

Fleet and Marine Corps HEALTH RISK QUESTIONNAIRE							
Age:	<input type="text"/>	Sex:	<input type="text"/>	Rank/Rate:	<input type="text"/>	Service:	<input type="text"/>
Race/Ethnicity:	<input type="text"/>	Height:	FEET <input type="text"/>	INCHES 0 <input type="text"/>	Weight: women select non-pregnant weight	POUNDS <input type="text"/>	
Number of days spent away from home station in the past 12 months:				<input type="text"/>			
1. Would you say that your health in general is <input type="radio"/> a. Excellent <input type="radio"/> b. Good <input type="radio"/> c. Fair <input type="radio"/> d. Poor		2. Do you <u>currently</u> smoke cigarettes, cigars, pipes, hookah, or electronic products (e.g. e-cigarettes, e-hookah, etc.)? <input type="radio"/> a. Every day <input type="radio"/> b. Most days <input type="radio"/> c. Some days <input type="radio"/> d. Never smoked <input type="radio"/> e. I quit		3. Do you <u>currently</u> use smokeless tobacco (e.g., chew, dip snuff, snus)? <input type="radio"/> a. Every day <input type="radio"/> b. Most days <input type="radio"/> c. Some days <input type="radio"/> d. Never used smokeless tobacco <input type="radio"/> e. I quit			
4. Do you consume more than 4 alcoholic drinks on any day or 14 alcoholic drinks per week (for men), or more than 3 alcoholic drinks on any day or 7 alcoholic drinks per week (for women)? <input type="radio"/> a. Yes <input type="radio"/> b. No		5. How often do you typically drink 5 or more alcoholic drinks on one occasion? (<i>"One Occasion" refers to an event or period when drinking exceeds one drink per hour</i>) <input type="radio"/> a. Daily <input type="radio"/> b. Weekly <input type="radio"/> c. Monthly <input type="radio"/> d. Once or twice per year <input type="radio"/> e. Never		6. How often do you drive when perhaps you have had too much to drink? <input type="radio"/> a. Often (i.e., more than once during the past 6 months) <input type="radio"/> b. Sometimes (i.e., once during the past 6 months) <input type="radio"/> c. Rarely (i.e., not in the past 6 months, but at least once during the past year) <input type="radio"/> d. Never (i.e., not during the past year)			
7. Do you use a seat belt when you drive or ride as a passenger? <input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never		8. How often do you wear a helmet when you ride a motorcycle, all-terrain vehicle, or bicycle? <input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never <input type="radio"/> f. Does not apply to me / I do not ride these vehicles		9. How often do you use the safety equipment recommended for your job? (<i>e.g., hearing and vision protection, respirators, barriers, and other safety devices</i>) <input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never <input type="radio"/> f. Does not apply to me / None recommended			
10. In general, how satisfied are you with your life? (<i>e.g., work situation, social activity, accomplishing what you set out to do</i>) <input type="radio"/> a. Very satisfied		11. How often do you feel that your work situation is putting you under too much stress? <input type="radio"/> a. Always <input type="radio"/> b. Most of the time		12. If you are feeling lonely, depressed, angry, stressed, or in need of help, do you have someone to talk to? <input type="radio"/> a. Not applicable. I do not experience these feelings and have no need to talk about them.			

