable". | | *Work Phone (required) | Enter your work phone number. Students/Not Employed, enter your contact number. | | *Supv Name (required) | Enter your supervisor's name. Students/Not Employed should enter "Not Applicable". | | Supv Phone | Enter your supervisor's phone number. Students/Not Employed may leave this field blank. | | *Employment Status (required) | Select the appropriate employment status from the drop-down. If Not Employed, select "Other Employment Status". | | Self-Employed | Check the box if self-employed. | | Address | Enter the address of your workplace. Students should enter their school address. If not employed, leave this field blank. |

Annual Screening Questionnaire – Self Service, Continued

Procedures,
continued

Step	Action
12	Once all the information has been reviewed and updated (if necessary); click the **My SOC Code is valid** box (this must be selected regardless of whether any changes were made). This will update with the current date. Click **Save**.