Peace Corps Health Outcomes

Introduction

Peace Corps has partnered with the Centers for Disease Control and Prevention to determine the health of returned Peace Corps Volunteers. The investigators have developed an online survey for returned Peace Corps Volunteers to complete.

Burden Statement: Public reporting burden for this collection of information is estimated to average 25 minutes per response. This estimate includes the time for reviewing instructions and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to pcfr@peacecorps.gov , Subject line: PRA (0420-####). Do not return the completed form to this email address.

OMB Control No. 0420-xxxx
Expiration Date: x/xx/20xx

Purpose and Consent

Introduction and purpose

The Centers for Disease Control and Prevention (CDC) and Peace Corps are conducting a survey to learn about the health of Peace Corps Volunteers (PCVs). This survey will help us understand what diseases for which PCVs might be at risk. To do this, we are conducting anonymous surveys among PCVs who served between 1995–2014. We would like to invite you to take part in this survey.

Procedures

Taking this survey is up to you. Participating will not cost you anything. If you agree, we will ask you some questions about your health since leaving Peace Corps. You can choose not to answer any questions that you wish for any reasons. The survey will take an average of 25 minutes to complete. Once completed, the survey results will be sent to CDC.

Confidentiality

Survey results will be compiled and analyzed as a group. Although aggregate results will be shared with Peace Corps, no information that can identify you individually will be collected or shared. Survey data will be kept private to the extent allowed by law.

Risks/benefits

This survey has little risk. The information we collect could benefit PCVs by improving the knowledge of PCMOs on the health risks of PCVs.

Cost

The only cost to you for being in the survey is your time. You will not be paid to take part in this survey.

Right to refuse or withdraw

It is up to you to join the assessment or to withdraw at any time. You can choose to skip any questions you do not want to answer. While taking the survey, if you decide that you do not want to take part, you can simply stop answering questions.

Persons to contact

If, at any time, you have questions or problems related to this assessment, you may contact Kathrine Tan (404) 718-4701, e-mail: ktan@cdc.gov

* I have read the above information and:

- ◯ I consent to participate
- ◯ I do NOT consent to participate

Peace Corps Health Outcomes

Section 1: Peace Corps - Service

The following questions are about your time as a Peace Corps Volunteer.

* In what country did you serve as a Peace Corps Volunteer? If you served in more than one country, please list the country that you served in first.

Other (please specify)

What best describes the location of your assignment?

- ◯ Rural (Less than 1,000 people per square mile. Ex: village or town with dirt roads)
- ◯ Urban (1,000 or more people per square mile. Ex: capital city of the country)

* When did you start (includes pre-service training) and finish (includes close of service, early termination, medical separation, or evacuation) your Peace Corps Service in country?

	Month	Year
Start		
Finish		

What was your primary work assignment as a Peace Corps Volunteer?

- ◯ Education
- ◯ Agriculture
- ◯ Community economic development
- ◯ Youth in development
- ◯ Environment
- ◯ Health
- ◯ Other (please specify)

Section 1: Peace Corps - Cookfires

While in Peace Corps, were you exposed to smoke from cookfires, either from wood or charcoal? (i.e. used fire for cooking, or visited or lived in a house where cookfires were used)

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 1: Peace Corps Volunteer - Cookfire exposure

Where were you exposed (check all that apply)?

- [ ] Indoors
- [ ] Outdoors
- [ ] Both indoors and outdoors

How often were you exposed?

- ( ) Daily
- ( ) Some days of the week
- ( ) Rarely
- ( ) Never
- ( ) Don't know

Section 1: Peace Corps - Water Safety

While in Peace Corps, what were the two main water safety measures, if any, did you take? (can select up to two)

- [ ] Bleach or chlorine
- [ ] Aquatabs
- [ ] Boiled water
- [ ] Filtered water using a Peace Corps approved filter
- [ ] Iodine tablets
- [ ] None
- [ ] Not applicable
- [ ] Don't know
- [ ] Other (please specify)

Section 1: Peace Corps - Mosquito Avoidance Measures

What statement best describes your use of mosquito repellent during Peace Corps?

- ◯ I used a DEET-containing mosquito repellent every day.
- ◯ I used some type of mosquito repellent every day.
- ◯ I used a DEET-containing mosquito repellent most days.
- ◯ I used some type of mosquito repellent most days.
- ◯ I used a DEET-containing mosquito repellent some days.
- ◯ I used some type of mosquito repellent some days.
- ◯ I never used a mosquito repellent.
- ◯ Don't know

What statement best describes your use of mosquito nets?

- ◯ I used a mosquito net every night
- ◯ I used a mosquito net most nights
- ◯ I used a mosquito net some nights
- ◯ I used a mosguito net rarely
- ◯ Don't know

Section 2: Malaria Prevention During Peace Corps

* While in Peace Corps, were you prescribed a medication to prevent malaria?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 2: Malaria Prevention During Peace Corps - Antimalarials

What was the first antimalarial you took during your Peace Corps service?

