8215122472

[ ] Consent [ ] For office use only

MILLENNIUM COHORT STUDY

You may also complete this questionnaire online at:
www.MillenniumCohort.org

PRIVACY ACT STATEMENT: You have rights under the Privacy Act. The following statement describes how that Act applies to this study:

Authority: Authority to request this information is granted under Title 5, U.S. Code 136, the Department of Defense Regulations, Executive Order 9396, ~~and DoD RCS#DD-HA(AR)2106 (expires 11-01-03)~~. Personal identifiers will be used to link survey data with medical and other military records.

Purpose: Medical research information will be collected in a research project titled "Prospective Studies of U.S. Military Forces: The Millennium Cohort Study." The project objective is to enhance basic medical knowledge and to improve the treatment and prevention of illnesses that may be related to military service.

Routine Uses: The information provided in this questionnaire will be maintained in data files at the DoD Center for Deployment Health Research at the Naval Health Research Center and used only for medical research purposes. Use of these data may be granted to other federal and non-federal medical research agencies as approved by the Naval Health Research Center's Institutional Review Board. However, your personal identifiers will be protected. By signing the enclosed consent form, you are volunteering to disclose your information as identified above. If you do not agree to this disclosure, your failure will make the research less useful. The "Blanket Routine Uses" that appears at the beginning of the Department of Defense's compilation of medical data bases also applies to this system.

Anonymity: All responses will be held in confidence by the DoD Center for Deployment Health Research. Information you provide will be considered only when statistically summarized with the responses of others. Your personal identifiers (name, etc) will only be used to link data sets and then the identifiers will be stripped from study data such that medical researchers cannot identify you individually.

Voluntary Disclosure: Completion of the questionnaire is voluntary. Failure to respond to any of the questions will NOT result in any penalities except possible lack of representation of your views in the final results and outcomes.

MILLENNIUM COHORT STUDY

You may also complete this questionnaire online at www.MillenniumCohort.org

MARKING INSTRUCTIONS

> Use BLACK or BLUE ink.
> Shade circles like this: ● Not like this: ⊗ ⊘
> Mistakes must be crossed out with an "X."
> Print in CAPITAL LETTERS and avoid contact with the edge of the box. EXAMPLE:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

> Answer every question to the best of your ability.
> It will take approximately 30 minutes to complete the questionnaire.

1. What is your current mailing address?

Address Line 1:

Address Line 2 (optional):

City (or FPO/APO):

State/Province/Region (or AA/AE/AP):

ZIP/Postal Code:

Country:

2. Please provide your daytime phone number:

3. Please provide your your email address:

If any of your contact information changes, please log on to www.MillenniumCohort.org or call our toll-free number at (888) 942-5222 to provide an update.

4. What is today's date?

M M / D D / Y Y Y Y

2 0 0

5. What are the last four digits of your social security number?

6. What is your **CURRENT** marital status? Choose the single best answer:

- O Single, never married
- O Now married
- O Separated
- O Divorced
- O Widowed

7. What is the highest level of education that you have **COMPLETED**? Choose the single best answer:

- O Less than high school completion/diploma
- O High school degree/GED/or equivalent
- O Some college, no degree
- O Associate's degree
- O Bachelor's degree
- O Master's, doctorate, or professional degree

8. Approximately how much do you weigh (in pounds)?

☐☐☐ pounds

9. How tall are you? For example, a person who is 5'8" tall would write 5 feet 08 inches.

☐ feet ☐☐ inches

10. Has your doctor or other health professional **EVER** told you that you have any of the following conditions?

	No	Yes	If YES, what year did the problem begin?
a. Hypertension (high blood pressure)	O	O	☐☐☐☐
b. Coronary heart disease	O	O	☐☐☐☐
c. Heart attack	O	O	☐☐☐☐
d. Angina (chest pain)	O	O	☐☐☐☐
e. Any other heart condition please specify ☐	O	O	☐☐☐☐
f. Sinusitis	O	O	☐☐☐☐
g. Chronic bronchitis	O	O	☐☐☐☐
h. Emphysema	O	O	☐☐☐☐
i. Asthma	O	O	☐☐☐☐
j. Kidney failure requiring dialysis	O	O	☐☐☐☐
k. Bladder infection	O	O	☐☐☐☐
l. Pancreatitis	O	O	☐☐☐☐
m. Diabetes or sugar diabetes	O	O	☐☐☐☐
n. Gallstones	O	O	☐☐☐☐
o. Hepatitis B	O	O	☐☐☐☐
p. Hepatitis C	O	O	☐☐☐☐
q. Any other hepatitis	O	O	☐☐☐☐
r. Cirrhosis	O	O	☐☐☐☐
s. Rheumatoid arthritis	O	O	☐☐☐☐
t. Lupus	O	O	☐☐☐☐
u. Multiple sclerosis	O	O	☐☐☐☐
v. Crohn's disease	O	O	☐☐☐☐
w. Stomach, duodenal, or peptic ulcer	O	O	☐☐☐☐

Question 10 continued on page 4...

Question 10 continued...

