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[ ] For office use only

Panel 1, Wave 2

MILLENNIUM COHORT STUDY

OMB #0720-0029 exp 09/30/06
DoD RCS#DD-HA(AR)2106 Part B exp 11/30/06

0843168628

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 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. In the **last 3 years**, has your doctor or other health professional told you that you have any of the following conditions?

			If **YES**, in what year were you **first** diagnosed?	Mark here if you were hospitalized for the condition in the **last 3 years**
a. Hypertension (high blood pressure)	O No	O Yes		O Hospitalized
b. Coronary heart disease	O No	O Yes		O Hospitalized
c. Heart attack	O No	O Yes		O Hospitalized
d. Angina (chest pain)	O No	O Yes		O Hospitalized
e. Any other heart condition please specify	O No	O Yes		O Hospitalized
f. Sinusitis	O No	O Yes		O Hospitalized
g. Chronic bronchitis	O No	O Yes		O Hospitalized
h. Emphysema	O No	O Yes		O Hospitalized
i. Asthma	O No	O Yes		O Hospitalized
j. Kidney failure requiring dialysis	O No	O Yes		O Hospitalized
k. Bladder infection	O No	O Yes		O Hospitalized
l. Pancreatitis	O No	O Yes		O Hospitalized
m. Diabetes or sugar diabetes	O No	O Yes		O Hospitalized
n. Gallstones	O No	O Yes		O Hospitalized
o. Hepatitis B	O No	O Yes		O Hospitalized
p. Hepatitis C	O No	O Yes		O Hospitalized
q. Any other hepatitis	O No	O Yes		O Hospitalized
r. Cirrhosis	O No	O Yes		O Hospitalized

Question 8 continued on page 5...

Question 8 continued...

				If **YES**, in what year were you **first** diagnosed?	Mark here if you were hospitalized for the condition in the **last 3 years**
s.	Rheumatoid arthritis	O No	O Yes		O Hospitalized
t.	Lupus	O No	O Yes		O Hospitalized
u.	Multiple sclerosis	O No	O Yes		O Hospitalized
v.	Crohn's disease	O No	O Yes		O Hospitalized
w.	Stomach, duodenal, or peptic ulcer	O No	O Yes		O Hospitalized
x.	Ulcerative colitis or proctitis	O No	O Yes		O Hospitalized
y.	Significant hearing loss	O No	O Yes		O Hospitalized
z.	Significant vision loss even with glasses or contact lenses	O No	O Yes		O Hospitalized
aa.	Migraine headaches	O No	O Yes		O Hospitalized
bb.	Stroke	O No	O Yes		O Hospitalized
cc.	Neuropathy-caused reduced sensation in hands or feet	O No	O Yes		O Hospitalized
dd.	Seizures	O No	O Yes		O Hospitalized
ee.	Sleep apnea	O No	O Yes		O Hospitalized
ff.	Anemia	O No	O Yes		O Hospitalized
gg.	Thyroid condition other than cancer	O No	O Yes		O Hospitalized
hh.	Cancer please specify	O No	O Yes		O Hospitalized
ii.	Chronic fatigue syndrome	O No	O Yes		O Hospitalized
jj.	Depression	O No	O Yes		O Hospitalized
kk.	Schizophrenia or psychosis	O No	O Yes		O Hospitalized
ll.	Manic-depressive disorder	O No	O Yes		O Hospitalized
mm.	Posttraumatic stress disorder	O No	O Yes		O Hospitalized
nn.	Other please specify	O No	O Yes		O Hospitalized

9. In the **last 3 years**, have you had persistent or recurring problems with any of the following?

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

10. Over the **past 3 years**, approximately how many days were you hospitalized because of illness or injury? (exclude hospitalization for pregnancy and childbirth)

O None O 1 day O 2-5 days O 6-10 days O 11-15 days O 16-20 days O 21 days or more

11. Over the **past 3 years**, approximately how many days were you unable to work or perform your usual activities because of illness or injury? (exclude lost time for pregnancy and childbirth)

O None O 1 day O 2-5 days O 6-10 days O 11-15 days O 16-20 days O 21 days or more

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 bothered by any of the items listed above, you may want to seek help from a health professional in your area.

