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National Health Study for a New Generation of U.S. Veterans

Questionnaire

Sponsored by

U.S. Department of Veterans Affairs

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6 DIGIT BARCODE

PRIVACY ACT STATEMENT

The information requested on this questionnaire is solicited under authority of 38 U.S.C. Section 7303. It is being collected to assist VA in learning more about the health of recent veterans and will help VA to provide better medical care. The information you supply will be confidential and protected by the provisions of the Privacy Act of 1974 (5 U.S.C. 552a) and specifically the VA system of records entitled 34VA12, "Veteran, Patient, Employee and Volunteer Research and Development Project Records - VA." Releases of the information may only be made with your consent or as identified in a "routine use" of the system of records. Routine uses include releases of statistical data and non-identifying data for research and associated administrative purposes. Disclosure is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

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GENERAL INSTRUCTIONS

To participate in this important project, please follow these instructions:

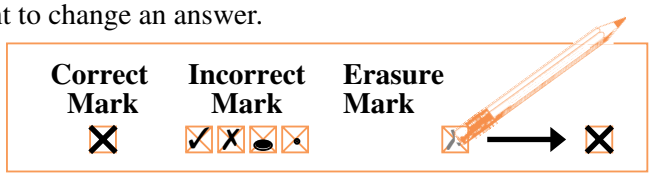
1. Read and complete questions 1 through 72.
2. Follow instructions for questions that apply to you.
3. Read the VA Research Consent Form included with this questionnaire package.
4. Return this booklet and the signed Consent Form in the postage-paid addressed envelope enclosed in the package.
5. Keep the cover letter and the extra Consent Form for your records.

If you have any questions please feel free to contact:

National Health Study for a New Generation of U.S. Veterans
Hours: Monday - Friday, 8:00 A.M. - 5:00 P.M. (EST)
Telephone: 1-877-VET-0088
Email: vetwellness@hmstech.com

MARKING INSTRUCTIONS

- While you can use a pen, please use a PENCIL in case you want to change an answer.
- Please do NOT use felt tip pens.
- Make solid, heavy "X" marks in the box.
- Please erase cleanly or white-out any mark you wish to change.
- Please do not make any stray marks on this form.



(This page will be kept separately from the rest of the pages to ensure your confidentiality.)

PLEASE PRINT

NAME: _____
First Middle Last Suffix (Jr., III, etc.)

_____ _____
Address Apt/Unit Number

_____ _____ _____ - _____
City State Zip Code

Best telephone numbers to reach you at:

☐ Cellular
☐ Home (_____) _____ - _____
☐ Work Area Code

☐ Cellular
☐ Home (_____) _____ - _____
☐ Work Area Code

E-mail address: _____@_____

Birthdate: m m / d d / y y y y

Last 4 digits of your social security number: ☐☐☐☐

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PLEASE START HERE

1 In what component(s) have you served? **(Mark all that apply)**

☐ Active Duty ☐ Reserve ☐ National Guard

2 What branch(es) did you serve with? **(Mark all that apply)**

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

3a During military service, what was your last principal duty? _____

3b During military service, what was your last occupation code (MOS, NEC or AFSC)? ☐☐☐☐☐☐

4a Have you been deployed to Operation Enduring Freedom (OEF) and/or Operation Iraqi Freedom (OIF)?

☐ No ☐ Yes → **4b** **IF YES**, what was your period of **last** deployment:

From m m / d d / y y y y To m m / d d / y y y y

5 Since 2001, please mark all locations of operations you served in:

☐ Afghanistan ☐ Iraq ☐ Kuwait ☐ Other **(Please specify)** _____
☐ Qatar ☐ Turkey ☐ Bosnia/Kosovo
☐ Europe ☐ Africa ☐ North America
☐ Central America ☐ South America ☐ On a ship

6 Since 2001, how many times were you deployed to the following operations?

Total Deployments	0	1	2	3	4	5+
OEF	☐	☐	☐	☐	☐	☐
OIF	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

7a Have you used VA health care services since you were separated from active duty?