	No	Yes	If YES, what year did the problem begin?
x. Ulcerative colitis or proctitis	O	O	
y. Significant hearing loss	O	O	
z. Migraine headaches	O	O	
aa. Stroke	O	O	
bb. Neuropathy-caused reduced sensation in hands or feet	O	O	
cc. Seizures	O	O	
dd. Sleep apnea	O	O	
ee. Anemia	O	O	
ff. Thyroid condition other than cancer	O	O	
gg. Cancer please specify	O	O	
hh. Chronic fatigue syndrome	O	O	
ii. Depression	O	O	
jj. Schizophrenia or psychosis	O	O	
kk. Manic-depressive disorder	O	O	
ll. Posttraumatic stress disorder	O	O	
mm. Other please specify	O	O	

11. **DURING THE LAST 3 YEARS**, have you had persistent or recurring problems with any of the following conditions?

	No	Yes	If YES, what year did the problem begin?
a. Severe headache	O	O	2 0 0
b. Diarrhea	O	O	2 0 0
c. Rash or skin ulcer	O	O	2 0 0
d. Sore throat	O	O	2 0 0
e. Frequent bladder infections	O	O	2 0 0
f. Cough	O	O	2 0 0
g. Fever	O	O	2 0 0
h. Sudden unexplained hair loss	O	O	2 0 0
i. Earlobe pain	O	O	2 0 0
j. Sleepy all the time	O	O	2 0 0
k. Night sweats	O	O	2 0 0
l. Chest pain	O	O	2 0 0
m. Unusual muscle pains	O	O	2 0 0
n. Shortness of breath	O	O	2 0 0
o. Trouble sleeping	O	O	2 0 0
p. Unusual fatigue	O	O	2 0 0
q. Forgetfulness	O	O	2 0 0
r. Confusion	O	O	2 0 0
s. Other please specify	O	O	2 0 0

12. **DURING THE LAST 4 WEEKS**, how much have you been bothered by any of the following problems?

	Not bothered	Bothered a little	Bothered a lot
a. Stomach pain	○	○	○
b. Back pain	○	○	○
c. Pain in your arms, legs, or joints (knees, hips, etc)	○	○	○
d. Pain or problems during sexual intercourse	○	○	○
e. Headaches	○	○	○
f. Chest pain	○	○	○
g. Dizziness	○	○	○
h. Fainting spells	○	○	○
i. Feeling your heart pound or race	○	○	○
j. Shortness of breath	○	○	○
k. Constipation, loose bowels, or diarrhea	○	○	○
l. Nausea, gas, or indigestion	○	○	○
m. **Women only:** menstrual cramps or other problems with your periods	○	○	○

13. **OVER THE LAST 2 WEEKS**, 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
a. Little interest or pleasure in doing things	○	○	○	○
b. Feeling down, depressed, or hopeless	○	○	○	○
c. Trouble falling or staying asleep or sleeping too much	○	○	○	○
d. Feeling tired or having little energy	○	○	○	○
e. Poor appetite or overeating	○	○	○	○
f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	○	○	○	○
g. Trouble concentrating on things, such as reading the newspaper or watching television	○	○	○	○
h. Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	○	○	○	○
i. Thoughts that you would be better off dead or of hurting yourself in some way	○	○	○	○

If you have been frequently bothered by several of the items listed above, you may want to seek help from a health professional in your area.

		No	Yes
14. a.	**IN THE LAST 4 WEEKS**, have you had an anxiety attack - suddenly feeling fear or panic?	○	○

If you checked "NO," please go to question 16.

b.	Has this ever happened to you before?	○	○
c.	Do some of these attacks come **suddenly out of the blue** - that is, in situations where you don't expect to be nervous or uncomfortable?	○	○
d.	Do these attacks bother you a lot, or are you worried about having another attack?	○	○

15. Think about your last bad anxiety attack.

		No	Yes
a.	Were you short of breath?	○	○
b.	Did your heart race, pound, or skip?	○	○
c.	Did you have chest pain or pressure?	○	○
d.	Did you sweat?	○	○
e.	Did you feel as if you were choking?	○	○
f.	Did you have hot flashes or chills?	○	○
g.	Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	○	○
h.	Did you feel dizzy, unsteady, or faint?	○	○
i.	Did you have tingling or numbness in parts of your body?	○	○
j.	Did you tremble or shake?	○	○
k.	Were you afraid you were dying?	○	○

16. **OVER THE LAST 4 WEEKS**, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days
a.	Feeling nervous, anxious, on edge, or worrying a lot about different things	○	○	○

If you checked "NOT AT ALL," go to question 17.

b.	Feeling restless so that it is hard to sit still	○	○	○
c.	Getting tired very easily	○	○	○
d.	Muscle tension, aches, or soreness	○	○	○
e.	Trouble falling asleep or staying asleep	○	○	○
f.	Trouble concentrating on things, such as reading a book or watching TV	○	○	○
g.	Becoming easily annoyed or irritable	○	○	○

17. For each question, mark the column indicating how often **on average** you have eaten the item(s) **during the past year**.