14. a. In the **last 4 weeks**, have you had an anxiety attack - suddenly feeling fear or panic? ..... O No O Yes

If you marked "NO," please skip to question 16

b. Has this ever happened to you before? ..... O No O Yes

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? ..... O No O Yes

d. Do these attacks bother you a lot, or are you worried about having another attack? ..... O No O Yes

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15. Think about your last bad anxiety attack.

a. Were you short of breath? ..... O No O Yes

b. Did your heart race, pound, or skip? ..... O No O Yes

c. Did you have chest pain or pressure? ..... O No O Yes

d. Did you sweat? ..... O No O Yes

e. Did you feel as if you were choking? ..... O No O Yes

f. Did you have hot flashes or chills? ..... O No O Yes

g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea? ..... O No O Yes

h. Did you feel dizzy, unsteady, or faint? ..... O No O Yes

i. Did you have tingling or numbness in parts of your body? ..... O No O Yes

j. Did you tremble or shake? ..... O No O Yes

k. Were you afraid you were dying? ..... O No O Yes

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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	O	O	O

If you marked "NOT AT ALL," skip to question 17

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

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

☐ feet ☐☐ inches

18. What is your **current** weight? ☐☐☐ pounds

19. How much did you weigh a **year ago**? ☐☐☐ pounds

20. On an **average day**, how many 8-12 oz beverages containing caffeine do you drink (e.g. coffee, tea, soda)?

O None O 1-2 per day O 3-5 per day O 6-10 per day O 11 or more per day

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

O None O Once a week O 2-3 times/week O 4-7 times/week O 8-14 times/week O 15 or more times/week

22. In the **past year**, have you been on any high protein, low carbohydrate diets (like Atkins) for more than a month? O No O Yes

23. a. Do you often feel that you can't control **what** or **how much** you eat? O No O Yes

b. Do you often eat, within any **2 hour period**, what most people would regard as an unusually **large** amount of food? O No O Yes

c. If you answered **"YES"** to either of the above, has this been as often, on average, as **twice a week** for the **LAST 3 MONTHS**? O No O Yes

24. In the **last 3 months**, have you done any of the following in order to avoid gaining weight?

a. Made yourself vomit? O No O Yes

b. Took more than twice the recommended dose of laxatives? O No O Yes

c. Fasted - not eaten anything at all for at least 24 hours? O No O Yes

d. Exercised for more than an hour specifically to avoid gaining weight after binge eating? O No O Yes

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

25. 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	O	O	O
b. Your weight or how you look	O	O	O
c. Little or no sexual desire or pleasure during sex	O	O	O
d. Difficulties with husband/wife, partner/lover, or boyfriend/girlfriend	O	O	O
e. The stress of taking care of children, parents, or other family members	O	O	O
f. Stress at work outside of the home or at school	O	O	O
g. Financial problems or worries	O	O	O
h. Having no one to turn to when you have a problem	O	O	O
i. Something bad that happened **recently**	O	O	O
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 into a sexual act	O	O	O

26. 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? O No O Yes

27. Are you **currently** taking any medicine for anxiety, depression, or stress? O No O Yes

28. Over the **past month**, how many hours of sleep did you get in an average 24-hour period? ☐☐ hours

If you are FEMALE, please go to question 29
If you are MALE, please skip to question 30

29. **FOR WOMEN ONLY:**

a. Which best describes your menstrual periods?