- ◯ Atovaquone/proguanil (malarone)
- ◯ Chloroquine or Plaquenil
- ◯ Doxycycline
- ◯ Mefloquine (Lariam)
- ◯ Other (please specify)

What statement best describes how you took the medication while in Peace Corps:

- ◯ I took the medication as prescribed.
- ◯ I took the medication as prescribed most of the time.
- ◯ I took the medication about half of the time.
- ◯ I rarely took the medication (less than half of the time).
- ◯ I never took the medication.
- ◯ I stopped taking the medication and switched to another because of side effects.
- ◯ I don't know.
- ◯ Other (please specify)

Approximate length of time actually taking the medication (in months):

Last time this particular medication for malaria prophylaxis was taken during Peace Corps (if you completed a trip directly after close of service in an area which required malaria prophylaxis, note the last time it was taken for this trip)

	Month	Year
Date		

Were you prescribed any other medication for malaria prophylaxis during Peace Corps?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 2: Malaria Prevention During Peace Corps - Other Antimalarials

Why was a different medication prescribed?

- ◯ Side effects from original antimalarial
- ◯ Deployment to a different area requiring a different antimalarial
- ◯ Other (please specify)

What antimalarial were you prescribed?

- ◯ Atovaquone/proguanil (malarone)
- ◯ Chloroquine
- ◯ Doxycycline
- ◯ Mefloquine (Lariam)
- ◯ Other (please specify)

What statement best describes how you took the medication while in Peace Corps:

- ◯ I took the medication as prescribed.
- ◯ I took the medication as prescribed most of the time.
- ◯ I took the medication about half of the time.
- ◯ I rarely took the medication (less than half of the time).
- ◯ I never took the medication.
- ◯ I don't know.
- ◯ Other (please specify)

Approximate length of time actually taking the medication (in months):

Last time this particular medication for malaria prophylaxis was taken during Peace Corps (if you traveled right after close of service in an area which required malaria prophylaxis, and you continued to take this same medication note the last time it was taken for this trip).

	Month	Year
Date		

Section 2: After Peace Corps - Other Malaria Preventive Medications

Have you taken medication for malaria prophylaxis since leaving Peace Corps?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 2: After Peace Corps - Other Malaria Preventive Medications

Since leaving Peace Corps, have you taken more than 6 months worth of malaria prophylaxis at a time?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions

The next few questions will help us understand your health prior, during, and after Peace Corps.

Section 3: Health Questions - Skin Conditions

* Have you ever been diagnosed by a health care provider with skin conditions such as:

Acne
Allergic dermatitis (allergic rash)
Contact dermatitis (rash from contact with something)
Fungal infection of skin ("ring worm")
Psoriasis
Skin cancer

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Skin Conditions - Diagnoses

* Please indicate if you have had any of the following skin conditions. For any conditions that you have NOT had, please indicate "never diagnosed". For any condition that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Acne	☐	☐	☐	☐
Allergic dermatitis (allergic rash)	☐	☐	☐	☐
Contact dermatitis (rash from contact with something)	☐	☐	☐	☐
Fungal infection of skin (also called "ring worm")	☐	☐	☐	☐
Skin cancer	☐	☐	☐	☐
Psoriasis	☐	☐	☐	☐
Other skin condition	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions - Skin Conditions - Medications Y/N

Have you ever taken medication for your skin condition(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Skin Conditions - Medications

Please select any medications taken for your skin condition(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Adalimumab **(Humira)**	☐	☐	☐	☐
Anthralin **(Zithranol)**	☐	☐	☐	☐
Calcipotriene **(Dovonex, Sorilux)**	☐	☐	☐	☐
Doxycycline **(Vibramycin)**	☐	☐	☐	☐
Hydrocortisone cream	☐	☐	☐	☐
Isotretinoin **(Accutane, Sotret)**	☐	☐	☐	☐
Methotrexate **(Rheumatrex, Trexall)**	☐	☐	☐	☐
Tetracycline	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions - Heart Conditions

* Have you ever been diagnosed by a health care provider with heart or circulation problems?
For example:

Arrhythmia (irregular heartbeat)
Cardiomyopathy
Congestive heart failure
High cholesterol
Hypertension (high blood pressure)
Myocardial infarction (heart attack)

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Heart Conditions - Diagnoses

* Please indicate if you have had the following heart or circulatory conditions. For any condition that you have NOT had, please indicate "never diagnosed". For any condition that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Arrhythmia (irregular heartbeat)	☐	☐	☐	☐
Cardiomyopathy	☐	☐	☐	☐
Congestive heart failure	☐	☐	☐	☐
High Cholesterol	☐	☐	☐	☐
Hypertension (high blood pressure)	☐	☐	☐	☐
Myocardial infarction (heart attack)	☐	☐	☐	☐
Other heart condition	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Heart Conditions – Medications Y/N

Have you ever taken medication for your heart or circulatory condition(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Heart Conditions - Medications