	Less than once per week	Once per week	2-4 times per week	Nearly daily or daily	Twice or more per day
a. Beef, Pork, or Lamb as a Main Dish	○	○	○	○	○
b. Processed Meats (sausages, salami, bologna, hot dogs, bacon)	○	○	○	○	○
c. Whole eggs	○	○	○	○	○
d. Whole Milk Dairy Foods (whole milk, hard cheese, butter, ice cream)	○	○	○	○	○
e. Deep Fried Foods (deep fried chicken, fish, or seafood; French fries, onion rings)	○	○	○	○	○
f. Baked Products (donuts, cookies, muffins, crackers, cakes, sweet rolls, pastries)	○	○	○	○	○
g. Stick Margarine	○	○	○	○	○
h. Dark Green Leafy Vegetables (spinach, romaine lettuce, kale, turnip greens, bok choy)	○	○	○	○	○
i. Broccoli, Caulifower, Cabbage, Brussel Sprouts	○	○	○	○	○
j. Carrots	○	○	○	○	○
k. Other vegetables (peas, corn, green beans, tomatoes, squash, etc.)	○	○	○	○	○
l. Citrus Fruits (orange juice or grapefruit juice, oranges, grapefruit, etc.)	○	○	○	○	○
m. Other Fruits (fresh apples or pears, bananas, berries, grapes, melons, etc.)	○	○	○	○	○
n. Whole Grain Foods (whole grain breads, brown rice, etc.)	○	○	○	○	○
o. Do you add salt to food at the table?	○	○	○	○	○
p. Do you currently take a multi-vitamin?	○ **No** ○ **Yes**		If **YES**, how many per week?		

18. On an average day, about how many cups, bottles, or cans of drink with caffeine do you drink (like coffee, tea, or coke/soda/pop)?

○ **None** ○ **1** ○ **2** ○ **3** ○ **4 to 5** ○ **6 or more**

19. About how many times each week do you eat from a fast food restaurant (like hamburgers, tacos, or pizza)?

○ **None** ○ **1** ○ **2 to 3** ○ **4 to 7** ○ **8 to 14** ○ **15 or more times**

		No	Yes
20. a.	Do you often feel that you can't control what or how much you eat?	○	○
b.	Do you often eat, within any 2 hour period, what most people would regard as an unusually large amount of food?	○	○

If you checked "NO," to either question 20a or 20b, go to question 23.

c.	Has this been as often, on average, as twice a week for the last 3 months?	○	○

21. **IN THE LAST 3 MONTHS**, have you done any of the following in order to avoid gaining weight?

		No	Yes
a.	Made yourself vomit?	○	○
b.	Took more than twice the recommended dose of laxatives?	○	○
c.	Fasted - not eaten anything at all for at least 24 hours?	○	○
d.	Exercised for more than an hour specifically to avoid gaining weight after binge eating?	○	○

22. If you checked **"YES"** to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week? ○ **No** ○ **Yes**

23. If you checked any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

○ **Not difficult at all** ○ **Somewhat difficult** ○ **Very difficult** ○ **Extremely difficult**

24. **IN THE LAST 4 WEEKS**, how much have you been bothered by any of the following problems?

		Not bothered	Bothered a little	Bothered a lot
a.	Worrying about your health	○	○	○
b.	Your weight or how you look	○	○	○
c.	Little or no sexual desire or pleasure during sex	○	○	○
d.	Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend	○	○	○
e.	The stress of taking care of children, parents, or other family members	○	○	○
f.	Stress at work outside of the home or at school	○	○	○
g.	Financial problems or worries	○	○	○
h.	Having no one to turn to when you have a problem	○	○	○
i.	Something bad that happened recently	○	○	○
j.	Thinking or dreaming about something terrible that happened to you in the past - like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act	○	○	○

25. **IN THE LAST YEAR**, have you been hit, slapped, kicked, or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act? ..... ○ **No** ○ **Yes**

26. Are you **CURRENTLY** taking any medicine for anxiety, depression, or stress? ..... ○ **No** ○ **Yes**

27. **OVER THE PAST MONTH**, how many hours of sleep did you get in an average 24-hour period? ..... ☐☐ hours

If you are MALE, please go to question 29.
If you are FEMALE, please go to question 28.

28. **FOR WOMEN ONLY: Questions about menstruation, pregnancy, and childbirth.**

a. Which best describes your menstrual periods?
- ○ No periods because pregnant or recently gave birth
- ○ No periods for over a year and unrelated to pregnancy or childbirth
- ○ Periods regulated by hormone replacement (estrogen) therapy or oral contraceptives
- ○ Periods unregulated and unchanged for over a year
- ○ Periods have become irregular or changed in frequency, duration, and/or amount in last year

	No	Yes	Does not apply
b. During the week before your period starts, do you have a serious problem with your mood - like depression, anxiety, irritability, anger, or mood swings?	○	○	○
c. If **YES:** Do these problems go away by the end of your period?	○	○	○
d. Have you given birth within the last 3 years?	○	○	○
e. Have you had a miscarriage within the last 3 years?	○	○	○
f. During the last 3 years have you tried and been unable to become pregnant?	○	○	○

29. **IN THE PAST MONTH** have you had ....?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Repeated, disturbing memories of stressful experiences from the past	○	○	○	○	○
b. Repeated, disturbing dreams of stressful experiences from the past	○	○	○	○	○
c. Suddenly acting or feeling as if stressful experiences were happening again	○	○	○	○	○
d. Feeling very upset when something happened that reminds you of stressful experiences from the past ..	○	○	○	○	○
e. Trouble remembering important parts of stressful experiences from the past	○	○	○	○	○

Question 29 continued on page 10 .....

Question 29 continued.....