☐ No **(Skip to question 7d)** ☐ Yes

7b What are the main reasons you enrolled in VA health care services? **(Mark all that apply)**

☐ To obtain regular or routine health care
☐ To obtain specialist health care
☐ To obtain dental care
☐ To obtain prescription medications, eye glasses, hearing aids, or other devices
☐ To obtain mental health care
☐ To obtain special emphasis care such as for a spinal cord injury, traumatic brain injury, blind rehabilitation, prosthetics
☐ To receive nursing home care
☐ To obtain home health care
☐ Other

7c All things considered, how satisfied are you with your health care in the VA?

☐ Completely satisfied
☐ Very satisfied
☐ Somewhat satisfied
☐ Neither satisfied nor dissatisfied
☐ Somewhat dissatisfied
☐ Very dissatisfied
☐ Completely dissatisfied

Skip to question 8

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7d **If you have never** used VA services, why not? **(Mark all that apply)**

- ☐ I prefer to use other health care coverage
- ☐ I do not wish to use VA health care services because of concerns about quality of care
- ☐ I do not know if I am eligible
- ☐ VA health care services are not in a convenient location for me
- ☐ Other **(Please specify)** _____

8 What health care coverage do you have? **(Mark all that apply)**

- ☐ Private or self-purchased insurance
- ☐ Employer-based insurance
- ☐ Department of Defense's TRICARE
- ☐ Veterans Affairs
- ☐ Medicare
- ☐ Medicaid
- ☐ Other
- ☐ None

9 Since separation from active duty, have you received a letter from the VA Secretary informing you of programs and benefits that you may be entitled to through the VA?

☐ No ☐ Yes ☐ Don't remember

10 Do you belong to a Veterans group(s) such as Veterans of Foreign Wars of the United States (VFW) or American Legion?

☐ No ☐ Yes **(Please specify all)** _____

11 Has a doctor **ever** told you that you have any of the following conditions? **(Please mark after each condition)**

Condition	No	Yes	Year First Told	Condition	No	Yes	Year First Told
a. Arthritis of any kind	☐	☐ →	y y y y	m. Stroke	☐	☐ →	y y y y
b. Skin cancer	☐	☐ →	y y y y	n. Sinusitis	☐	☐ →	y y y y
c. Any other cancer **(Please specify)** _____	☐	☐ →	y y y y	o. Bronchitis	☐	☐ →	y y y y
d. Cirrhosis of the liver	☐	☐ →	y y y y	p. Asthma	☐	☐ →	y y y y
e. Hepatitis	☐	☐ →	y y y y	q. Frequent bladder infections	☐	☐ →	y y y y
f. Any other liver trouble	☐	☐ →	y y y y	r. Significant hearing loss	☐	☐ →	y y y y
g. Irritable bowel syndrome or colitis (irritation of the colon)	☐	☐ →	y y y y	s. Multiple sclerosis	☐	☐ →	y y y y
h. Diabetes	☐	☐ →	y y y y	t. Chronic fatigue syndrome	☐	☐ →	y y y y
i. Repeated seizures, convulsions, or blackouts	☐	☐ →	y y y y	u. Posttraumatic stress disorder	☐	☐ →	y y y y
j. Migraines	☐	☐ →	y y y y	v. Depression	☐	☐ →	y y y y
k. Coronary heart disease or artery disease	☐	☐ →	y y y y	w. Sleep apnea	☐	☐ →	y y y y
l. Hypertension	☐	☐ →	y y y y	x. Traumatic brain injury	☐	☐ →	y y y y

12 Not including blood donations, in what month and year was your last HIV test? → m m / y y y y

☒ Don't know
☒ Never tested

13 During the **past 12 months**, have you been treated for a sexually transmitted disease or venereal disease (e.g., gonorrhea, syphilis, herpes, chlamydia)? ☒ No ☒ Yes

14a During the **past 12 months**, how many clinic or doctor visits have you made because you had a health problem? (exclude routine visits for vaccinations, physical examinations, etc.)

☒ None

☐☐☐ → Number of visits

14b Please explain reasons for visit(s) or diagnoses:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

15a During the **past 12 months**, how many times have you been hospitalized overnight or longer?

