APPENDIX B

Respiratory Health and Exposure Questionnaire

This questionnaire was developed by past and present members of the Environmental Medicine Program, Occupational and Environmental Medicine Portfolio, US Army Public Health Command (Aberdeen Proving Ground, MD), including Joseph Abraham, ScD; Coleen Baird, MD, MPH (Program Manager); Deanna Harkins, MD, MPH; Veronique Hauschild, MPH; Charles McCannon, MD, MPH, MBA; Jessica Sharkey, MPH; Jeremiah Stubbs, MD, MPH (currently at Walter Reed National Military Medical Center, Bethesda, MD); and Carole Tinklepaugh, MD, MBA. Other developmental contributions also came from Michael J. Falvo, PhD, New Jersey War Related Illness and Injury Study Center (East Orange, NJ); Michael Hodgson, MD, MPH, Occupational Safety and Health Administration (Washington, DC); and Michael Morris, MD, Brooke Army Medical Center (Fort Sam Houston, TX).

Note: The appropriate and current laws and rules designed to protect (patient/personal) privacy and confidentiality and related protected personal information are to be followed and complied with at all times.

This questionnaire was reproduced with minor changes from the US Army Public Health Command's Respiratory Health and Exposure Questionnaire (combined version of Deployment Airborne Respiratory Exposures [DARE] and Clinical Evaluation of Respiratory Conditions [CERC] Questionnaires).

Abbreviations used—AFG: Afghanistan; Avg: average; CBRN: chemical, biological, radiological, nuclear; FOB: Forward Operating Base; hrs: hours; MOS: Military Occupational Specialty; N/A: not applicable; Nat: national; NEC: Navy Enlisted Classification; Ops: operations; PT: physical training; Recon: reconnaissance; wk: week

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Respiratory Health and Exposure Questionnaire

The following questions resulted from the US Army Public Health Command's 2010–2012 development of the Deployment Airborne Respiratory Exposures (DARE) and Clinical Evaluation of Respiratory Conditions (CERC) Questionnaires. The questions are posed as the start of a "reference library" of standardized questions. The full set or only selected questions may be used for different applications.

Today's date (mm/dd/yyyy): __ __/__ __/__ __ __ __

Section A-1: PERSONAL INFORMATION *(not to be released - for internal study use only)*

Name: **First** [_____] **Last** [_____]
Social Security Number: __ __ __-__ __ -__ __ __ __
Email 1 *(optional)* [_____] **Email 2** *(optional)* [_____]
Phone #1 *(optional)* [_____] **Phone #2** *(optional)* [_____]
Mailing Address: APT/Street/PO Box [_____]
City [_____] State __ __ ZIP __ ____ __ __ Country [_____]

Section A-2: DEMOGRAPHICS

Gender: ❑M ❑F **Date of Birth** (mm/dd/yyyy): __ __/__ __/__ __ __ __ **Age:** [_____] years old
Race/Ethnicity: ❑Hispanic/Latino ❑American Indian or Alaska Native ❑Asian
❑Hawaiian Native or other Pacific Islander ❑Black or African-American ❑White

Section A-3: FAMILY HISTORY

a. Indicate lung conditions that a doctor told either of your biological parents they had:

	FATHER			MOTHER		
	No	Yes	Don't know	No	Yes	Don't know
Chronic bronchitis	❑	❑	❑	❑	❑	❑
Emphysema	❑	❑	❑	❑	❑	❑
Asthma	❑	❑	❑	❑	❑	❑
Lung cancer	❑	❑	❑	❑	❑	❑
Other chest conditions?*	❑	❑	❑	❑	❑	❑

**If other chest conditions, describe*: [_____]

b. Indicate if your parents are currently living or deceased; if deceased, age of death and cause:
FATHER: ❑Living ❑Deceased at age [_____] *Describe cause* [_____]
MOTHER: ❑Living ❑Deceased at age [_____] *Describe cause* [_____]

Section A-4: CURRENT HEALTH STATUS

a. Are you currently limited in any way in any activities because of a breathing, lung, chest, rash, or allergy-related health problem?
❑No ❑Yes *If yes, describe*: [_____]

b. Indicate all events that have occurred during your military service *as a result of health problems*:
❑My military duty has never been impacted by a health problem *(skip to Section B)*
❑Evacuation out of area of operation *Describe (dates, reason)*: [_____]
❑Hospitalization *Describe (dates, reason)*: [_____]
❑Medically boarded *Describe (dates, reason)*: [_____]
❑Permanent profile *Describe (dates, reason)*: [_____]
❑Change of MOS/NEC *Describe (dates, reason)*: [_____]
❑Medically discharged *Describe (dates, reason)*: [_____]
❑Other *Describe (dates, reason)*: [_____]