	Not at all	A little bit	Moderately	Quite a bit	Extremely
f. Loss of interest in activities that you used to enjoy	O	O	O	O	O
g. Feeling distant or cut off from other people	O	O	O	O	O
h. Feeling emotionally numb, or being unable to have loving feelings for those close to you	O	O	O	O	O
i. Feeling as if your future will somehow be cut short	O	O	O	O	O
j. Trouble falling asleep or staying asleep	O	O	O	O	O
k. Feeling irritable or having angry outbursts	O	O	O	O	O
l. Having difficulty concentrating	O	O	O	O	O
m. Being "super-alert" or watchful or on guard	O	O	O	O	O
n. Feeling jumpy or easily startled	O	O	O	O	O
o. Having physical reactions when something reminds you of stressful experiences from the past	O	O	O	O	O
p. Avoid thinking about your stressful experiences from the past or avoid having feelings about them	O	O	O	O	O
q. Avoid activities or situations because they remind you of stressful experiences from the past	O	O	O	O	O

30. What is your normal walking speed?

O **Easy (<2 mph)** O **Normal, average (2 to 2.9 mph)** O **Brisk pace (3 to 3.9 mph)** O **Very brisk, striding (4 mph or faster)**

31. Do you have difficulty with your balance? O **No** O **Yes**

32. How many flights of stairs (**not steps**) do you climb daily?

O **No flights** O **1-2 flights** O **3-4 flights** O **5-9 flights** O **10-14 flights** O **15 or more flights**

33. <u>During the past year,</u> what was your <u>average total time per week</u> at each activity?

	None	<2 Hrs.	2-3 Hrs.	4-6 Hrs	7-10 Hrs.	11-20 Hrs.	21-30 Hrs.	31-40 Hrs.	40+ Hrs.
a. Sitting at work	O	O	O	O	O	O	O	O	O
b. Sitting or driving in a car, bus, or train	O	O	O	O	O	O	O	O	O
c. Sitting or laying watching TV or VCR	O	O	O	O	O	O	O	O	O
d. Sitting at home reading	O	O	O	O	O	O	O	O	O
e. Other sitting at home (e.g., at desk or eating)	O	O	O	O	O	O	O	O	O

34. **During the past year**, what was your **average total time per week** at each activity?

	None	1-20 Mins.	20-40 Mins.	40-120 Mins.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	>10 Hrs.
a. Walking or hiking outdoors (including walking at golf)	○	○	○	○	○	○	○	○
b. Jogging (slower than 10 minutes/mile)	○	○	○	○	○	○	○	○
c. Running (10 minutes/mile or faster)	○	○	○	○	○	○	○	○
d. Bicycling (including stationary machine)	○	○	○	○	○	○	○	○
e. Lap swimming	○	○	○	○	○	○	○	○
f. Tennis or other racquet sports	○	○	○	○	○	○	○	○
g. Basketball, Volleyball, or other active team sports	○	○	○	○	○	○	○	○
h. Calisthenics, Rowing or other Aerobics	○	○	○	○	○	○	○	○
i. Weightlifting or Nautilus	○	○	○	○	○	○	○	○
j. Heavy outdoor work (e.g. digging, chopping)	○	○	○	○	○	○	○	○

35. In general, would you say your health is: (**Please check only one.**)

○ **Excellent** ○ **Very good** ○ **Good** ○ **Fair** ○ **Poor**

36. The following questions are about activities you might do during a typical day. Does *your health now limit you* in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. **Vigorous activities**, such as running, lifting heavy objects, or participating in strenuous sports?	○	○	○
b. **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	○	○	○
c. **Lifting** or carrying groceries?	○	○	○
d. Climbing **several** flights of stairs?	○	○	○
e. Climbing **one** flight of stairs?	○	○	○
f. Bending, kneeling, or stooping?	○	○	○
g. Walking more than a **mile**?	○	○	○
h. Walking **several** blocks?	○	○	○
i. Walking **one** block?	○	○	○
j. Bathing or dressing yourself?	○	○	○

37. **DURING THE PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities *as a result of your* ***physical health***?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Cut down the **amount of time** you spent on work or other activities	○	○	○	○	○
b. **Accomplished less** than you would like	○	○	○	○	○
c. Were limited in the **kind** of work or other activities	○	○	○	○	○
d. Had **difficulty** performing the work or other activities (for example, it took extra effort)	○	○	○	○	○

38. **DURING THE PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities *as a result of any* ***emotional problems*** (such as feeling depressed or anxious)?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Cut down the **amount of time** you spent on work or other activities	○	○	○	○	○
b. **Accomplished less** than you would like	○	○	○	○	○
c. Didn't do work or other activities as **carefully** as usual	○	○	○	○	○

39. **DURING THE PAST 4 WEEKS**, to what extent has your ***physical health or emotional problems*** interfered with your normal social activities with family, friends, neighbors, or groups?

○ **Not at all** ○ **Slightly** ○ **Moderately** ○ **Quite a bit** ○ **Extremely**

40. **DURING THE PAST 4 WEEKS**, how much bodily pain have you had?

○ **None** ○ **Very mild** ○ **Mild** ○ **Moderate** ○ **Severe** ○ **Very severe**

41. **DURING THE PAST 4 WEEKS**, how much did *pain* interfere with your normal work (including both work outside the home and housework)?

○ **Not at all** ○ **A little bit** ○ **Moderately** ○ **Quite a bit** ○ **Extremely**

42. **DURING THE PAST 4 WEEKS**, how much of the time:
(Please select the **single best** answer for each question.)