☒ None

☐☐☐ → Number of times

15b Please explain reasons for visit(s) or diagnoses:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

16a During the **past 12 months**, have you taken any prescribed medications?

☒ No

☒ Yes →

16b **IF YES**, please specify name(s) of medication(s):

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

17 During the **past 12 months**, how many alternative treatment visits have you made because you had health problems? ☒ None Number of visits ☐☐☐

18 If alternative treatments were used in the **past 12 months**, please indicate all treatment(s), the reasons for the treatment(s), and whether treatment was used at VA or elsewhere. **(Mark all that apply)**

Treatment	Not used	Used at VA	Used elsewhere	Reason for treatment
a. Acupuncture	☒	☒	☒	_____
b. Biofeedback	☒	☒	☒	_____
c. Chiropractic care	☒	☒	☒	_____
d. Energy healing	☒	☒	☒	_____
e. Folk remedies	☒	☒	☒	_____
f. Herbal therapy	☒	☒	☒	_____
g. High dose/megavitamin therapy	☒	☒	☒	_____
h. Homeopathy	☒	☒	☒	_____
i. Hypnosis	☒	☒	☒	_____
j. Massage	☒	☒	☒	_____
k. Relaxation	☒	☒	☒	_____
l. Spiritual healing	☒	☒	☒	_____

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	No	Yes
a. Has a doctor or other health professional ever told you that you had a head injury?	☐ If NO, skip to question 20.	☐
b. Have you received treatment from a doctor or other health professional for a head injury?	☐ If NO, skip to question 20.	☐
c. Was this treatment helpful?	☐	☐
d. Were you prescribed medication(s)?	☐	☐

20

	No	Yes
a. Has a doctor or other health professional ever told you that you have posttraumatic stress disorder (PTSD)?	☐ If NO, skip to question 21.	☐
b. Have you received treatment from a doctor or other health professional for PTSD?	☐ If NO, skip to question 21.	☐
c. Was this treatment helpful?	☐	☐
d. Were you prescribed medication(s)?	☐	☐

21 In general, would you say your health is: ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

22 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. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
b. Climbing several flights of stairs	☐	☐	☐

23 During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Were limited in the kind of work or other activities	☐	☐	☐	☐	☐

24 During the **past 4 weeks**, how much of the time 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)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Did work or other activities less carefully than usual	☐	☐	☐	☐	☐

25 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

26 These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	☐	☐	☐	☐	☐
b. Did you have a lot of energy?	☐	☐	☐	☐	☐
c. Have you felt downhearted and depressed?	☐	☐	☐	☐	☐

27 During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)?

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

28 This question contains a list of comments made by people after stressful life events. Please read each item and mark how frequently these comments were true for you **during the past 4 weeks. If it did not occur during the past 4 weeks, please mark the 'Not at all' column.**

In the past 4 weeks, 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	☐	☐	☐	☐	☐
f. Loss of interest in activities that you used to enjoy	☐	☐	☐	☐	☐
g. Feeling distant or cut off from other people	☐	☐	☐	☐	☐
h. Feeling emotionally numb, or being unable to have loving feelings for those close to you	☐	☐	☐	☐	☐
i. Feeling as if your future will somehow be cut short	☐	☐	☐	☐	☐
j. Trouble falling asleep or staying asleep	☐	☐	☐	☐	☐
k. Feeling irritable or having angry outbursts	☐	☐	☐	☐	☐
l. Having difficulty concentrating	☐	☐	☐	☐	☐
m. Being “super-alert,” or watchful or on guard	☐	☐	☐	☐	☐
n. Feeling jumpy or easily startled	☐	☐	☐	☐	☐
o. Having physical reactions when something reminds you of stressful experiences from the past	☐	☐	☐	☐	☐
p. Avoid thinking about your stressful experiences from the past, or avoid having feelings about them	☐	☐	☐	☐	☐
q. Avoid activities or situations because they remind you of stressful experiences from the past	☐	☐	☐	☐	☐