Section B: SYMPTOMS

Identify SYMPTOMs you have ever experienced *(not related to common cold/flu)* ***and answer follow-on questions:***

B1	**Stuffy, itchy, runny nose** *(not related to a common cold/flu)*	❑ Never *(skip to B2)* ❑ Rarely ❑ Sometimes ❑ Often ❑ Very often	How many years have you had stuffy itchy runny nose symptoms? [ ] years *Check all "triggers" for your nose symptoms or indicate:* ❑None ❑Unknown ❑ Pollen/plants ❑ Cold air ❑ Work environment: *Describe* [ ] ❑ Animals/feathers ❑ While exercising ❑ Dusty environment ❑ After exercising ❑ Other: *Describe* [ ] ❑ Moldy environment Have your nose symptoms changed over time? ❑No ❑Yes–better ❑Yes–worse *If yes, describe reason:* ❑None known [ ] Have you experienced these nose symptoms in the last 12 months? ❑No ❑Yes Are you currently taking medication(s) for your stuffy, itchy, or runny nose symptoms? ❑No ❑Yes *If yes, specify:* [ ]
B2	**Watery, itchy eyes** *(not related to a common cold/flu)*	❑ Never *(skip to B3)* ❑ Rarely ❑ Sometimes ❑ Often ❑ Very often	How many years have you had watery or itchy eye symptoms? [ ] years *Check all "triggers" for your eye symptoms or indicate:* ❑None ❑Unknown ❑Pollen/plants ❑ Cold air ❑ Work environment: *Describe* [ ] ❑Animals/feathers ❑ While exercising ❑Dusty environment ❑ After exercising ❑ Other: *Describe* [ ] ❑Moldy environment Have your eye symptoms changed over time? ❑No ❑Yes–better ❑Yes–worse *If yes, describe reason:* ❑None known [ ] Have you experienced these eye symptoms in the last 12 months? ❑No ❑Yes Are you currently taking medication(s) for your watery, itchy eye symptoms? ❑No ❑Yes *If yes, specify:* [ ]
B3	**Throat tightness** *(not related to a common cold/flu)*	❑ Never *(skip to B4)* ❑ Rarely ❑ Sometimes ❑ Often ❑ Very often	How many years have you had episodes of throat tightness? [ ] years *Check all "triggers" for your throat tightness or indicate:* ❑None ❑Unknown ❑ Pollen/plants ❑ Cold air ❑ Work environment: *Describe* [ ] ❑ Animals/feathers ❑ While exercising ❑ Dusty environment ❑ After exercising ❑ Other: *Describe* [ ] ❑ Moldy environment Have you experienced these throat symptoms in the last 12 months? ❑No ❑Yes Are you currently taking medication(s) for your throat symptoms? ❑No ❑Yes *If yes, specify:* [ ]
B4	**Hoarseness or change in voice** *(not related to a common cold/flu)*	❑ Never *(skip to B5)* ❑ Rarely ❑ Sometimes ❑ Often ❑ Very often	How many years have you experienced hoarseness or change in voice? [ ] years *Check all "triggers" for your hoarseness/voice change or indicate:* ❑None ❑Unknown ❑ Pollen/plants ❑ Cold air ❑ Work environment: *Describe* [ ] ❑ Animals/feathers ❑ While exercising ❑ Dusty environment ❑ After exercising ❑ Other: *Describe* [ ] ❑ Moldy environment Has your hoarseness changed over time? ❑No ❑Yes–better ❑Yes–worse *If yes, describe reason:* ❑None known [ ] Have you experienced hoarseness/voice change in the last 12 months? ❑No ❑Yes Are you currently taking medication(s) for your hoarseness? ❑No ❑Yes *If yes, specify:* [ ]