	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
a. Did you feel **full of pep**?	○	○	○	○	○	○
b. Have you been a **very nervous person**?	○	○	○	○	○	○
c. Have you felt so down in the dumps that **nothing could cheer you up**?	○	○	○	○	○	○
d. Have you felt **calm and peaceful**?	○	○	○	○	○	○
e. Did you have **a lot of energy**?	○	○	○	○	○	○
f. Have you felt **downhearted and blue**?	○	○	○	○	○	○
g. Did you feel **worn out**?	○	○	○	○	○	○
h. Have you been **a happy person**?	○	○	○	○	○	○
i. Did you feel **tired**?	○	○	○	○	○	○

43. **DURING THE PAST 4 WEEKS**, *how much of the time* has your ***physical health or emotional problems*** interfered with your social activities (like visiting with friends, relatives)?

○ **All of the time** ○ **Most of the time** ○ **Some of the time** ○ **A little of the time** ○ **None of the time**

44. Please choose the answer that best describes *how true or false* **EACH** of the following statements is for you.

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
a. I seem to get sick a little easier than other people	○	○	○	○	○
b. I am as healthy as anybody I know	○	○	○	○	○
c. I expect my health to get worse	○	○	○	○	○
d. My health is excellent	○	○	○	○	○

45. **COMPARED TO 3 YEARS AGO**, how would you rate your ***physical health*** in general now?

○ **Much better** ○ **Somewhat better** ○ **About the same** ○ **Somewhat worse** ○ **Much worse**

46. **COMPARED TO 3 YEARS AGO**, how would you rate your ***emotional health or well-being*** (such as feeling anxious, depressed, or irritable) *now*?

○ **Much better** ○ **Somewhat better** ○ **About the same** ○ **Somewhat worse** ○ **Much worse**

47. Other than conventional medicine, what other health treatments have you used **IN THE LAST 12 MONTHS**?

	No	Yes		No	Yes
a. Acupuncture	○	○	g. High dose/megavitamin therapy	○	○
b. Biofeedback	○	○	h. Homeopathy	○	○
c. Chiropractic care	○	○	i. Hypnosis	○	○
d. Energy healing	○	○	j. Massage	○	○
e. Folk remedies	○	○	k. Relaxation	○	○
f. Herbal therapy	○	○	l. Spiritual healing	○	○

48. Have you ever received anthrax vaccine? ○ **No** ○ **Yes**

If **YES**, how many shots of the anthrax vaccine have you received? ☐☐

49. In the **PAST 3 YEARS**, have you received smallpox vaccine? ○ **No** ○ **Yes**

These next few questions are about drinking alcoholic beverages. Alcoholic beverages include liquor such as whiskey, gin, beer, wine, wine coolers, and any other type of alcoholic beverage. For the purpose of this questionnaire:

One drink = one 12-ounce beer, one 4-ounce glass of wine, or one 1.5 ounce shot of liquor

50. **IN ANY ONE YEAR**, have you had a total of 12 drinks of any type of alcoholic beverage (including beer and wine)? ○ **No** ○ **Yes**

51. **IN YOUR ENTIRE LIFE**, have you had at least 12 drinks of any type of alcoholic beverage (including beer and wine)? ○ **No** ○ **Yes**

If you checked "YES," go to question 52.
If you checked "NO," go to question 60.

52. **IN THE PAST YEAR**, have you had at least 12 drinks of any type of alcoholic beverage? ... ○ No ○ Yes

If you checked "YES," go to question 53.
If you checked "NO," go to question 60.

53. **IN THE PAST YEAR**, how **OFTEN** did you typically drink any type of alcoholic beverage?

○ Never ○ Rarely ○ Monthly ○ Weekly ○ Daily

54. **IN THE PAST YEAR**, on those days that you drank alcoholic beverages, on average, how many drinks did you have? ..... ☐☐ drinks

55. **IN A TYPICAL WEEK**, how many drinks do you have? ..... ☐☐☐ drinks

56. **LAST WEEK**, how many drinks of alcoholic beverages did you have?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

57. **IN THE PAST YEAR**, on how many **DAYS** did you have 5 or more drinks of any alcoholic beverage? ..... ☐☐☐ days

58. **IN THE LAST 12 MONTHS**, have any of the following happened to you **MORE THAN ONCE**?

	No	Yes
a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health	○	○
b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities	○	○
c. You missed or were late for work, school, or other activities because you were drinking or hung over	○	○
d. You had a problem getting along with people while you were drinking	○	○
e. You drove a car after having several drinks or after drinking too much	○	○

59. Have you **EVER** felt any of the following?

	No	Yes
a. Felt you needed to cut back on your drinking	○	○
b. Felt annoyed at anyone who suggested you cut back on your drinking	○	○
c. Felt you needed an "eye-opener," or early morning drink	○	○
d. Felt guilty about your drinking	○	○

60. In the **PAST YEAR**, have you used any of the following tobacco products?

	No	Yes
a. Cigarettes	O	O
b. Cigars	O	O
c. Pipes	O	O
d. Smokeless tobacco (chew, dip, snuff)	O	O

61. **IN YOUR LIFETIME**, have you smoked at least 100 cigarettes (5 packs)? O No O Yes

If you checked "YES," go to question 62.
If you checked "NO," go to question 66.

