

## 2016 Fleet HRA Responses and Links

Red = Unhealthy

**Over BMI and under BMI:** Both being overweight or being underweight are related to increased risk of disease and death. Among most Americans, BMI is a reliable indicator of total body fat. It is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. Limitations of BMI are that it may overestimate body fat in athletes and others who have a muscular build or underestimate body fat in individuals who lack lean muscles mass. The BMI will be an invalid measurement for pregnant females.

### Q1: [PERSONAL PERCEPTION]

Would you say that your health in general is?

a. Excellent (Thank you for completing the HRA! You rated your health as < a) thru d) >. Personal perception about how healthy you are is usually quite accurate. Your Personal Health Risk Appraisal Report identified <# of risk categories> from the answers you provided on key topics that relate to overall health, which places you in a <high, medium, or low> risk group.)

b. Good (Same as above)

**c. Fair (Same as above)**

**d. Poor (Same as above)**

### Q2: [TOBACCO USE]

Do you currently smoke cigarettes, cigars, pipes, hookah, or electronic products (e.g. e-cigarettes, e-hookah, etc.)?

**a. Every day (Tobacco use is harmful to your health and there is no safe level of use. It can cause many kinds of cancer, impotence, fertility issues, difficulty breathing, heart disease, and can affect every organ in your body in some way. Quitting tobacco is the single most important thing you can do for your health. Seek assistance from your primary care provider or dentist to help you quit smoking.)**

**b. Most days (Tobacco use is harmful to your health and there is no safe level of use. It can cause many kinds of cancer, impotence, fertility issues, difficulty breathing, heart disease, and can affect every organ in your body in some way. Quitting tobacco is the single most important thing you can do for your health. Seek assistance from your primary care provider or dentist to help you quit smoking. )**

**c. Some days (Smoking, even occasionally or in small amounts, can be harmful to your health and cause coughing, shortness of breath, and increased risk of heart disease and cancer. There is no 'safe' level of use. Consider quitting; benefits can be seen immediately.)**

d. Never smoked (You are doing the single most important thing to stay healthy! Not smoking saves you money (over \$2000/year for one pack per day), helps you avoid many tobacco related diseases, and adds to your fitness level and **overall health.**)

e. I quit (You are doing the single most important thing to stay healthy! Not smoking saves you money (over \$1000/year for one pack per day), helps you avoid many tobacco related diseases, and adds to your fitness level and attractiveness.)

**Educational link:** <http://www.ucanquit2.org> and <http://betobaccofree.hhs.gov/>

### **Q3: [SMOKELESS TOBACCO USE]**

Do you currently use smokeless tobacco (e.g., **chew**, dip, snuff, **snus**)?

**a. Every day (Using smokeless tobacco is very dangerous to your health. Smokeless tobacco use leads to cancer of the mouth, throat, voice box and esophagus. Your dentist will check your mouth for signs of gum disease and pre-cancerous lesions during your annual checkup. You may seek assistance from your dentist and/or primary care provider to help you quit smokeless tobacco use.)**

**b. Most days (Same as above)**

**c. Some days (Same as above)**

d. Never used smokeless tobacco (Not using smokeless tobacco is a great choice. You can avoid oral cancer, tooth and gum disease, and maintain a fresh and clean mouth.)

e. I quit (**Congratulations on quitting! Making the choice not to use smokeless tobacco is good for your health.** You can avoid oral cancer, tooth and gum disease, and maintain a fresh and clean mouth.)

**Educational link:** <http://www.ucanquit2.org> and <http://betobaccofree.hhs.gov/>

### **Q4: [ALCOHOL USE]**

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).

**a. Yes. The National Institute on The National Institute of Alcohol Abuse and Alcoholism (NIAAA) and the U.S. Department of Agriculture define "risky use" of**

**alcohol as consuming more than 4 drinks on any day or 14 drinks per week for men, or more than 3 drinks on any day or 7 drinks per week for women. Alcohol consumption at this level can harm your physical health in several ways such as unsafe sex, unintentional injury, liver disease, or cancer. It may also indicate that you rely on alcohol to relieve stress or as a coping mechanism, which can be dangerous. Cutting back or seeking help are both great steps you can take.**

b. No. No response in the individual feedback report to this answer option

**Educational link: <http://www.nlm.nih.gov/medlineplus/alcoholconsumption.html>**

**Q5: [ALCOHOL USE]**

How often do you typically drink five or more alcoholic drinks on one occasion (“One occasion” refers to an event or period, when drinking exceeds one drink per hour)?