Please select any medications taken for your heart condition(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Aspirin	☐	☐	☐	☐
Atenolol **(Tenormin)**	☐	☐	☐	☐
Atorvastatin **(Lipitor)**	☐	☐	☐	☐
Captopril **(Capoten)**	☐	☐	☐	☐
Fluvastatin **(Lescol)**	☐	☐	☐	☐
Furosemide **(Lasix)**	☐	☐	☐	☐
Hydrochlorothiazide **(Aquazide H, HydroDIURIL, Microzide)**	☐	☐	☐	☐
Lisinopril **(Prinvil, Zestril)**	☐	☐	☐	☐
Losartan **(Cozaar)**	☐	☐	☐	☐
Lovastatin **(Altocor, Altoprev, Mevacor)**	☐	☐	☐	☐
Metoprolol **(Lopressor, Toprol-XL)**	☐	☐	☐	☐
Pravastatin **(Pravachol)**	☐	☐	☐	☐
Rosuvastatin **(Crestor)**	☐	☐	☐	☐
Simvastatin **(Zocor)**	☐	☐	☐	☐
Warfarin **(Coumadin)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions - Lung Conditions

* Have you ever been diagnosed by a health care provider with lung problems?
For example:

Asthma
Chronic obstructive pulmonary disease (COPD), bronchitis or emphysema
Lung cancer
Recurrent pneumonia
Restrictive lung disease

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Lung Conditions - Diagnoses

* Please indicate if you have had the following lung conditions. For any lung condition that you have NOT had, please indicate "never diagnosed". For any lung condition that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Asthma	☐	☐	☐	☐
Chronic obstructive pulmonary disease (COPD), chronic bronchitis, or emphysema	☐	☐	☐	☐
Chronic bronchitis	☐	☐	☐	☐
Lung cancer	☐	☐	☐	☐
Recurrent pneumonia	☐	☐	☐	☐
Restrictive lung disease	☐	☐	☐	☐
Other lung condition	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions –Lung Conditions – Medications Y/N

* Have you ever taken medication for your lung condition(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Lung Conditions - Medications

Please select any medications taken for your lung condition(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Albuterol **(Accuneb, ProAir, Proventil, Ventolin)**	☐	☐	☐	☐
Albuterol-ipratropium bromide **(Combivent)**	☐	☐	☐	☐
Fluticasone **(Fluticasone)**	☐	☐	☐	☐
Metaproteranol **(Alupent)**	☐	☐	☐	☐
Mometasone **(Asmanex)**	☐	☐	☐	☐
Montelukast **(Singulair)**	☐	☐	☐	☐
Prednisone **(Rayos, Sterapred)**	☐	☐	☐	☐
Prednisolone **(Orapred, Prelone)**	☐	☐	☐	☐
Triamcinolone (**Azmacort)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions - Gastrointestinal/stomach problems

* Have you ever been diagnosed by a health care provider with gastrointestinal or stomach problems?
For example:

Amoebas
Crohn's disease
Cirrhosis
Duodenal ulcers
Esophageal ulcers
Fatty liver
Gastroesophageal reflux (GERD) or heartburn
Giardia
Inflammatory bowel disease
Irritable bowel syndrome (IBS)
Liver failure
Peptic Ulcers

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Gastrointestinal/stomach problems – Diagnoses

* Please indicate if you have had the following gastrointestinal/stomach problems. For any problem that you have NOT had, please indicate "never diagnosed". For any problems that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Amoebas	☐	☐	☐	☐
Crohn's disease	☐	☐	☐	☐
Cirrhosis	☐	☐	☐	☐
Duodenal ulcers	☐	☐	☐	☐
Esophageal ulcers	☐	☐	☐	☐
Fatty liver	☐	☐	☐	☐
Gastroesophageal reflux (GERD) or heartburn	☐	☐	☐	☐
Giardia	☐	☐	☐	☐
Inflammatory bowel disease	☐	☐	☐	☐
Irritable bowel syndrome (IBS)	☐	☐	☐	☐
Liver failure	☐	☐	☐	☐
Peptic Ulcers	☐	☐	☐	☐
Other gastrointestinal/stomach disease	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Gastrointestinal/stomach problems – Medications Y/N

Have you ever taken medication for your gastrointestinal/stomach problems?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Gastrointestinal/stomach problems – Medications