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29 If you experienced any of the symptoms described in **question 28**, were these stressful experiences related to:

- ☐ Military service only
- ☐ Other traumatic life events only
- ☐ Both military and other life events
- ☐ Don't know/not applicable

30 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 are experiencing emotional distress and need to talk to a trained VA professional, you may call 1-800-273-TALK (8255), 24 hours a day, 7 days a week.**

31 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	☐	☐	☐
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	☐	☐	☐

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32a During military service, did you experience any of the following events? **(Mark all that apply)**

	No	Yes	Estimated Number of Times
a. Blast or explosion (IED, RPG, land mine, grenade, etc.)	☐	☐ →	☐☐☐
b. Motor vehicle, aircraft, or water transportation accident	☐	☐ →	☐☐
c. Fragment wound or bullet wound above the shoulders	☐	☐ →	☐☐
d. Falls	☐	☐ →	☐☐
e. Injury from sports/physical training	☐	☐ →	☐☐
f. Other injury **(Please specify)** _____	☐	☐ →	☐☐

If you marked NO for all events, skip to question 34.

32b Did you have any of the following ***IMMEDIATELY*** after any of the events in question 32a? **(Mark all that apply)**

- ☐ Losing consciousness/"knocked out" → **IF MARKED**, about how long were you unconscious? → ☐☐☐ minutes
- ☐ Being dazed, confused, or "seeing stars"
- ☐ Not remembering the event
- ☐ Concussion
- ☐ Head injury
- ☐ No, none of the above **(Skip to question 34)**

32c Did any of the following problems begin or get worse after any of the events in question 32a? **(Mark all that apply)**

- ☐ Memory problems or lapses
- ☐ Balance problems or dizziness
- ☐ Sensitivity to bright light
- ☐ Irritability
- ☐ Headaches
- ☐ Sleep problems
- ☐ Trouble concentrating
- ☐ Hearing problems
- ☐ Other problems **(Please specify)** _____
- ☐ No, none of the above **(Skip to question 34)**

33 In the **past week**, have you had any of the following? **(Mark all that apply)**

- ☐ Memory problems or lapses
- ☐ Balance problems or dizziness
- ☐ Sensitivity to bright light
- ☐ Irritability
- ☐ Headaches
- ☐ Sleep problems
- ☐ Trouble concentrating
- ☐ Hearing problems
- ☐ No, none of the above

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34 **During military service**, were you exposed to or did you experience any of the following?

	No	Yes		No	Yes
a. Dust and sand	☐	☐	i. Pesticide-treated uniforms	☐	☐
b. Burning trash/feces	☐	☐	j. Depleted uranium (DU) (e.g., handling DU munitions)	☐	☐
c. Diesel, kerosene and/or other petrochemical fumes	☐	☐	k. Ate local food other than provided by Armed Forces	☐	☐
d. Skin exposure to JP8, diesel, or other petrochemical fuel	☐	☐	l. Contact with Prisoners of War (POWs)	☐	☐
e. Smoke from oil fires	☐	☐	m. Exposure to loud noises	☐	☐
f. Solvents or degreasers	☐	☐	n. Radiation	☐	☐
g. Paint operations (vehicles or equipment)	☐	☐	o. Industrial pollution	☐	☐
h. Insect repellant (spray, lotion, or cream applied to your skin)	☐	☐	p. Other exposure you consider harmful **(Please specify)** _____	☐	☐

35 During military service, did you receive any of the following vaccinations?

a. Smallpox (leaves a scar on the arm)	☐ No	☐ Yes
b. Anthrax	☐ No	☐ Yes
c. Rabies	☐ No	☐ Yes

36a During military service, did you ever take medications to prevent malaria?