**a. Daily (Some Sailors and Marines drink heavily in the evenings or on weekends. 5 or more drinks on one occasion on a daily basis can be very risky, either by affecting your health or contributing to an alcohol-related incident. Never participate in "chugging" or drinking games. Cutting back and seeking help are both great steps you can take now.)**

**b. Weekly (Some Sailors and Marines drink heavily in the evenings or on weekends. 5 or more drinks on one occasion on a weekly basis can be very risky, either by affecting your health or contributing to an alcohol-related incident. Never participate in "chugging" or drinking games. Cutting back and seeking help are both great steps you can take now.)**

**c. Monthly (You may be drinking too heavily. 5 or more drinks at one sitting on a monthly basis can eventually catch up with you, either by affecting your health or contributing to an alcohol-related incident (e.g., Motor Vehicle Accidents, DUI, violence, unsafe sex). Never participate in "chugging" or drinking games. Cutting back and seeking counseling are both great steps you can take.)**

d. Once or twice per year (Many Sailors and Marines occasionally drink more heavily than usual during celebrations or special events. Plan ahead to avoid alcohol-related incidents. DUIs will put your career in danger.)

e. Never (You indicate a healthy choice not to drink heavily, even during celebrations. Sailors and Marines also look out for their 'mates and fellow Marines who have been drinking.)

**Educational link:**

**<http://www.rethinkingdrinking.niaaa.nih.gov/>**

**Q6: [ALCOHOL USE]**

How often do you drive when perhaps you've had too much to drink, or been a passenger when the driver has had too much to drink?

**a. Often (i.e., more than once during the past 6 months) (You could be placing yourself, your passengers, other motorists, and pedestrians in danger if you drink and drive. Each year, over 30% of all motor vehicle fatalities in the U.S. are caused by drunk drivers. Most drunk drivers mistakenly believe they can avoid accidents. You don't even have to be legally drunk to have your driving impaired. Let someone else drive who has not been drinking or call a cab.**

**b. Sometimes (i.e., once during the past 6 months) (Same as above)**

**c. Rarely (i.e., not in the past 6 months, but at least once during the past year) (Same as above)**

d. Never (i.e., not during the past year) (You are being a responsible Sailor or Marine by never driving drunk or riding with someone who has been drinking. You can also help fellow Sailors and Marines avoid alcohol related incidents by looking out for those who try to drink and drive- and help them get home safely.

**Educational link: <http://www.rethinkingdrinking.niaaa.nih.gov/>**

**Q7: [INJURY PREVENTION]**

How often do you use a seat belt when you drive or ride as a passenger in a car?

a. Always (By always using your seat belt, you decrease your risk of serious injury or death after an accident by about 50%.)

**b. Most of the time (You are exposing yourself to serious injury or death whenever you do not use seat belts. Of the more than 32,000 annual fatalities, about 54% were not using a seat belt at the time of the accident.)**

**c. Sometimes (Same as above)**

**d. Rarely (Same as above)**

**e. Never (Same as above)**

**Educational link: <http://www.nhtsa.gov/Driving+Safety/>**

**Q8: [INJURY PREVENTION]**

How often do you wear a helmet when you ride a motorcycle, all-terrain vehicle, or bicycle?

a. Always (Your use of a protective helmet provides significant protection against head injury or death. Wearing other protective gear, maintaining control of your vehicle, and driving defensively can also reduce your risk.)

**b. Most of the time (You place yourself at risk for serious head injury and death whenever you ride a motorcycle, ATV, or bicycle without a helmet. Wearing other protective gear, maintaining control of your vehicle, and driving defensively can also reduce risk.)**

**c. Sometimes (Same as above)**

**d. Rarely (Same as above)**

**e. Never (Same as above)**

f. Does not apply to me / I do not ride these vehicles (If you ride these vehicles in the future, a helmet will provide significant protection against head injury and death. A large portion of medical, disability, and rehabilitation costs from these head injuries are paid for by the general public.)