Please select any medications taken for your gastrointestinal/stomach problem(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Balsalazide **(Colazal, Giazo)**	☐	☐	☐	☐
Certolizumab **(Cimzia)**	☐	☐	☐	☐
Cimetidine **(Tagamet, Tagamet HB)**	☐	☐	☐	☐
Ciprofloxacin **(Cipro)**	☐	☐	☐	☐
Dexamethasone **(Baycadron, Dexpak, Zema Pak)**	☐	☐	☐	☐
Esomeprazole **(Nexium)**	☐	☐	☐	☐
Famotidine **(Pepcid)**	☐	☐	☐	☐
Infliximab **(Remicade)**	☐	☐	☐	☐
Lansoprazole **(Prevacid)**	☐	☐	☐	☐
Maalox	☐	☐	☐	☐
Mesalamine **(Apriso, Asacol, Delzicol, Lialda)**	☐	☐	☐	☐
Methylprednisolone	☐	☐	☐	☐
Metronidazole **(Flagyl)**	☐	☐	☐	☐
Mylanta	☐	☐	☐	☐
Natalizumab **(Tysabri)**	☐	☐	☐	☐
Omeprazole **(Prilosec)**	☐	☐	☐	☐
Pantoprazole **(Protonix)**	☐	☐	☐	☐
Prednisolone **(Orapred, Prelone)**	☐	☐	☐	☐
Prednisone **(Rayos, Sterapred)**	☐	☐	☐	☐

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Ranitidine **(Taladine, Zantac)**	☐	☐	☐	☐
Sulfasalazine **(Azulfidine)**	☐	☐	☐	☐
Tums	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Genital, reproductive, or urinary tract problems

* Have you ever been diagnosed by a health care provider with genital, reproductive, or urinary tract (kidney/bladder) problems?
For example:

Kidney stones
Miscarriages
Recurrent urinary tract infections
Recurrent vaginal yeast infections

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Genital, reproductive, or urinary tract problems – Diagnoses

* Please indicate if you have had the following genital, reproductive, urinary tract problems. For any problems that you have NOT had, please indicate "never diagnosed". For any problems that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Kidney stones	☐	☐	☐	☐
Miscarriage(s)	☐	☐	☐	☐
Recurrent urinary tract infections (3 or more episodes in 1 year)	☐	☐	☐	☐
Recurrent vaginal yeast (4 or more episodes in 1 year)	☐	☐	☐	☐
Other genital, reproductive, or urinary tract problem	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Genital, reproductive, urinary tract problems – Medications Y/N

* Have you ever taken medication for your genital, reproductive, or urinary tract problems?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Genital, reproductive, or urinary tract problems - Medications

Please select any medications taken for your genital, reproductive, or urinary tract problem(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Amoxicillin-clavulanate **(Augmentin)**	☐	☐	☐	☐
Ciprofloxacin **(Cipro)**	☐	☐	☐	☐
Fluconazole **(Diflucan)**	☐	☐	☐	☐
Levofloxacin **(Levaquin)**	☐	☐	☐	☐
Miconazole **(Monistat)**	☐	☐	☐	☐
Nitrofurantoin **(Macrobid, Macrodantin)**	☐	☐	☐	☐
Sulfamethoxazole-trimethoprim **(Bactrim, Septra)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Immunologic, rheumatologic, or oncologic problems

* Have you ever been diagnosed by a health care provider with immunologic, rheumatologic, or oncologic (cancer) problems?
For example:

Breast cancer
Gastric cancer
Leukemia
Liver cancer
Lymphoma
Prostate cancer
Rheumatoid arthritis

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Immunologic, rheumatologic, or oncologic problems - Diagnoses

* Please indicate if you have had the following immunologic, rheumatologic, or oncologic problems. For any problem that you have NOT had, please indicate "never diagnosed". For any problems that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Breast cancer	☐	☐	☐	☐
Gastric cancer	☐	☐	☐	☐
Leukemia	☐	☐	☐	☐
Liver cancer	☐	☐	☐	☐
Lymphoma	☐	☐	☐	☐
Prostate cancer	☐	☐	☐	☐
Rheumatoid arthritis	☐	☐	☐	☐
Other immunologic, rheumatologic, or oncologic problem	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Immunologic, rheumatologic, or oncologic problem - Medications Y/N

Have you ever taken medication for your immunologic, rheumatologic, or oncologic problems?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Immunologic, rheumatologic, or oncologic problems - Medications

Please select any medications taken for your immunologic, rheumatologic, or oncologic problem(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Chemotherapy for cancer	☐	☐	☐	☐
Dexamethasone **(Baycadron, DexPak, Zema Pak)**	☐	☐	☐	☐
Hydroxychloroquine **(Plaquenil)**	☐	☐	☐	☐
Ibuprofen **(Advil, Motrin)**	☐	☐	☐	☐
Levofloxacin **(Levaquin)**	☐	☐	☐	☐
Methotrexate **(Trexall)**	☐	☐	☐	☐
Naproxen **(Aleve, Naprosyn)**	☐	☐	☐	☐
Prednisolone (**Millipred, Orapred, Prelone)**	☐	☐	☐	☐
Prednisone **(Rayos, Sterapred)**	☐	☐	☐	☐
Radiation therapy	☐	☐	☐	☐
Sulfasalazine **(Azulfidine, Sulfazine)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Infectious diseases

* Have you ever been diagnosed by a health care provider with infectious diseases?
For example:

Amoebas
Antibiotic resistant infections
Chikungunya
Dengue
Eye infection
Gastrointestinal infection
Giardia
Leishmaniasis
Malaria
Pneumonia
Positive PPD (skin test for tuberculosis)
Schistosomiasis
Skin infections
Sexually transmitted disease
Tuberculosis (active)
Urinary tract infection (kidney, bladder)
Vaginal yeast infection

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Infectious diseases - Diagnoses

* Please indicate if you have had the following infectious diseases. For any problem that you have NOT had, please indicate "never diagnosed". For any problems that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Amoebas	☐	☐	☐	☐
Antibiotic resistant infections	☐	☐	☐	☐
Chikungunya	☐	☐	☐	☐
Dengue	☐	☐	☐	☐
Eye infection	☐	☐	☐	☐
Gastrointestinal infection (not listed here)	☐	☐	☐	☐
Giardia	☐	☐	☐	☐
Malaria	☐	☐	☐	☐
Pneumonia	☐	☐	☐	☐
Positive PPD (skin test for tuberculosis)	☐	☐	☐	☐
Skin infections	☐	☐	☐	☐
Schistosomiasis	☐	☐	☐	☐
Sexually transmitted disease	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐
Urinary tract infections (kidney, bladder)	☐	☐	☐	☐
Vaginal yeast infections	☐	☐	☐	☐
Other infectious disease	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Infectious disease - Medication Y/N

* Have you ever taken medication for your infectious disease(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Infectious diseases - Medications

Please select any medications taken for your infectious disease(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Amoxicillin	☐	☐	☐	☐
Amoxicillin-clavulanate **(Augmentin)**	☐	☐	☐	☐
Artemether-lumefantrine **(Coartem)**	☐	☐	☐	☐
Atovaquone-proguanil **(Malarone)**	☐	☐	☐	☐
Azithromycin **(Zithromax, Zmax)**	☐	☐	☐	☐
Cefpodoxime **(Vantin)**	☐	☐	☐	☐
Cefuroxime **(Ceftin)**	☐	☐	☐	☐
Cephalexin **(Keflex)**	☐	☐	☐	☐
Chloroquine **(Aralen)**	☐	☐	☐	☐
Ciprofloxacin **(Cipro)**	☐	☐	☐	☐
Clindamycin **(Cleocin)**	☐	☐	☐	☐
Doxycycline **(Vibramycin)**	☐	☐	☐	☐
Ethambutol **(Myambutol)**	☐	☐	☐	☐
Fluconazole **(Diflucan)**	☐	☐	☐	☐
Gatifloxacin **(Tequin, Teqpaq)**	☐	☐	☐	☐
Hydroxychloroquine **(Plaquenil)**	☐	☐	☐	☐
Isoniazid **(Nydrazid)**	☐	☐	☐	☐
Levofloxacin **(Levaquin)**	☐	☐	☐	☐
Mefloquine **(Lariam)**	☐	☐	☐	☐
Metronidazole **(Flagyl)**	☐	☐	☐	☐

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Miconazole **(Monistat)**	☐	☐	☐	☐
Primaquine	☐	☐	☐	☐
Quinine **(Qualaquin)**	☐	☐	☐	☐
Rifampin **(Rifadin, Rimactane)**	☐	☐	☐	☐
Sulfamethoxazole-trimethoprim **(Bactrim)**	☐	☐	☐	☐
Tetracycline **(Ala-Tet, Panmycin, Sumycin)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Metabolic, endocrine, or hormonal problems

* Have you ever been diagnosed by a health care provider with metabolic, endocrine, or hormonal problems other than menopause?
For example:

Diabetes
Hyperlipidemia (high cholesterol)
Hyperthyroidism
Hypothyroidism

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Metabolic, endocrine, or hormonal problems - Diagnoses

* Please indicate if you have had the following metabolic, endocrine, or hormonal problems. For any problem that you have NOT had, please indicate "never diagnosed". For any problems that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Diabetes	☐	☐	☐	☐
Hyperlipidemia (high cholesterol)	☐	☐	☐	☐
Hyperthyroidism	☐	☐	☐	☐
Hypothyroidism	☐	☐	☐	☐
Other metabolic or hormonal problem	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Metabolic, endocrine, or hormonal problems - Medication Y/N

Have you ever taken medication for your metabolic, endocrine, or hormonal problem(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Metabolic, endocrine, or hormonal problems - Medications