☐ No ☐ Yes → **36b** **IF YES**, please indicate which medicines you took. **(Mark all that apply)**

☐ Chloroquine (Aralen®)
☐ Mefloquine (Lariam®)
☐ Don't know
☐ Doxycycline (Vibramycin®)
☐ Primaquine
☐ Other (Please specify) _____

37 **When you were in the military…**

	No	Yes
a. Did you ever receive uninvited or unwanted sexual attention (e.g., touching, cornering, pressure for sexual favors, inappropriate verbal remarks)?	☐	☐
b. Did anyone ever use force or the threat of force to have sex with you against your will?	☐	☐
	If NO, skip to question 38.	
c. If yes, did you ever contract a sexually transmitted disease as a result?	☐	☐

During any of your deployments: (If no deployment, skip to question 43a)

	No	Yes
38 Were you wounded or injured by hostile actions?	☐	☐

	No	Yes
39 Did you ever feel that you were in great danger of being killed?	☐	☐

40 Did you see anyone wounded, killed, or dead? **(Mark all that apply)**

☐ No ☐ Yes, coalition ☐ Yes, enemy ☐ Yes, civilian

41 Were you engaged in direct combat where you discharged your weapon? **(Mark all that apply)**

☐ No ☐ Yes, land ☐ Yes, sea ☐ Yes, air

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42 Since returning from your deployment, have you had serious conflicts with your spouse, family members, or close friends that continue to cause you worry or concern?

☐ No ☐ Yes

43a During the **past 12 months**, have you smoked cigarettes?

☐ No ☐ Yes

43b **IF YES**, how many cigarettes do you smoke per day? ☐☐ number of cigarettes per day

43c How old were you when you first started smoking? ☐☐ age **(Skip to question 44)**

43d **IF NO**, have you ever smoked cigarettes even occasionally?

☐ No ☐ Yes → **43e** **IF YES**, in what year did you last stop? yyyy year

44 How often do you have a drink containing alcohol?

☐ Never **(Skip to question 48)** ☐ Once a month or less ☐ 2 to 4 times a month ☐ 2 to 3 times a week ☐ 4 or more times a week

45 How many drinks containing alcohol do you have on a typical day **when you are drinking**?

☐ 1 - 2 ☐ 3 ☐ 4 ☐ 5 - 6 ☐ 7 - 9 ☐ 10 or greater

46 How often do you have 5 or more drinks on one occasion?

☐ Never ☐ Less than monthly ☐ Once a month ☐ Weekly ☐ Daily or almost daily

47 Have any of the following happened to you **more than once in the last 6 months**?

	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 other people while you were drinking	☐	☐
e. You drove a car after having several drinks or after drinking too much	☐	☐

48 How often do you use seat belts when you drive or ride in a car?

☐ Always ☐ Nearly always ☐ Sometimes ☐ Seldom ☐ Never ☐ Never drive or ride in a car **(Skip to question 50)**

49 During the **past 4 weeks**, how many times did you ride with a driver who had perhaps too much to drink?

☐☐ number of times ☐ None ☐ Don't know

50 Do you ride a motorcycle? ☐ No ☐ Yes, usually with a helmet ☐ Yes, usually without a helmet

51 Do you usually drive… **(Mark only one)**

☐ 20 miles per hour or more over the speed limit
☐ about 15 miles per hour over the speed limit
☐ about 10 miles per hour over the speed limit
☐ about 5 miles per hour over the speed limit
☐ at or below the speed limit
☐ never drive

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52 During the **past 3 years**, have you:

	No	Yes
a. Gotten a ticket for speeding?	☐	☐
b. Gotten a warning for speeding?	☐	☐
c. Gotten a ticket for any other moving violation (such as running a red light or stop sign)?	☐	☐
d. Been convicted of DWI or DUI?	☐	☐
e. Had your car insurance canceled or premiums increased as a result of claims or points?	☐	☐

53a Since 2001, have you been in a vehicle crash while in the United States?

☐ No **(Skip to question 54)**
☐ Yes

53b If so, were you: **(Mark all that apply)**

	Yes	Number of crashes
a. On a motorcycle wearing a helmet?	☐ →	
b. On a motorcycle not wearing a helmet?	☐ →	
c. In a vehicle as a driver?	☐ →	
d. In a vehicle as a passenger?	☐ →	
e. Speeding over the limit?	☐ →	
f. Driving while intoxicated or under the influence?	☐ →	
g. Wearing a seatbelt?	☐ →	

53c Did any of these crashes occur: **(Mark all that apply)**

	Yes	Number of crashes
a. Before first deployment?	☐ →	
b. Between deployments?	☐ →	
c. Since last deployment?	☐ →	
d. Did not deploy	☐ →	

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54 During the **past 12 months**, how many people have you had sex with?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

55a During the **past 12 months**, have you had sex with someone who is not your main partner or whom you do not consider to be your main partner?