**Educational link: <http://www.nhtsa.gov/Driving+Safety/>**

**Q9: [INJURY PREVENTION]**

How often do you use the safety equipment recommended for your job (*e.g., hearing and vision protection, respirators, barriers, and other safety devices*)?

a. Always (You are protecting yourself against injuries and disease at your worksite by using appropriate safety equipment.)

b. Most of the time (You may be exposing yourself to harmful occupational exposures that can result in injury and disease whenever you fail to use appropriate safety equipment. Safety equipment is the last line of defense when hazards cannot be eliminated or controlled.)

**c. Sometimes (Same as above)**

**d. Rarely (Same as above)**

**e. Never (Same as above)**

f. Does not apply to me / None recommended (If you visit work sites, encounter an environmental hazard, or work at home, use appropriate safety equipment.)

**Educational link: <http://www.cdc.gov/niosh/topics/safety.html>**

**Q10: [STRESS MANAGEMENT]**

In general, how satisfied are you with your life (*e.g., work situation, social activity, relationships, accomplishing what you set out to do*)?

a. Very satisfied (You are very satisfied with your life. Life satisfaction is a common goal that we as human beings strive to achieve. Work, relationships, and social activities can all contribute to life satisfaction.)

b. Mostly satisfied (Same as above)

**c. Somewhat satisfied (You are only somewhat satisfied with your life. Life satisfaction is a common goal that we as human beings strive to achieve. Work, relationships and social activities can all contribute to life satisfaction. Look to these sources for improving your level of satisfaction.)**

**d. Not satisfied (You are not satisfied with your life. Life satisfaction is a common goal that we as human beings strive to achieve. Work, relationships and social activities can all contribute to life satisfaction. Look to these sources for improving your level of satisfaction.)**

**Educational link:** <http://www.nlm.nih.gov/medlineplus/stress.html> and <http://afterdeployment.t2.health.mil>

**Q 11: [STRESS MANAGEMENT]**

How often do you feel that your work or personal situation is putting you under too much stress?

**a. Always (Long-term and short-term stress in your work or at home may increase your risk of cardiovascular disease and impact on your personal and professional relationships. Problem-solving or discussing possible solutions with someone else may help reduce or eliminate some of your stress.)**

**b. Most of the time (Same as above)**

c. Sometimes (Occasional stress in your work or at home is common. Problem-solving or discussing possible solutions with someone else may help reduce or eliminate some of your stress.)

d. Rarely (When stress in your work or at home occurs, problem-solving or discussing possible solutions with someone else may help during those times.)

e. Never (You may encounter stressful situations in the future, which occurs for most people. Problem-solving or discussing possible solutions with someone else may help during those times.)

**Educational link:**

<http://www.med.navy.mil/sites/nmcsc/nccosc/serviceMembersV2/stressManagement/theStressContinuum/Pages/default.aspx> and <http://afterdeployment.t2.health.mil>

**Q 12: [STRESS MANAGEMENT]**

If you're feeling lonely, depressed, angry, stressed, or in need of help, do you have someone to talk to?

- a. Not applicable (I do not experience these feelings and have no need to talk about them.)
- b. Always (Expressing your feelings can help you see that you are not alone in how you feel. Talking with others can also provide you with strategies to successfully manage your concerns.)
- c. Most of the time (Same as above)
- d. Sometimes (Same as above)**
- e. Rarely (Finding someone with whom you can talk can help you see that you are not alone in how you feel. Talking with others can also provide you with strategies to successfully manage your concerns. Counselors and chaplains are available to assist you.)**
- f. Never (Same as above)**

Educational link: <http://www.helpguide.org/topics/relationships.htm> and <http://afterdeployment.t2.health.mil>

**Q13: [SEXUAL HEALTH]**

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***)?