62. At what age did you start smoking? ☐☐ years old

63. How many years have or did you smoke an average of at least 3 cigarettes per day (or one pack per week)? ☐☐ years

64. When smoking, how many packs per day did you or do you smoke?
- O Less than half a pack per day
- O 1/2 to 1 pack per day
- O 1 to 2 packs per day
- O More than 2 packs per day

65. Have you ever tried to quit smoking?
- O Yes, and succeeded
- O Yes, but not successfully
- O No

66. In the **PAST 3 YEARS**, have you had any of the following life events happen to you?

	No	Yes	If **YES**, list most recent year
a. You were divorced or separated	O	O	2 0 0 ☐
b. Suffered major financial problems (such as bankruptcy)	O	O	2 0 0 ☐
c. Suffered forced sexual relations or sexual assault	O	O	2 0 0 ☐
d. Experienced sexual harassment	O	O	2 0 0 ☐
e. Suffered a violent assault	O	O	2 0 0 ☐
f. Had a family member or loved one become severely ill or die	O	O	2 0 0 ☐
g. Suffered a disabling illness or injury	O	O	2 0 0 ☐

67. **During the PAST 3 YEARS**, have you been **PERSONALLY** exposed to any of the following? (do not include television or video exposure)

	No	Yes, 1 time	Yes, more than 1 time	If **YES**, list most recent year of exposure
a. Witnessing a person's death due to war, disaster, or tragic event	○	○	○	2 0 0
b. Witnessing instances of physical abuse (torture, beating, rape)	○	○	○	2 0 0
c. Seeing dead and/or decomposing bodies	○	○	○	2 0 0
d. Seeing maimed soldiers/civilians	○	○	○	2 0 0
e. Seeing prisoners of war/refugees	○	○	○	2 0 0
f. Chemical or biological warfare agents	○	○	○	2 0 0
g. Other medical countermeasures for chemical or biological warfare agent exposure	○	○	○	2 0 0
h. Alarms necessitating wearing of chemical/biological warfare protective gear	○	○	○	2 0 0

68. **DURING THE PAST 3 YEARS**, were you **PERSONALLY** exposed to any of the following?

	No	Don't know	Yes	If **YES**, list most recent year of exposure
a. Occupational hazards requiring protective equipment, such as respirators or hearing protection	○	○	○	2 0 0
b. Routine skin contact with paint and/or solvent and/or substances	○	○	○	2 0 0
c. Depleted uranium (DU)	○	○	○	2 0 0
d. Microwaves (**excluding** small microwave ovens)	○	○	○	2 0 0
e. Pesticides, including creams, sprays, or uniform treatments	○	○	○	2 0 0
f. Pesticides applied in the environment or around living facilities	○	○	○	2 0 0
g. Any exposure, physical or psychological, during a military deployment that had a significant impact on your health?	○	○	○	2 0 0

please specify

Theaters of Operation

Location Number	
1	South Central Asia (example: Afghanistan, Pakistan, India, Uzbekistan, Tajikistan, Kazakhstan)
2	South West Asia (example: Iraq, Iran, Kuwait, Saudi Arabia, Israel, Qatar, Jordan, Yemen, Turkey)
3	Other Asian Countries (example: Japan, Korea, Guam, Phillipines, Indonesia, Malaysia)
4	Balkans (example: Kosovo, Macedonia, Albania, Bosnia, Yugoslavia/Serbia, Croatia)
5	Africa
6	South or Central America
7	Other (please specify)

69. Please review the list above. Have you been to any of these Theaters of Operation for more than **30 consecutive days** in the **PAST 3 YEARS**? ..... ○ **No** ○ **Yes**

If you marked "YES," go to question 70
If you marked "NO," go to question 72

70. If yes, use the numbers assigned to each Theater of Operation above to fill in the following table for each location where you spent more than **30 consecutive days** in the **PAST 3 YEARS**:

	Location Number	Date Arrived M M / Y Y Y Y		Date Departed M M / Y Y Y Y
a.		/ 2 0 0	TO	/ 2 0 0
b.		/ 2 0 0	TO	/ 2 0 0
c.		/ 2 0 0	TO	/ 2 0 0
d.		/ 2 0 0	TO	/ 2 0 0
e.		/ 2 0 0	TO	/ 2 0 0
f.		/ 2 0 0	TO	/ 2 0 0
g.		/ 2 0 0	TO	/ 2 0 0
h.		/ 2 0 0	TO	/ 2 0 0
i.		/ 2 0 0	TO	/ 2 0 0
j.		/ 2 0 0	TO	/ 2 0 0

71. Have you been to more Theaters of Operation than the space allowed in the past 3 years? ... ○ **No** ○ **Yes**

72. Were any of these deployments part of Operation Enduring Freedom? ..... ○ **No** ○ **Yes**

Please answer question 73 ONLY if you are ENLISTED (Active Duty, Reserve, or National Guard). All others please skip to question 74.

73. Review the list of military occupational categories below. Select the **TWO** categories that **BEST MATCH** your military job and fill in the two-digit code for your **PRIMARY** job code and your **SECONDARY** job code.

