

Fleet and Marine Corps HEALTH RISK SURVEY					
Age:	Sex:	Rank/Rate:	Service:		
Race/Ethnicity:	Height:	FEET	INCHES	Weight: women select non-pregnant weight	POUNDS
Number of days spent away from home station in the past 12 months:					
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 or hookah? <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., dip snuff)? <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. How many alcoholic beverages do you have during a typical day when you drink alcohol? (One drink = 12 ounces of regular beer, 5 ounces of wine, 1.5 ounces of 80-proof distilled spirits) <input type="radio"/> a. 5 or more <input type="radio"/> b. 3-4 <input type="radio"/> c. 1-2 <input type="radio"/> d. Not applicable, I do not drink alcohol or I seldom drink alcohol	5. How often do you typically drink 5 or more alcoholic drinks on one occasion? ("One Occasion" refers to an event or period when drinking exceeds one drink per hour) <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? (e.g., hearing and vision protection, respirators, barriers, and other safety devices) <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? (e.g., work situation, social activity, accomplishing what you set out to do) <input type="radio"/> a. Very satisfied <input type="radio"/> b. Mostly satisfied <input type="radio"/> c. Somewhat satisfied <input type="radio"/> d. Not 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 <input type="radio"/> c. Sometimes <input type="radio"/> d. Rarely <input type="radio"/> e. Never	12. How often do you have someone to talk to when you are feeling lonely, depressed, angry, or in need of help? <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
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) <input type="radio"/> a. Not Applicable, I am in a long-term relationship where we only have sex with each other / I am not sexually active <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	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.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)? <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	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). <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	16. 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) <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	17. 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) <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	18. 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? <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
19. How frequently do you floss your teeth? <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	20. 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) <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	21. How often do you get enough restful sleep to function well in your job and personal life? <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	22. For both men and women, regarding your actions related to possible pregnancy: <input type="radio"/> a. I am not having sexual intercourse at this time in my life -OR- my partner or I are not fertile <input type="radio"/> b. My partner and I are pregnant - OR - are trying to have a baby now <input type="radio"/> c. My partner or I are correctly and consistently using birth control ALL the time <input type="radio"/> d. My partner or I are correctly using birth control MOST of the time <input type="radio"/> e. My partner or I are correctly using birth control SOME of the time <input type="radio"/> f. My partner and I are not using birth control		

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