- 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 for other reasons. (People who are mutually monogamous or are not sexually active are at lowest risk for any sexually transmitted infection.)
- b. Currently I am not sexually active (Same as above)
- c. Always (Choosing to use a latex condom consistently and correctly each time you have sex will significantly reduce your risk of acquiring a sexually transmitted infection.)
- d. Most of the time (Not using a latex condom consistently and correctly each time you have sex places you at risk of acquiring a sexually transmitted infection.)**

**e. Sometimes (Same as above)**

**f. Rarely or Never (Same as above)**

**Educational link:**

**[http://nationalcoalitionforsexualhealth.org/tools/communicating-to-the-public/document/SexualHealthGuide\\_national.pdf](http://nationalcoalitionforsexualhealth.org/tools/communicating-to-the-public/document/SexualHealthGuide_national.pdf)**

**Q14: [PHYSICAL ACTIVITY]**

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.e., brisk walking, swimming leisurely, or leisurely biking* ) **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.e., jogging/running, swimming laps, or jumping rope*)?

a. 4 weeks per month (Cardiovascular (aerobic) exercise has many benefits, including giving you more energy and higher endurance; preventing many chronic diseases, like diabetes, high blood pressure, and high cholesterol; and maintaining a healthy body weight. Continue to include this type of exercise into your lifestyle.)

b. 3 weeks per month (Same as above)

**c. 2 weeks per month (Cardiovascular (aerobic) exercise has many benefits, including giving you more energy and higher endurance; preventing many chronic diseases, like diabetes, high blood pressure, and high cholesterol; and maintaining a healthy body weight. To receive these benefits, you should strive to increase the frequency of your physical activity.)**

**d. 1 week per month (Same as above)**

**e. I do not participate in aerobic training (Same as above)**

**Educational link:**

**<http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>**

**Q 15: [PHYSICAL ACTIVITY]**

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)?

a. 4 or more days a week (You routinely engage in strength training, which improves your strength, maintains lean body mass, builds strong bones, and decreases many of the risk factors associated with coronary heart disease.)

b. 3 days a week (Same as above)

c. 2 days a week (Same as above)

**d. 1 day a week (You engage in the minimal frequency for effective strength training, which can increase your strength, maintain lean body mass, and decrease many of the risk factors associated with coronary heart disease.)**

**e. I do not participate in strength training (Routine strength training at least twice a week could help you increase your strength, maintain lean body mass, and decrease many of the risk factors associated with coronary heart disease. Appearance and ability to perform daily tasks can also be improved by strength training.)**

**Educational link:**

<http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

**Q16: [NUTRITION]**

How often do you usually eat high-fat foods (*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*)?

**a. At most or every meal (Some dietary fat is needed for good health, but high levels of fat in your diet may lead to excessive weight gain and may increase your risk of a certain cancers. Eating foods high in saturated and trans-fats also increases your risk of heart disease. Select foods low in saturated fats, trans fats, and cholesterol; eat plenty of grains, vegetables and fruits; and choose low fat milk products and lean meats.)**

**b. At least once a day (Same as above)**

**c. 3-5 times per week (You may or may not be eating a large amount of high-fat foods. Some fats are essential for healthy cells and nerves, providing an energy supply, and promoting absorption of the fat-soluble vitamins A, D, E, and K. In general, select foods low in saturated fats, trans fats, and cholesterol; eat plenty of grains, vegetables and fruits; and choose low fat milk products and lean meats.)**

d. 1-2 times per week (Same as above)

e. Rarely or never (Same as above)

**Educational link:** <http://www.cdc.gov/nutrition/everyone/basics/fat/index.html>

**Q17: [NUTRITION]**

About how many cups of fruit do you eat each day? (*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*)

a. Four or more (The national goal for Americans is to consume at least two servings of fruits per day. Fruits and vegetables contain essential vitamins, minerals, and fiber that may help protect you from chronic diseases and can make weight control easier. The actual number of cups of fruits and vegetables needed daily also depends on an individual's age, gender, and level of physical activity.)

b. Three (Same as above)

c. Two (Same as above)

**d. One (Same as above)**

**e. Less than one (Same as above)**

**Educational link:**

<http://www.cdc.gov/nutrition/everyone/fruitsvegetables/index.html>

**Q18: [SUPPLEMENTS]**

How often do you use over the counter (OTC) drugs, dietary supplements, or herbal products to help you manage your *weight, enhance athletic performance, or treat depression?*

**a. Daily (Some dietary supplements can provide additional health and nutrition benefits, but many supplements may be unnecessary or even result in adverse side effects in some individuals, especially if used in large amounts. Before using any dietary supplement, ask: "What are the potential benefits?" and "What are the risks?" The Dietary Supplements Classification Table on the link above was developed to assist you in making informed decisions about supplements, ranking them on a scale of low, moderate, or high potential benefit and safety risk.)**