PRIMARY JOB CODE ☐☐ SECONDARY JOB CODE ☐☐

INFANTRY, GUN CREWS & SEAMANSHIP SPECIALISTS

- 01 Infantry
- 02 Armor & Amphibious
- 03 Combat Engineering
- 04 Artillery/Gunnery, Rockets & Missiles
- 05 Air Crew
- 06 Seamanship
- 07 Installation Security

COMMUNICATIONS & INTELLIGENCE SPECIALISTS

- 20 Radio & Radio Code
- 21 Sonar
- 22 Radar & Air Traffic Control
- 23 Signal Intel/Electronic Warfare
- 24 Intelligence
- 25 Combat Operations Control
- 26 Communications Center Operations

CRAFTWORKERS

- 70 Metalworking
- 71 Construction
- 72 Utilities
- 74 Lithography
- 75 Industrial Gas & Fuel Production
- 76 Fabric, Leather & Rubber
- 79 Other Craftworker

SERVICE & SUPPLY HANDLERS

- 80 Food Service
- 81 Motor Transport
- 82 Material Receipt, Storage & Issue
- 83 Law Enforcement
- 84 Personnel Service
- 85 Auxiliary Labor
- 86 Forward Area Equipment Support
- 87 Other Services

ELECTRONIC EQUIPMENT REPAIRERS

- 10 Radio/Radar
- 11 Fire Control Electric Systems (Non-Missile)
- 12 Missile Guidance, Control & Check-out
- 13 Sonar Equipment
- 14 Nuclear Weapons Equipment
- 15 ADP Computers
- 16 Teletype & Cryptographic Equipment
- 19 Other Electronic Equipment

HEALTH CARE SPECIALISTS

- 30 Medical Care
- 31 Ancillary Medical Support
- 32 Biomedical Sciences & Allied Health
- 33 Dental Care
- 34 Medical Admin & Logistics
- 35 Other Technical & Allied Specialists

ELECTRICAL /MECHANICAL EQUIPMENT REPAIRERS

- 60 Aircraft & Aircraft-Related
- 61 Automotive
- 62 Wire Communications
- 63 Missile Mechanical & Electrical
- 64 Armament & Munitions
- 65 Shipboard Propulsion
- 66 Power Generating Equipment
- 67 Precision Equipment
- 69 Other Mechanical & Electrical Equipment

FUNCTIONAL SUPPORT & ADMINISTRATION

- 50 Personnel
- 51 Administration
- 52 Clerical/Personnel
- 53 Data Processing
- 54 Accounting, Finance & Disbursing
- 55 Other Functional Support
- 56 Religious, Morale & Welfare
- 57 Information & Education

PHOTOGRAPHY

- 41 Mapping, Surveying, Drafting & Illustrating
- 42 Weather
- 43 Ordnance Disposal & Diving
- 45 Musician
- 49 Technical Specialist

NON-OCCUPATIONAL

- 90 Patients & Prisoners
- 91 Officer Candidate & Student
- 92 Undesignated Occupations
- 95 Not Occupationally Qualified

Please answer question 74 ONLY if you are an OFFICER (Active Duty, Reserve, or National Guard). All others please skip to question 75.

74. Review the list of military occupational categories below. Select the **TWO** that **BEST MATCH** your military job and fill in the two-digit code for your **PRIMARY** job code and your **SECONDARY** job code.

PRIMARY JOB CODE ☐☐ SECONDARY JOB CODE ☐☐

ENGINEERING & MAINTENANCE OFFICERS

- 4A Construction & Utilities
- 4B Electrical/Electronic
- 4C Communications & Radar
- 4D Aviation Maintenance & Allied
- 4E Ordnance
- 4F Missile Maintenance
- 4G Ship Construction & Maintenance
- 4H Ship Machinery
- 4J Safety
- 4K Chemical
- 4L Automotive & Allied
- 4M Surveying & Mapping
- 4N Other

SCIENTISTS & PROFESSIONALS

- 5A Physical Scientist
- 5B Meteorologist
- 5C Biological Scientist
- 5D Social Scientist
- 5E Psychologist
- 5F Legal
- 5G Chaplain
- 5J Mathematician & Statistician
- 5K Educator & Instructor
- 5L Research & Development Coordinator
- 5M Community Activities Officers
- 5N Scientist & Professional

ADMINISTRATORS

- 7A Administrator, General
- 7B Training Administrator
- 7C Manpower & Personnel
- 7D Comptroller & Fiscal
- 7E Data Processing
- 7F Pictorial
- 7G Information
- 7H Police
- 7L Inspection
- 7N Morale & Welfare

SUPPLY, PROCUREMENT & ALLIED OFFICERS

- 8A Logistics, General
- 8B Supply
- 8C Transportation
- 8D Procurement & Production
- 8E Food Service
- 8F Exchange & Commissary
- 8G Other

NON-OCCUPATIONAL

- 9A Patient
- 9B Student
- 9E Other

INTELLIGENCE OFFICERS

- 3A Intelligence, General
- 3B Communications Intelligence
- 3C Counter-intelligence

TACTICAL OPERATIONS OFFICERS

- 2A Fixed-Wing Fighter & Bomber Pilot
- 2C Helicopter Pilot
- 2D Aircraft Crew
- 2E Ground & Naval Arms
- 2F Missiles
- 2G Operations Staff
- 2H Civilian Pilot

HEALTH CARE OFFICERS

- 6A Physician
- 6C Dentist
- 6E Nurse
- 6G Veterinarian
- 6H Biomedical Sciences & Allied Health
- 6I Health Service Administration

GENERAL OFFICERS & EXECUTIVES

- 1A General & Flag
- 1B Executive

---

76. Do you have a civilian job at this time?

- O YES ..... **Go to question 76**
- O NO civilian employment at this time ..... **Go to question 77**
- O Homemaker ..... **Go to question 77**

Please answer question 76 ONLY if you answered "YES" to question 75.
All others please skip to question 77.

76. Review the list of **CIVILIAN** occupational categories on this page and the next page. Select the **TWO** categories that BEST MATCH your civilian job and fill in the three-digit code for your **PRIMARY** and your **SECONDARY** job codes.