☐ No **(Skip to question 56a)** ☐ Yes

55b IF YES, thinking back to the last time you had sex with that person, was a condom used?

☐ No ☐ Yes

56a Have you or your partner ever tried, for a period of **12 months or longer**, to become pregnant?

☐ No **(Skip to question 57a)** ☐ Yes

56b IF YES, did you or your partner eventually get pregnant?

☐ Stopped trying ☐ Got pregnant ☐ Still trying

56c Did you or your partner seek any medical help while trying to get pregnant?

☐ No **(Skip to question 57a)** ☐ Yes

56d Did the medical provider find any of the following reasons to explain why you or your partner were having difficulty getting pregnant?

☐ Problems with ovulation
☐ Blocked tubes
☐ Endometriosis
☐ Semen or sperm problems
☐ No reason found
☐ Other **(Please specify)** _____

57a If you are FEMALE: Have you ever been pregnant, regardless of whether there was a live birth outcome from that pregnancy?

☐ No **(Skip to question 59)** ☐ Yes → ☐☐ number of pregnancies **(Continue with question 58)**

57b If you are MALE: Have you ever been the biological father in any pregnancy, regardless of whether there was a live birth outcome from that pregnancy?

☐ No **(Skip to question 65)** ☐ Yes → ☐☐ number of pregnancies **(Continue with question 58)**

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58 **Please provide information on ALL of your pregnancies or pregnancies of your partner in which you are the biological father. For multiple birth outcomes, make a separate entry for each (e.g., 2 entries for twins). If you are uncertain about a detail, please provide your best estimate:**

Pregnancy	Outcome	Date of pregnancy outcome or due date	Birth weight (if live birth)	Length of pregnancy	Birth defects	Did partner serve in:
1	☐ Live Birth ☐ Currently Pregnant ☐ Stillbirth ☐ Miscarriage ☐ Other:	m m / y y	lbs. oz.	Months or Weeks	☐ No ☐ Yes (please describe):	☐ OEF/OIF ☐ Military ☐ None
2	☐ Live Birth ☐ Currently Pregnant ☐ Stillbirth ☐ Miscarriage ☐ Other:	m m / y y	lbs. oz.	Months or Weeks	☐ No ☐ Yes (please describe):	☐ OEF/OIF ☐ Military ☐ None
3	☐ Live Birth ☐ Currently Pregnant ☐ Stillbirth ☐ Miscarriage ☐ Other:	m m / y y	lbs. oz.	Months or Weeks	☐ No ☐ Yes (please describe):	☐ OEF/OIF ☐ Military ☐ None
4	☐ Live Birth ☐ Currently Pregnant ☐ Stillbirth ☐ Miscarriage ☐ Other:	m m / y y	lbs. oz.	Months or Weeks	☐ No ☐ Yes (please describe):	☐ OEF/OIF ☐ Military ☐ None
5	☐ Live Birth ☐ Currently Pregnant ☐ Stillbirth ☐ Miscarriage ☐ Other:	m m / y y	lbs. oz.	Months or Weeks	☐ No ☐ Yes (please describe):	☐ OEF/OIF ☐ Military ☐ None

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If you are FEMALE please continue to question 59. If you are MALE please skip to question 65.