- O No periods because pregnant or recently gave birth
- O No periods for over a year and unrelated to pregnancy or childbirth
- O Periods regulated by hormone replacement (estrogen) therapy or oral contraceptives
- O Periods unregulated and unchanged for over a year
- O 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?	O	O	O
c. If **YES:** Do these problems go away by the end of your period?	O	O	O
d. Have you given birth within the **last 3 years**?	O	O	O
e. Have you had a miscarriage within the **last 3 years**?	O	O	O
f. During the **last 3 years**, have you tried and been unable to become pregnant?	O	O	O

30. In the **past month** have you experienced...?

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

Question 30 continued on page 12 ...

Question 30 continued...

	Not at all	A little bit	Moderately	Quite a bit	Extremely
l. Difficulty concentrating	O	O	O	O	O
m. Feeling "super-alert" or watchful or on guard	O	O	O	O	O
n. Feeling jumpy or easily startled	O	O	O	O	O
o. Physical reactions when something reminds you of stressful experiences from the past	O	O	O	O	O
p. Efforts to avoid thinking about your stressful experiences from the past	O	O	O	O	O
q. Efforts to avoid activities or situations because they remind you of stressful experiences from the past	O	O	O	O	O

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

O Excellent O Very good O Good O Fair O Poor

32. In a **typical week**, how much time do you spend participating in...
(Please mark both your typical "days per week" and "minutes per day" doing these activities)

	Days per week	Minutes per day	
a. **STRENGTH TRAINING** or work that strengthens your muscles? (e.g. lifting/pushing/pulling weights)	☐	☐☐☐	O None O Cannot physically do
b. **VIGOROUS** exercise or work that causes heavy sweating or large increases in breathing or heart rate? (e.g. running, active sports, marching, biking)	☐	☐☐☐	O None O Cannot physically do
c. **MODERATE** or **LIGHT** exercise or work that causes light sweating or slight increases in breathing or heart rate? (e.g. walking, cleaning, slow jogging)	☐	☐☐☐	O None O Cannot physically do

33. Choose the single best description of your **USUAL** daily activities.

O You sit during the day and do not walk much.
O You stand or walk a lot during the day, but do not carry or lift things often.
O You lift or carry light loads, or climb stairs or hills often.
O You do heavy work or carry heavy loads often.

34. On a **typical day**, how much time do you spend sitting and watching TV or videos or using a computer?

☐☐ Hours per day

35. 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?

	No, not limited at all	Yes, limited a little	Yes, limited a lot
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?	○	○	○

36. 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)	○	○	○	○	○

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 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	○	○	○	○	○

38. 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?

O Not at all O Slightly O Moderately O Quite a bit O Extremely

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39. During the **past 4 weeks**, how much bodily pain have you had?

O None O Very mild O Mild O Moderate O Severe O Very severe

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40. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

O Not at all O A little bit O Moderately O Quite a bit O Extremely

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41. During the **past 4 weeks**, how much of the time:
(Select the **single best** answer for each question.)

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
a. Did you feel **full of pep**?	O	O	O	O	O	O
b. Have you been a **very nervous person**?	O	O	O	O	O	O
c. Have you felt so down in the dumps that **nothing could cheer you up**?	O	O	O	O	O	O
d. Have you felt **calm and peaceful**?	O	O	O	O	O	O
e. Did you have **a lot of energy**?	O	O	O	O	O	O
f. Have you felt **downhearted and blue**?	O	O	O	O	O	O
g. Did you feel **worn out**?	O	O	O	O	O	O
h. Have you been a **happy person**?	O	O	O	O	O	O
i. Did you feel **tired**?	O	O	O	O	O	O

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42. 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)?

O None of the time O A little of the time O Some of the time O Most of the time O All of the time

43. 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	O	O	O	O	O
b. I am as healthy as anybody I know	O	O	O	O	O
c. I expect my health to get worse	O	O	O	O	O
d. My health is excellent	O	O	O	O	O

44. **Compared to 3 years ago**, how would you rate your **physical health** in general now?

O Much better O Somewhat better O About the same O Somewhat worse O Much worse

45. **Compared to 3 years ago**, how would you rate your **emotional health** or **well-being** (such as feeling anxious, depressed, or irritable) now?