Please select any medications taken for your metabolic, endocrine, or hormonal problem(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Alogliptin **(Nesina)**	☐	☐	☐	☐
Atorvastatin **(Lipitor)**	☐	☐	☐	☐
Cerivastatin **(Baycol)**	☐	☐	☐	☐
Fluvastatin **(Lescol, Lescol XL)**	☐	☐	☐	☐
Glimepiride **(Amaryl)**	☐	☐	☐	☐
Glipizide **(Glucotrol)**	☐	☐	☐	☐
Glyburide **(Diabeta, Glynase, Micronase)**	☐	☐	☐	☐
Insulin (any type)	☐	☐	☐	☐
Linagliptin **(Tradjenta)**	☐	☐	☐	☐
Lovastatin **(Altocor, Altoprev)**	☐	☐	☐	☐
Metformin **(Glucophage)**	☐	☐	☐	☐
Nateglinide **(Starlix)**	☐	☐	☐	☐
Plioglitazone **(Actos)**	☐	☐	☐	☐
Pravastatin **(Lipostat, Pravachol)**	☐	☐	☐	☐
Repaglinide **(Prandin)**	☐	☐	☐	☐
Rosiglitazone **(Avandia)**	☐	☐	☐	☐
Rosuvastatin **(Crestor)**	☐	☐	☐	☐
Simvastatin **(Zocor)**	☐	☐	☐	☐
Sitagliptin **(Januvia)**	☐	☐	☐	☐
Troglitazone **(Rezulin)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Musculoskeletal problems

* Have you ever been diagnosed by a health care provider with musculoskeletal problems?
For example:

Fracture
Osteoporosis
Tendon rupture

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Musculoskeletal problems - Diagnoses

* Please indicate if you have had the following musculoskeletal problems For any problem that you have NOT had, please indicate "never diagnosed". For any problems that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Fracture (specify location below)	☐	☐	☐	☐
Tendon rupture	☐	☐	☐	☐
Osteoporosis	☐	☐	☐	☐
Other musculoskeletal problem (specify below)	☐	☐	☐	☐

If "fracture" or "other" please specify

Section 3: Health Questions – Musculoskeletal problems - Medication Y/N

Have you ever taken medication for your musculoskeletal problem(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Musculoskeletal problems - Medications

Please select any medications taken for your musculoskeletal problem(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Acetaminophen **(Tylenol)**	☐	☐	☐	☐
Alendronate **(Fosamax)**	☐	☐	☐	☐
Aspirin	☐	☐	☐	☐
Ibandronate **(Boniva, Bondronat)**	☐	☐	☐	☐
Ibuprofen **(Advil, Motrin)**	☐	☐	☐	☐
Naproxen **(Aleve, Naprosyn)**	☐	☐	☐	☐
Raloxifene **(Evista)**	☐	☐	☐	☐
Risendronate **(Actonel)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Neurologic problems

* Have you ever been diagnosed by a health care provider with neurologic problems?
For example:

Cluster headache
Dementia
Hearing loss
Insomnia
Migraines
Neuropathy
Seizures
Tension headache
Tinnitus
Vestibular disorder (vertigo)

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Neurologic Problems - Diagnoses

* Please indicate if you have had the following neurologic problems. For any problem that you have NOT had, please indicate "never diagnosed". For any problems that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Cluster headache	☐	☐	☐	☐
Dementia	☐	☐	☐	☐
Hearing loss	☐	☐	☐	☐
Insomnia	☐	☐	☐	☐
Migraines	☐	☐	☐	☐
Neuropathy	☐	☐	☐	☐
Seizures	☐	☐	☐	☐
Tension headache	☐	☐	☐	☐
Tinnitus	☐	☐	☐	☐
Vestibular disorder (vertigo)	☐	☐	☐	☐
Other neurologic problem	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Neurologic problems - Medication Y/N

* Have you ever taken medication for your neurologic problem(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Neurologic problems - Medications

Please select any medications taken for your neurologic problem(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Acetaminophen **(Tylenol)**	☐	☐	☐	☐
Amoxapine **(Asendin)**	☐	☐	☐	☐
Amitriptyline **(Vanatrip, Elavil, Endep)**	☐	☐	☐	☐
Carbamazepine **(Carbatrol, Epitol, Equetro, Tegretol, Tegretol XR)**	☐	☐	☐	☐
Clomipramine **(Anafranil)**	☐	☐	☐	☐
Desipramine **(Norpramin)**	☐	☐	☐	☐
Dimenhydrinate **(Dramamine, Driminate)**	☐	☐	☐	☐
Diphenhydramine **(Benadryl, Diphen)**	☐	☐	☐	☐
Divalproex sodium **(Depakote, Depakote ER)**	☐	☐	☐	☐
Doxepin (**Silenor)**	☐	☐	☐	☐
Eslicarbazepine **(Aptiom)**	☐	☐	☐	☐
Gabapentin **(Neurontin)**	☐	☐	☐	☐
Ibuprofen **(Aleve, Motrin)**	☐	☐	☐	☐
Imipramine **(Tofranil)**	☐	☐	☐	☐
Meclizine **(Antivert, Bonine, Dramamine Less Drowsy)**	☐	☐	☐	☐
Naproxen **(Aleve, Naprosyn)**	☐	☐	☐	☐

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Nortriptyline **(Aventyl, Pamelor)**	☐	☐	☐	☐
Oxcarbazepine **(Oxtellar XR, Trileptal)**	☐	☐	☐	☐
Phenytoin **(Dilantin, Phenytek)**	☐	☐	☐	☐
Pregabalin **(Lyrica)**	☐	☐	☐	☐
Rizatriptan **(Maxalt)**	☐	☐	☐	☐
Sumatriptan **(Imitrex)**	☐	☐	☐	☐
Tiagabine **(Gabitril)**	☐	☐	☐	☐
Vigabatrin **(Sabril)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Ophthalmologic (eye) Problems

Do you currently wear glasses or contacts?