59 What forms of contraception have you used before, during, or after active duty? **(Mark all that apply)**	**Before active duty**	**On active duty not deployed**	**On active duty deployed**	**After separation from active duty**
a. Birth control pills	☐	☐	☐	☐
b. Birth control ring	☐	☐	☐	☐
c. Birth control patch	☐	☐	☐	☐
d. Male condoms	☐	☐	☐	☐
e. Female condoms	☐	☐	☐	☐
f. Tubal ligation	☐	☐	☐	☐
g. Partner's vasectomy	☐	☐	☐	☐
h. Withdrawal	☐	☐	☐	☐
i. Injectable, e.g., Depo-Provera®, Lunelle®	☐	☐	☐	☐
j. Calendar/rhythm method or natural family planning	☐	☐	☐	☐
k. Diaphragm or cervical cap	☐	☐	☐	☐
l. Intrauterine device (IUD), e.g., Mirena®, copper	☐	☐	☐	☐
m. Morning after pills/emergency contraception	☐	☐	☐	☐
n. Foam or jelly	☐	☐	☐	☐
o. Progestin implant, e.g., Norplant®	☐	☐	☐	☐
p. None	☐	☐	☐	☐
q. Not sexually active	☐	☐	☐	☐
r. Other: **(Please specify)** _____	☐	☐	☐	☐

60 Have you experienced any of the following?	**Before active duty**	**On active duty not deployed**	**On active duty deployed**	**After separation from active duty**
a. Irregular periods	☐	☐	☐	☐
b. Painful periods	☐	☐	☐	☐
c. Abnormal Pap smear	☐	☐	☐	☐
d. Pelvic inflammatory disease	☐	☐	☐	☐
e. Chronic pelvic pain	☐	☐	☐	☐
f. Low sexual interest	☐	☐	☐	☐
g. Painful intercourse	☐	☐	☐	☐
h. Urinary tract infection	☐	☐	☐	☐
i. Hysterectomy	☐	☐	☐	☐

61 Are you currently using a hormonal method to stop or control your period?

☐ No ☐ Yes **(Please specify)** _____

Please answer questions 62-64 only if you were deployed. If not deployed, please skip to question 65.

62 While deployed, was it easy for you to get contraception?

☐ No ☐ Yes ☐ Not desired

63a While deployed, did you use any hormonal methods to stop or control your period?

☐ No ☐ Yes **(Please specify)** _____ **(Skip to question 64)**

63b Were you offered a hormonal method to stop or control your period by a health care provider?

☐ No ☐ Yes **(Skip to question 64)**

63c Would you have preferred to have a hormonal method to stop or control your period?

☐ No ☐ Yes

64 While deployed, did you have access to sanitary supplies (e.g., pads, tampons)?

☐ No ☐ Yes ☐ Not needed

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65 During the past 12 months, what were you doing most of the time?

☐ Employed for wages
☐ Self-employed
☐ On active duty
☐ Looking for work or unemployed
☐ On disability/unable to work
☐ Homemaker/caring for family
☐ Student
☐ Retired
☐ Other **(Please specify)** _____

66 Current marital status: →
☐ Married or living with partner
☐ Married but separated from partner
☐ Single, never married
☐ Divorced
☐ Widowed

67 Current annual household income before taxes: →
☐ Less than $35,000
☐ $35,000–$49,999
☐ $50,000–$74,999
☐ $75,000–$99,999
☐ $100,000–$149,999
☐ $150,000 or more

68 What is the highest level of education that you have completed?

☐ High school degree or equivalent/GED
☐ Some college, no degree
☐ Associate's degree
☐ Bachelor's degree
☐ Master's, doctorate, or professional degree

69 What is your race/ethnicity? **(Mark all that apply)**

☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Pacific Islander

70 About how tall are you without shoes? → ☐ feet and ☐☐ inches

71 About how much do you weigh without shoes? → ☐☐☐ pounds

**If currently pregnant, please give your usual weight before becoming pregnant.*

72 Gender: ☐ Male ☐ Female

Thank you very much for taking the time to complete this questionnaire. Your assistance in providing this information is very much appreciated. **Please mail this completed questionnaire with the signed Consent Form** in the postage-paid envelope as soon as possible. If you have any questions, you may call us at 1-877-VET-0088 or e-mail us at vetwellness@hmstech.com.

National Health Study for a New Generation of U.S. Veterans, c/o HMS TECHNOLOGIES, INC., P.O. Box 708, Martinsburg, WV 25402

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