<ul style="list-style-type: none"> <input type="radio"/> b. Mostly satisfied <input type="radio"/> c. Somewhat satisfied <input type="radio"/> d. Not satisfied 	<ul style="list-style-type: none"> <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never 	<ul style="list-style-type: none"> <input type="radio"/> b. Always <input type="radio"/> c. Most of the time <input type="radio"/> d. Sometimes <input type="radio"/> e. Rarely <input type="radio"/> f. Never
<p>13. In the past 12 months, how often did you or your partner(s) use a condom when you had sex?(read all choices below carefully before responding)</p> <ul style="list-style-type: none"> <input type="radio"/> a. Does not apply to me because I am in a long-term relationship where we only have sex with each other - OR - does not apply to me and my partner (s) for other reasons. <input type="radio"/> b. Currently I am not sexually active <input type="radio"/> c. Always <input type="radio"/> d. Most of the Time <input type="radio"/> e. Sometimes <input type="radio"/> f. Rarely or Never 	<p>14. On average, how many weeks per month do you engage in a total of at least 150 minutes of moderate-intensity aerobic activity (moderate-intensity physical activity means working hard enough to raise your heart rate and break a sweat, yet still being able to carry on a conversation. <i>i.e., brisk walking, swimming leisurely, or leisurely biking</i>) OR at least 75 minutes of vigorous-intensity aerobic activity (vigorous-intensity means you will not be able to say more than a few words without pausing for a breath , <i>i.e., jogging/running, swimming laps, or jumping rope</i>)?</p> <ul style="list-style-type: none"> <input type="radio"/> a. 4 weeks per month <input type="radio"/> b. 3 weeks per month <input type="radio"/> c. 2 weeks per month <input type="radio"/> d. 1 week per month <input type="radio"/> e. I do not participate in aerobic training 	<p>15. On average, how many days per week do you engage in muscle-strengthening activities that work all muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).</p> <ul style="list-style-type: none"> <input type="radio"/> a. 4 or more days a week <input type="radio"/> b. 3 days a week <input type="radio"/> c. 2 days a week <input type="radio"/> d. 1 day a week <input type="radio"/> e. I do not participate in strength training
<p>16. How often do you usually eat high-fat foods? (<i>e.g., fried foods; high-fat dairy products such as butter, cheese, or whole milk; regular salad dressing or mayonnaise; or packaged foods high in fats</i>)</p> <ul style="list-style-type: none"> <input type="radio"/> a. At most or every meal <input type="radio"/> b. At least once a day <input type="radio"/> c. 3-5 times per week <input type="radio"/> d. 1-2 times per week <input type="radio"/> e. Rarely or never 	<p>17. About how many cups of fruit do you eat each day? (<i>One cup of fruit = one small piece of fruit, one cup of cut-up fruit, one cup of 100% fruit juice, or 1/2 cup of dried fruit</i>)</p> <ul style="list-style-type: none"> <input type="radio"/> a. Four or more <input type="radio"/> b. Three <input type="radio"/> c. Two <input type="radio"/> d. One <input type="radio"/> e. Less than one 	<p>18. How often do you use over the counter (OTC) drugs, dietary supplements, or herbal products to help you <u>manage your weight, enhance athletic performance, or treat depression?</u></p> <ul style="list-style-type: none"> <input type="radio"/> a. Daily <input type="radio"/> b. Weekly <input type="radio"/> c. Monthly <input type="radio"/> d. Seldom <input type="radio"/> e. Never
<p>19. How frequently do you floss your teeth?</p> <ul style="list-style-type: none"> <input type="radio"/> a. Daily <input type="radio"/> b. Most days <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never 	<p>20. About how many cups of vegetables do you eat each day? (<i>One cup of vegetables = one cup of raw or cooked vegetables, 1 cup of 100% vegetable juice, or 2 cups of raw leafy greens</i>)</p> <ul style="list-style-type: none"> <input type="radio"/> a. Four or more <input type="radio"/> b. Three <input type="radio"/> c. Two <input type="radio"/> d. One <input type="radio"/> e. Less than one 	<p>21. How often do you get enough restful sleep to function well in your job and personal life?</p> <ul style="list-style-type: none"> <input type="radio"/> a. Always <input type="radio"/> b. Most of the time <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never
<p>22. For both men and women,</p>		

pregnancy is a life-changing event for mother and father. Regarding your actions related to possible pregnancy:

- a. I am not having sexual intercourse at this time in my life
- b. Either my partner or I cannot become pregnant
- c. My partner and I are pregnant, we are trying to have a baby now, or we would welcome a pregnancy if it occurred now
- d. My partner or I are correctly and consistently using birth control ALL the time
- e. My partner or I are correctly using birth control MOST of the time
- f. My partner or I are correctly using birth control SOME of the time
- g. My partner and I are not using birth control

FINISHED