

Survey Login



By joining the study  
*participants are helping to*  
*protect future service members*

The Millennium Cohort Study is conducted by the Deployment Health Research Department, at the Naval Health Research Center, in San Diego, CA. The study began in 2001 as an effort to evaluate the long-term health effects of military service, including deployments.

As a Millennium Cohort Study participant, you are a part of the largest prospective health study in military history, and one of the largest cohort studies in world history!

To complete your survey, please log-in to the right.

User login

Subject ID: \*

Verify your Identity (Last 4 of SSN): \*

Log in

- » [Forgot Your Subject ID?](#)
- » [Additional Help](#)

***Get in touch with us***



Email: [info@millenniumcohort.org](mailto:info@millenniumcohort.org)

Phone: (888) 942-5222

or use our [online contact form](#)



# PROTECTING SERVICE MEMBER HEALTH

A US DEPARTMENT OF DEFENSE STUDY



HOME

HAVE YOU MOVED

PARTICIPANTS

F.A.Q.

FAMILY STUDY

Update Contact Information

ABOUT THE STUDY

Questionnaire Topics

WHAT'S NEW

Family Study

Newsletter 2012

Veterans Day Postcard

Study Update

Free Gift!

Postcard Archive

ENDORSEMENTS

RESEARCH

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PRIVACY ACT

CONTACT US

## CELEBRATING 10 YEARS OF DEDICATION



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largest prospective health study  
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### IN THE NEWS

JAMA

Risk Factors Associated with Suicide in Current and Former US Military Personnel (Video from JAMA)

CNN  
health

See what CNN has to say about our recent Suicide Risk Factors publication

Forbes

US Military Personnel Suicide Risk Factors

MDLinx

Female Sexual Harassment and Assault in the Military



Lifestyle behaviors key to post-deployment health of veterans

U-T  
San Diego

Recruiting for Mental Resilience Needs to be a Priority

Thank you for visiting the Millennium Cohort Study web site. Study enrollment is currently closed at this time.

Frequently, we get inquiries about the study. Below are a few of our most asked questions:

Why is the Millennium Cohort Study being conducted? What is a cohort? **READ MORE**

Why was this study created and by what authority? **READ MORE**

Will any members of my Chain-of-Command or Promotion Boards ever see the information that I provide on the questionnaire? **READ MORE**

How will my participation in this study make a difference? **READ MORE**

Other questions not listed here? Or would you like to update your contact information? Please *contact us*. We'd love to hear from you.



**PRIVACY ACT STATEMENT:**

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

**Authority:** Authority to request this information is granted under Title 5, U.S. Code 136, Department of Defense Regulations, Executive Order 9396, DoD RCS#DD-HA(AR)2106 (expires XX/XX/20XX), and OMB #0720-0029 (expires XX/XX/20XX). Personal identifiers will be used to link survey data with medical and other military records.

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

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

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

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

**PUBLIC BURDEN STATEMENT:** The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0029) Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

general would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

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, limit lot
<b>Vigorous activities</b> , such as running, lifting heavy objects, or participating in strenuous sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, mowing, or playing golf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lifting</b> or carrying groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Ascending several</b> flights of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Ascending one</b> flight of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Bending, kneeling, or stooping?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Walking more than a mile?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Walking several</b> blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Walking one</b> block?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Putting on or taking off shoes, or putting on or dressing yourself?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Privacy Act

Survey

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
Put down the <b>amount of time</b> you spent on work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Accomplished less</b> than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were limited in the <b>kind</b> of work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
Put down the <b>amount of time</b> you spent on work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Accomplished less</b> than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didn't do work or other activities as <b>carefully</b> as usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Save & Continue Later

Continue

Millennium Cohort Study is a Department of Defense research project at the Deployment Health Research Department, located at the Naval Health Research Center, San Diego, California. Note DMDC Reference Number 00-0019, RCS Number DD-HA(AR)2106, OMB Approval Number 0720-0029, ASD/HATMA Protocol Number CD-00-0001, and Primary IRB Protocol Number NHRC.2000.0007





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

	<input type="radio"/> No	<input type="radio"/> Yes	→	If Yes, in what year were you first diagnosed?	→	Mark here if hospitalized condition in the last 3 years
Hypertension (high blood pressure)	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
High cholesterol requiring medication	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Coronary heart disease	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Heart attack	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Angina (chest pain)	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Any other heart condition (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Sinusitis	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Chronic Bronchitis	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Emphysema	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Asthma	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Kidney failure requiring dialysis	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Bladder infection	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>
Pancreatitis	<input type="radio"/>	<input type="radio"/>	→	<input type="text"/>	→	<input type="checkbox"/>