**b. Weekly (Same as above)**

**c. Monthly (Same as above)**

d. Seldom (Same as above)

e. Never (Same as above)

**Educational link:**

<http://humanperformanceresourcecenter.org/dietary-supplements>

**Q19: [DENTAL]**

How frequently do you floss your teeth?

a. Daily (You are to be commended for flossing your teeth daily. Flossing removes plaque and food particles from between the teeth and under the gum line, which prevents gum disease, tooth loss, decay, and bad breath.)

b. Most days (You are to be commended for flossing your teeth on most days. Daily flossing is recommended to remove plaque and food particles from between the teeth and under the gum line, which prevents gum disease, tooth loss, decay, and bad breath.)

**c. Sometimes Flossing removes plaque and food particles from between the teeth and under the gum line, which prevents gum disease, tooth loss, decay, and bad breath. Try to make this activity a part of your daily personal care.**

**d. Rarely (Same as above)**

**e. Never (Same as above)**

**Educational link: <http://www.ada.org/public.aspx>**

#### **Q20: [NUTRITION]**

About how many cups of vegetables do you eat each day? (*One cup of vegetables = one cup of raw or cooked vegetables, 1 cup of 100% vegetable juice, or 2 cups of raw leafy greens*)

a. Four or more (The national goal for Americans is three servings of vegetables per day, with at least one being a dark green or orange vegetable. Fruits and vegetables contain essential vitamins, minerals, and fiber that may help protect you from chronic diseases and can make weight control easier. The actual number of cups of fruits and vegetables needed daily also depends on an individual's age, gender, and level of physical activity.)

b. Three (Same as above)

**c. Two (Same as above)**

**d. One (Same as above)**

**e. Less than one (Same as above)**

**Educational link:**

**<http://www.cdc.gov/nutrition/everyone/fruitsvegetables/index.html>**

#### **Q21: [SLEEP]**

How often do you get enough restful sleep to function well in your job and personal life?

a. Always (People who get enough restful sleep are able to concentrate on their activities, have more energy, and generally feel better.)

b. Most of the time (Same as above)

**c. Sometimes (People who get enough restful sleep are able to concentrate on their activities, have more energy, and generally feel better. For many people with busy schedules, it is important to set aside enough time for sleep and to avoid issues at bedtime that can interfere with sleep. Talk with your physician if you are frequently unable to achieve restful sleep.)**

**d. Rarely (Same as above)**

**e. Never (Same as above)**

**Educational link:** <http://www.med.navy.mil/sites/nmcphc/health-promotion/psychological-emotional-wellbeing/Pages/sleep.aspx>

### **Q22: [SEXUAL HEALTH]**

For both men and women, 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. (Many people are not currently sexually active. If you resume sexual activity, consider the range of new, safe and effective birth control methods available. Some work for years after you have started them such as an IUD or the sub-dermal hormonal implant. Some are permanent and others are easily and quickly reversible if and when you are ready to have a baby. Some methods require no devices or medication at all. But not all forms of contraception are equally effective. It makes sense to carefully consider your parenting plans and get informed about contraception so you and your partner can select the option that works best for you. Pregnancy is a life-changing event for mother and father. Be well informed about contraception, and talk with your partner and doctor.)

b. Either my partner or I cannot become pregnant (If you're not trying to conceive a child now, but are having sex without using birth control ALL the time, you (or your sexual partner) are at increased risk of an unplanned pregnancy. There is a wide range of new, safe and effective contraception options available, some that work for years after you've started them. Some are permanent and others are easily and quickly reversible when you're ready to have a baby. Some methods require no devices or medication at all. But not all forms of contraception are equally effective. It makes sense to carefully consider your parenting plans and get informed about contraception so you and your partner can select the option that works best for you. Be well informed about contraception, and talk with your partner and doctor.)

c. My partner or I are pregnant, we are trying to have a baby now, or we would welcome a pregnancy if it occurred now (Same as above)

d. My partner or I are correctly and consistently using birth control ALL the time (Same as above)

**e. My partner or I are correctly using birth control MOST of the time (Same as above)**

**f. My partner or I are correctly using birth control SOME of the time (Same as above)**

**g. My partner and I are not using birth control (Same as above)**

**Educational link: <http://www.nmcphc.med.navy.mil/contraception.aspx>**