O Much better O Somewhat better O About the same O Somewhat worse O Much worse

46. Other than conventional medicine, what other health treatments have you used **in the last 12 months**?

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

47. Have you ever received the anthrax vaccine? O No O Yes

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

48. In the **past 3 years**, have you received the smallpox vaccine? O No O Yes

These next few questions are about drinking alcoholic beverages. Alcoholic beverages include liquor such as whiskey, gin, beer, wine, wine coolers, etc. 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

49. In the **past year**, how often did you have a drink containing alcohol?

O Never O Monthly or less O 2-4 times a month O 2-3 times a week O 4 or more times a week

If you marked "Never," skip to question 55.

50. In the **past year**, on those days that you drank alcoholic beverages, on average, how many drinks did you have? ..... ☐☐ drinks

51. In the **past year**, how often did you have 5 or more alcoholic beverages on one occasion?

O Never O Monthly or less O 2-4 times a month O 5-10 times a month O 11 or more times a month

52. **Last week**, how many drinks of alcoholic beverages did you have?

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

53. Review the answers you provided to question 52.
Does this represent the number of alcoholic beverages you drink in a **typical week**?

O No, I usually drink LESS than this amount

O No, I usually drink MORE than this amount

O Yes, this represents how much I drink in a typical week

54. In the **last 12 months**, have any of the following happened to you **more than once**?

a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health ..... O No O Yes

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 ..... O No O Yes

c. You missed or were late for work, school, or other activities because you were drinking or hung over ..... O No O Yes

d. You had a problem getting along with people while you were drinking ..... O No O Yes

e. You drove a car after having several drinks or after drinking too much ..... O No O Yes

55. Have you **ever** felt any of the following?

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

56. In the **past year**, have you used any of the following tobacco products?

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

57. **In your lifetime**, have you smoked at least 100 cigarettes (5 packs)? O No O Yes

If you checked "YES," go to question 58
If you checked "NO," skip to question 62

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

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

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

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

62. In the **past 3 years**, have any of the following life events happened to you?

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

63. During the **past 3 years**, have you been **PERSONALLY** exposed to any of the following? (do not include TV, video, movies, computers, or theater)

	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	O	O	O	2 0 0
b. Witnessing instances of physical abuse (torture, beating, rape)	O	O	O	2 0 0
c. Dead and/or decomposing bodies	O	O	O	2 0 0
d. Maimed soldiers or civilians	O	O	O	2 0 0
e. Prisoners of war or refugees	O	O	O	2 0 0
f. Chemical or biological warfare agents	O	O	O	2 0 0
g. Medical countermeasures for chemical or biological warfare agent exposure	O	O	O	2 0 0
h. Alarms necessitating wearing of chemical or biological warfare protective gear	O	O	O	2 0 0

64. During the **past 3 years**, were you 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	O	O	O	2 0 0
b. Routine skin contact with paint and/or solvent and/or substances	O	O	O	2 0 0
c. Depleted uranium (DU)	O	O	O	2 0 0
d. Microwaves (**excluding** microwave ovens)	O	O	O	2 0 0

Question 64 continued on page 19...

Question 64 continued...

	No	Don't know	Yes	If **YES**, list most recent year of exposure
e. Pesticides, including creams, sprays, or uniform treatments	O	O	O	2 0 0
f. Pesticides applied in the environment or around living facilities	O	O	O	2 0 0
g. Any exposure, physical or psychological, during a military deployment that had a significant impact on your health?	O	O	O	2 0 0

please specify

65. Over the **past 3 years**, did you receive imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits for deployment to any of the regions listed below?