- ◯ Yes
- ◯ No
- ◯ Don't know

* Have you ever been diagnosed by a health care provider with ophthalmologic (eye) problems? For example

Cataracts
Corneal ulcer
Glaucoma
Keratitis
Macular degeneration
Retinopathy

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Ophthalmologic (eye) problems - Diagnoses

* Please indicate if you have had the following ophthalmologic (eye) problems For any problem that you have NOT had, please indicate "never diagnosed". For any problems that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Cataracts	☐	☐	☐	☐
Corneal ulcer	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐
Keratitis	☐	☐	☐	☐
Macular degeneration	☐	☐	☐	☐
Retinopathy	☐	☐	☐	☐
Other ophthalmologic problem (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Ophthalmologic problems - Medication Y/N

Have you ever taken medication for your ophthalmologic problem(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Ophthalmologic problems - Medications

Please select any medications taken for your ophthalmologic problem(s), and if applicable indicate when taken. Select all that apply. *Note that generic names are listed in alphabetical order with the brand name in bold.*

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Betaxolol ophthalmic **(Betoptic, Betoptic S)**	☐	☐	☐	☐
Latanoprost ophthalmic **(Xalatan)**	☐	☐	☐	☐
Ranibizumab ophthalmic **(Lucentis)**	☐	☐	☐	☐
Timolol ophthalmic **(Betimol, Istalol, Timpoptic)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Psychiatric problems

* Have you ever been diagnosed by a health care provider with psychiatric problems?
For example:

Anxiety disorder
Bipolar disorder
Depression
Obsessive-compulsive disorder
Schizophrenia

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions – Psychiatric problems - Diagnoses

* Please indicate if you have had the following psychiatric problems For any problem that you have NOT had, please indicate "never diagnosed". For any problems that you have had, please indicate if it was present before, during, and/or after Peace Corps (select all that apply).

	Never diagnosed	Before Peace Corps	During Peace Corps	After Peace Corps
Generalized anxiety disorder	☐	☐	☐	☐
Bipolar disorder	☐	☐	☐	☐
Major depressive disorder	☐	☐	☐	☐
Obsessive-compulsive disorder	☐	☐	☐	☐
Schizophrenia	☐	☐	☐	☐
Other Psychiatric problem (specify below)	☐	☐	☐	☐

If "other" please specify

Section 3: Health Questions – Psychiatric problems - Medication Y/N

Have you ever taken medication for your psychiatric problem(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section 3: Health Questions - Psychiatric problems - Medications

Please select any medications taken for your psychiatric problem(s), and if applicable indicate when taken. Select all that apply. Note that generic names are listed in alphabetical order with the brand name in bold.

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Amitriptyline **(Elavil, Vanatrip)**	☐	☐	☐	☐
Amoxapine **(Asendin)**	☐	☐	☐	☐
Asenapine **(Saphris)**	☐	☐	☐	☐
Bupropion **(Aplenzihn, Budeprion, Buproban, Forfivo XL, Wellbutrin, Zyban)**	☐	☐	☐	☐
Citalopram **(Celexa)**	☐	☐	☐	☐
Clomipramine **(Anafranil)**	☐	☐	☐	☐
Clonazepam **(Klonopin)**	☐	☐	☐	☐
Clozapine (**Clopine, Clozaril, Denzapine, FazaClo, Versacloz, Zaponex)**	☐	☐	☐	☐
Desipramine **(Norpramin)**	☐	☐	☐	☐
Desvenlafaxine **(Khedezla, Pristiq)**	☐	☐	☐	☐
Diazepam **(Valium)**	☐	☐	☐	☐
Divalproex sodium **(Depakote)**	☐	☐	☐	☐
Doxepin **(Silenor, Sinequan)**	☐	☐	☐	☐
Droperidol **(Inapsine)**	☐	☐	☐	☐
Duloxetine **(Cymbalta)**	☐	☐	☐	☐
Escitalopram **(Lexapro**)	☐	☐	☐	☐
Fluoxetine **(Prozac, Sarafem, Selfemra)**	☐	☐	☐	☐