PRIMARY JOB CODE | SECONDARY JOB CODE

OFFICE & ADMINISTRATION SUPPORT
- 431 Supervisors, Office & Administrative Support
- 432 Communications Equipment Operator
- 433 Financial Clerk
- 434 Information & Record Clerk
- 435 Material Recording, Scheduling, Dispatching & Distributing Worker
- 436 Secretaries & Admin Assistants
- 439 Other Office & Admin Support

PRODUCTION OCCUPATIONS
- 511 Supervisor, Production Worker
- 512 Assembler, Fabricator
- 513 Food Processing Worker
- 514 Metal & Plastic Worker
- 515 Printing Worker
- 516 Textile, Apparel & Furnishing Worker
- 517 Woodworker
- 518 Plant & Systems Operator
- 519 Other Production Occupation

PERSONAL CARE SERVICE
- 391 Supervisor, Personal Care & Service
- 392 Animal Care & Service
- 393 Entertainment Attendant & Related Worker
- 394 Funeral Worker
- 395 Personal Appearance
- 396 Transportation, Tourism & Lodging Attendant
- 399 Other Personal Care & Service Worker

INSTALLATION, REPAIR & MAINTENANCE OCCUPATIONS
- 491 Supervisor of Installation, Maintenance & Repair Worker
- 492 Electrical & Electric Equipment Mechanic, Installer & Repairer
- 493 Vehicle & Mobile Equipment Mechanic, Installer, & Repairer
- 499 Other Installation, Maintenance & Repair

FARMING, FISHING & FORESTRY WORKERS
- 451 Supervisor, Farming, Fishing & Forestry Worker
- 452 Agricultural Worker
- 453 Fishing & Hunting Worker
- 454 Forest, Conservation & Logging Worker
- 459 Other Farming, Fishing & Forestry

EDUCATION, TRAINING & LIBRARY
- 251 Postsecondary Teacher
- 252 Primary, Secondary & Special Education School Teacher
- 253 Other Teacher & Instructor
- 254 Librarian, Curator & Archivist
- 259 Other Education, Training & Library Occupations

COMPUTER & MATHEMATICAL
- 151 Computer Specialist
- 152 Mathematical Specialist
- 153 Mathematical Tech

BUSINESS & FINANCIAL OPERATIONS
- 131 Business Operations Specialist
- 132 Financial Specialist

LEGAL
- 231 Lawyer, Judge & Related Worker
- 232 Legal Support Worker

ARTS, DESIGN, MEDIA, ENTERTAINMENT & SPORTS
- 271 Art & Design
- 272 Entertainer & Performer Sports & Related Worker
- 273 Media Communication Worker
- 274 Media Communication Equipment Worker

ARCHITECTURE & ENGINEERING
- 171 Architect, Surveyor & Cartographer
- 172 Engineer
- 173 Drafters, Engineering & Mapping Technician

COMMUNITY & SOCIAL SERVICES
- 211 Counselor, Social Worker & Other Community & Social Service Specialist
- 212 Religious Worker

More categories listed on page 22...

Question 76 continued, Civilian Occupational categories...

CONSTRUCTION & EXTRACTION

- 471 Supervisor, Construction & Extraction Worker
- 472 Construction Trades Worker
- 473 Helper, Construction Trades
- 474 Other Construction & Related Worker
- 475 Extraction Worker

FOOD PREPARATION & SERVING RELATED

- 351 Supervisor, Food Preparation & Serving
- 352 Cook & Food Preparation Worker
- 353 Food and Beverage Worker
- 359 Other Food Preparation & Serving Related Worker

BUILDING & GROUNDS CLEANING & MAINTENANCE

- 371 Supervisor, Building & Grounds & Cleaning & Maintenance Worker
- 372 Building Cleaning & Pest Control
- 373 Ground Maintenance

TRANSPORTATION & MATERIAL MOVING

- 531 Supervisor, Transportation & Material Moving
- 533 Motor Vehicle Operator
- 534 Rail Transportation Worker
- 535 Water Transportation
- 536 Other Transportation
- 537 Material Moving Worker

HEALTH CARE

- 295 Physician
- 311 Nursing, Psychiatric & Home Health Aid
- 312 Occupational & Physical Therapist Assistant and Aid
- 319 Other Health Care Occupations

SALES-RELATED OCCUPATIONS

- 411 Supervisor, Sales
- 412 Retail Sales Worker
- 413 Sales Rep, Services
- 414 Sales Rep, Wholesale & Manufacturing
- 415 Counter & Rental Clerks & Parts Salesperson
- 419 Other Sales & Related Worker

LIFE, PHYSICAL & SOCIAL SCIENCES

- 191 Life Scientist
- 192 Physical Scientist
- 193 Social Scientist & Related Worker
- 194 Life, Physical & Social Sciences Technician

PROTECTIVE SERVICES

- 331 First Line Supervisor/ Manager, Protective Services
- 332 Firefighting & Prevention Worker
- 333 Law Enforcement Worker
- 339 Other Protective Service Worker

MANAGEMENT

- 111 Top Executive
- 112 Advertising, Marketing, Promotions, PR & Sales Manager
- 113 Operations Specialties Manager
- 119 Other Management Occupations

77. Do you have any concerns about your health that are not covered in this survey that you would like to share? (Continue on a separate sheet if necessary.)