O No → **Skip to question 68**
O Yes → **Continue to question 66**

Country Codes

01	Afghanistan	10	Philippines	19	Arabian Sea
02	Bahrain	11	Qatar	20	Gulf of Aden
03	Croatia	12	Saudi Arabia	21	Gulf of Oman
04	Kuwait or Iraq	13	Serbia (includes Kosovo)	22	Persian Gulf
05	Kyrgyzstan	14	Tajikistan	23	Red Sea
06	Macedonia	15	Turkey	24	Other sea area
07	Montenegro	16	United Arab Emirates		
08	Oman	17	Uzbekistan		
09	Pakistan	18	Other country		

please specify (Other country)

please specify (Other sea area)

Sea Codes

19 Arabian Sea
20 Gulf of Aden
21 Gulf of Oman
22 Persian Gulf
23 Red Sea
24 Other sea area

66. If "**YES**", use the country and sea codes assigned to the locations above to indicate the region(s) where you received imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits.

	Location	Date Arrived Month / Year		Date Departed Month / Year
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

67. In the **past 3 years**, have you been to more regions where you received imminent danger pay, hardship duty pay, or combat zone tax exclusion benefits than fit into the space allowed above? O No O Yes

Please answer question 68 ONLY if you are ENLISTED (Active Duty, Reserve, or National Guard)
All others please skip to question 69

68. Review the list of military occupational categories below. Select the **two** categories that **best match** your military job and fill in the two-digit codes for your **primary** job code and your **secondary** job code.

PRIMARY JOB CODE

SECONDARY JOB CODE

INFANTRY, GUN CREWS & SEAMANSHIP SPECIALISTS

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

COMMUNICATIONS & INTELLIGENCE SPECIALISTS

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

FUNCTIONAL SUPPORT & ADMINISTRATION

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

HEALTH CARE SPECIALISTS

- Medical Care (30)
- Ancillary Medical Support (31)
- Biomedical Sciences or Allied Health (32)
- Dental Care (33)
- Medical Administration or Logistics (34)
- Other Technical or Allied Specialists (35)

SERVICE & SUPPLY HANDLERS

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

PHOTOGRAPHY

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

CRAFTWORKERS

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

ELECTRONIC EQUIPMENT REPAIRERS

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

ELECTRICAL/MECHANICAL EQUIPMENT REPAIRERS

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

OTHER

- Patients or Prisoners (90)
- Officer Candidate or Student (91)
- Undesignated Occupations (92)
- Not Occupationally Qualified (95)

Please answer question 69 ONLY if you are an OFFICER or WARRANT OFFICER (Active Duty, Reserve, or National Guard)
All others please skip to question 70

69. Review the list of military occupational categories below. Select the **two** that **best match** your military job and fill in the two-digit codes for your **primary** job code and your **secondary** job code.

PRIMARY JOB CODE ☐☐ SECONDARY JOB CODE ☐☐

ADMINISTRATORS

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

ENGINEERING & MAINTENANCE OFFICERS

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

GENERAL OFFICERS & EXECUTIVES

- General or Flag (1A)
- Executive (1B)

HEALTH CARE OFFICERS

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

INTELLIGENCE OFFICERS

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

OTHER

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

SUPPLY, PROCUREMENT & ALLIED OFFICERS

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

SCIENTISTS & PROFESSIONALS

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

TACTICAL OPERATIONS OFFICERS

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

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

- O YES ..... **Go to question 71**
- O NO civilian employment at this time ..... **Go to question 72**
- O Homemaker ..... **Go to question 72**

Please answer question 71 ONLY if you answered "YES" to question 70
All others please skip to question 72

71. 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 codes for your **primary** and your **secondary** job codes.