	Never taken	Before Peace Corps	During Peace Corps	After Peace Corps
Fluvoxamine **(Luvox)**	☐	☐	☐	☐
Haloperidol **(Haldol)**	☐	☐	☐	☐
Imipramine **(Tofranil)**	☐	☐	☐	☐
Isocarboxazid **(Marplan)**	☐	☐	☐	☐
Maprotiline **(Ludiomil)**	☐	☐	☐	☐
Midazolam **(Versed)**	☐	☐	☐	☐
Mirtazapine **(Remeron)**	☐	☐	☐	☐
Nefazodone **(Serzone)**	☐	☐	☐	☐
Nortriptyline **(Aventyl, Pamelor)**	☐	☐	☐	☐
Olanzapine **(Zyprexa)**	☐	☐	☐	☐
Paroxetine **(Brisdelle, Paxil, Pexeva)**	☐	☐	☐	☐
Phenelzine **(Nardil)**	☐	☐	☐	☐
Phenobarbital **(Luminal, Solfoton)**	☐	☐	☐	☐
Pimozide **(Orap)**	☐	☐	☐	☐
Protriptyline **(Vivactil)**	☐	☐	☐	☐
Quetiapine **(Seroquel)**	☐	☐	☐	☐
Risperidone **(Risperdal)**	☐	☐	☐	☐
Selegiline **(Emsam)**	☐	☐	☐	☐
Sertraline **(Zoloft)**	☐	☐	☐	☐
Tranylcypromine **(Parnate)**	☐	☐	☐	☐
Trazodone **(Desyrel, Oleptro)**	☐	☐	☐	☐
Trimipramine **(Surmontil)**	☐	☐	☐	☐
Venlafaxine **(Effexor, Effexor XR)**	☐	☐	☐	☐
Ziprasidone **(Geodon)**	☐	☐	☐	☐
Other (specify below)	☐	☐	☐	☐

If "other" please specify

Section 4: Risk Factors - Family History

This last group of questions will help us understand if you might be at higher risk for certain diseases.

Has anyone in your family (mother, father, brother, sister) ever been diagnosed with (check any that apply):

- [ ] Cancer
- [ ] Diabetes
- [ ] Heart problems (heart attack, irregular heartbeat, congestive heart failure)
- [ ] Psoriasis
- [ ] Psychiatric issues (ex: generalized anxiety disorder, major depressive disorder, bipolar, or schizophrenia)

Section 4: Risk Factors - Smoke

Have you smoked at least 100 cigarettes in your entire life?
NOTE: 5 packs = 100 cigarettes

- ◯ Yes
- ◯ No
- ◯ Don't know/not sure

Section 4: Risk Factors - Smoke

Do you now smoke cigarettes every day, some days, or not at all?

- ◯ Every day
- ◯ Some days
- ◯ Not at all
- ◯ Don't know/ Not sure

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- ◯ Yes
- ◯ No
- ◯ Not applicable. I haven't smoked in the last 12 months.
- ◯ Don't know / Not sure

How long has it been since you last smoked a cigarette, even one or two puffs?

- ◯ Within the past month (less than 1 month ago)
- ◯ Within the past 3 months (1 month but less than 3 months ago)
- ◯ Within the past 6 months (less than 6 months ago)
- ◯ Within the past year (6 months but less than 1 year ago)
- ◯ Within the past 5 years (1 year but less than 5 years ago)
- ◯ Within the past 10 years (5 years but less than 10 years ago)
- ◯ 10 years or more
- ◯ Don't know/ Not sure

Section 4: Risk Factors - Alcohol

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

- ◯ Yes
- ◯ No
- ◯ Don't know/ Not sure

Section 4: Risk Factors - Alcohol

During the past 30 days how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?
(Please enter a number 0 or greater)

Days per week

Days per month

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
(Please enter a number 0 or greater)

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men) or 4 or more drinks (for women) on an occasion?
(Please enter a number, 0 or greater)
NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

During the past 30 days, what is the largest number of drinks you had on any occasion?
(Please enter a number, 0 or greater)

Section 5: Demographics

How many days per week do you exercise moderately or vigorously (physical exertion feels somewhat hard to hard) for at least 30 minutes? (Please enter a number 0 or greater)

What is the highest grade or year of school you completed?

- ◯ Grade 12 or GED (High school graduate)
- ◯ College 1 year to 3 years (Some college or technical school)
- ◯ College 4 years or more (College graduate)
- ◯ Graduate or Professional school

Are you currently...?

- ◯ Employed for wages
- ◯ Self-employed
- ◯ Out of work for 1 year or more
- ◯ Out of work for less than 1 year
- ◯ A Homemaker
- ◯ A Student
- ◯ Retired
- ◯ Unable to work

Are you...?

- ◯ Married
- ◯ Divorced
- ◯ Widowed
- ◯ Separated
- ◯ Never married
- ◯ A member of an unmarried couple

What is your age group?

- ◯ 21-29
- ◯ 30-39
- ◯ 40-49
- ◯ 50-59
- ◯ 60-69
- ◯ 70+

Are you male, female, or other?

- ◯ Male
- ◯ Female
- ◯ Other
- ◯ Prefer not to answer

Are you Hispanic, Latino/a, or Spanish origin?

- ◯ Yes
- ◯ No
- ◯ Don't know/ Not sure

Which one or more of the following would you say is your race?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Pacific Islander
- ☐ Don't know/ Not sure
- ☐ Other (please specify)

Peace Corps Health Outcomes

End of Survey

Thank you for helping to improve Peace Corps' understanding of the long term health outcomes among Peace Corps Volunteers.