PRIMARY JOB CODE | SECONDARY JOB CODE

ARCHITECTURE & ENGINEERING

- Architect, Surveyor or Cartographer (171)
- Engineer (172)
- Drafter, Engineering or Mapping Technician (173)

ARTS, DESIGN, MEDIA, ENTERTAINMENT & SPORTS

- Art or Design (271)
- Entertainer, Performer, Sports or Related Worker (272)
- Media Communication Worker (273)
- Media Communication Equipment Worker (274)

BUILDING & GROUNDS CLEANING & MAINTENANCE

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

BUSINESS & FINANCIAL OPERATIONS

- Business Operations Specialist (131)
- Financial Specialist (132)

COMMUNITY & SOCIAL SERVICES

- Counselor, Social Worker or Other Community or Social Service Specialist (211)
- Religious Worker (212)

COMPUTER & MATHEMATICAL

- Computer Specialist (151)
- Mathematical Specialist (152)
- Mathematical Technician (153)

CONSTRUCTION & EXTRACTION

- Supervisor, Construction or Extraction Worker (471)
- Construction Trades Worker (472)
- Helper, Construction Trades (473)
- Other Construction or Related Worker (474)
- Extraction Worker (475)

EDUCATION, TRAINING & LIBRARY

- Postsecondary Teacher (251)
- Primary, Secondary or Special Education School Teacher (252)
- Other Teacher or Instructor (253)
- Librarian, Curator or Archivist (254)
- Other Education, Training or Library Occupation (259)

FARMING, FISHING & FORESTRY WORKERS

- Supervisor, Farming, Fishing or Forestry Worker (451)
- Agricultural Worker (452)
- Fishing or Hunting Worker (453)
- Forest, Conservation or Logging Worker (454)
- Other Farming, Fishing or Forestry (459)

FOOD PREPARATION & SERVING RELATED

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

HEALTH CARE

- Physician (295)
- Nursing, Psychiatric or Home Health Aid (311)
- Occupational or Physical Therapist Assistant or Aid (312)
- Other Health Care Occupation (319)

INSTALLATION, REPAIR & MAINTENANCE OCCUPATIONS

- Supervisor of Installation, Maintenance or Repair Worker (491)
- Electrical or Electric Equipment Mechanic, Installer or Repairer (492)
- Vehicle or Mobile Equipment Mechanic, Installer or Repairer (493)
- Other Installation, Maintenance or Repair (499)

LEGAL

- Lawyer, Judge or Related Worker (231)
- Legal Support Worker (232)

More categories listed on page 23.

Question 71 continued, Civilian Occupational categories...

LIFE, PHYSICAL & SOCIAL SCIENCES

- Life Scientist (191)
- Physical Scientist (192)
- Social Scientist or Related Worker (193)
- Life, Physical or Social Sciences Technician (194)

MANAGEMENT

- Top Executive (111)
- Advertising, Marketing, Promotions, PR or Sales Manager (112)
- Operations Specialties Manager (113)
- Other Management Occupation (119)

OFFICE & ADMINISTRATIVE SUPPORT

- Supervisor, Office or Administrative Support (431)
- Communications Equipment Operator (432)
- Financial Clerk (433)
- Information or Record Clerk (434)
- Material Recording, Scheduling, Dispatching or Distributing Worker (435)
- Secretary or Administrative Assistant (436)
- Other Office or Administrative Support (439)

PERSONAL CARE SERVICE

- Supervisor, Personal Care or Service (391)
- Animal Care or Service (392)
- Entertainment Attendant or Related Worker (393)
- Funeral Worker (394)
- Personal Appearance (395)
- Transportation, Tourism or Lodging Attendant (396)
- Other Personal Care or Service Worker (399)

PRODUCTION OCCUPATIONS

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

PROTECTIVE SERVICES

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

SALES-RELATED OCCUPATIONS

- Supervisor, Sales (411)
- Retail Sales Worker (412)
- Sales Representative, Services (413)
- Sales Representative, Wholesale or Manufacturing (414)
- Counter or Rental Clerk or Parts Salesperson (415)
- Other Sales or Related Worker (419)

TRANSPORTATION & MATERIAL MOVING

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

72. 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.)

Thank you for completing this important survey!

More information regarding the Millennium Cohort Study can be found at

http://www.Millennium Cohort.org

Please also visit the website to update any changes to your mailing address, phone number, email address, or last name