B5	**Coughing episodes** *(not related to a common cold/flu)*	❑ Never *(skip to B6)* ❑ Rarely ❑ Sometimes ❑ Often ❑ Very often	How many years have you had coughing episodes? [ ] years Have you ever coughed up blood? ❑No ❑Yes *If yes, describe circumstances:* ❑[ ] *Check all "triggers" for your coughing episodes or indicate:* ❑None ❑Unknown ❑ Pollen/plants ❑ Cold air ❑ Work environment: *Describe* [ ] ❑ Animals/feathers ❑ While exercising ❑ Dusty environment ❑ After exercising ❑ Other: *Describe* [ ] ❑ Moldy environment Have your coughing episodes changed over time? ❑No ❑Yes–better ❑Yes–worse *If yes, describe reason:* ❑None known [ ] Do you usually cough 4 or more days a week? ❑No ❑Yes Have you coughed for 3 or more consecutive months in a year? ❑No ❑Yes Have you ever been short of breath while coughing? ❑No ❑Yes Have you experienced coughing episodes in the last 12 months? ❑No ❑Yes Are you currently taking medication(s) for your coughing episodes? ❑No ❑Yes *If yes, specify:* [ ]
B6	**Productive cough with phlegm (or sputum) from chest** *(not related to a common cold/flu)*	❑ Never *(skip to B7)* ❑ Rarely ❑ Sometimes ❑ Often ❑ Very often	How many years have you had productive cough with phlegm? [ ] years What color is the phlegm typically? ❑Clear ❑Green ❑Yellow ❑Other [ ] Do you bring up phlegm from your chest 4 or more days a week? ❑No ❑Yes Have you had this productive cough with phlegm for 3 or more consecutive months in a year? ❑ No ❑ Yes Have you experienced these phlegm symptoms in the last 12 months? ❑No ❑Yes Are you currently taking medication(s) for your phlegm symptoms? ❑No ❑Yes *If yes, specify:* [ ]
B7	**Wheezing or whistling noise in your chest** *(not related to a common cold/flu)*	❑ Never *(skip to B8)* ❑ Rarely ❑ Sometimes ❑ Often ❑ Very often	How many years have you experienced chest wheezing or whistling? [ ] years *Check all "triggers" for your wheezing symptoms or indicate:* ❑None ❑Unknown ❑Pollen/plants ❑Cold air ❑Work environment: *Describe* [ ] ❑Animals/feathers ❑While exercising ❑Dusty environment ❑After exercising ❑Other: *Describe* [ ] ❑Moldy environment Does your chest wheezing primarily occur when you breathe: ❑In ❑Out ❑Both Have you ever been short of breath while wheezing? ❑No ❑Yes Has your chest wheezing changed over time? ❑No ❑Yes–better ❑Yes–worse *If yes, describe reason:* ❑None known [ ] Have you experienced these wheezing symptoms in the last 12 months? ❑No ❑Yes Are you currently taking medication(s) for your chest wheezing episodes? ❑No ❑Yes *If yes, specify:* [ ]

B8	**Tightness in chest** *(not related to a common cold/flu)*	❑ Never *(skip to B9)* ❑ Rarely ❑ Sometimes ❑ Often ❑ Very often	How many years have you experienced episodes of chest tightness? [ ] years *Check all "triggers" for your chest tightness or indicate:* ❑None ❑Unknown ❑ Pollen/plants ❑ Cold air ❑ Work environment: *Describe* [ ] ❑ Animals/feathers ❑ While exercising ❑ Dusty environment ❑ After exercising ❑ Other: *Describe* [ ] ❑ Moldy environment Have you ever been short of breath while experiencing chest tightness? ❑No ❑Yes Has your chest tightness changed over time? ❑No ❑Yes–better ❑Yes–worse ❑No ❑Yes *If yes, describe reason*: ❑None known [ ] Have you experienced chest tightness symptoms in the last 12 months? ❑No ❑Yes Are you currently taking medication(s) for your chest tightness? ❑ No ❑ Yes *If yes, specify:* [ ]
B9	**Unusual attacks of shortness of breath or difficulty breathing**	❑ Never *(skip to next section)* ❑ Rarely ❑ Sometimes ❑ Often ❑ Very often	How many years have you experienced these breathing problems? [ ] years *Check all "triggers" for your breathing problems or indicate:* ❑None ❑Unknown ❑ Pollen/plants ❑ Cold air ❑ Work environment: *Describe* ❑ Animals/feathers ❑ While exercising [ ] ❑ Dusty environment ❑ While at rest ❑ Other: *Describe* ❑ Moldy environment ❑ After exercising [ ] How many times have you had emergency care/hospitalization for these breathing problems? [ ] times *Check all that you have ever experienced with your shortness of breath:* ❑ Inability to fill the lungs or take a satisfying breath ❑ Numbness and/or tingling around mouth, arms, and/or legs ❑ Trembling of the hands ❑ Palpitations ❑ Severe anxiety or fear ❑ Frequent sighing or yawning ❑ Lightheadedness or dizziness Have your breathing problems changed over time? ❑No ❑Yes–better ❑Yes–worse *If yes, describe reason*: ❑None known [ ] Have you experienced shortness of breath in the last 12 months? ❑No ❑Yes Are you currently taking medication(s) for your shortness of breath? ❑No ❑Yes *If yes, specify:* [ ] *Check all statements that apply to your experience(s):* ❑ I am troubled by shortness of breath when hurrying on the level or walking up a slight hill ❑ I walk slower than people my age because of breathlessness ❑ I sometimes have to stop for breath when walking my own pace on the level ❑ I sometimes have to stop for breath after level walking for ~100 yards or a few minutes ❑ I am too breathless to leave my house or breathless on dressing/climbing a flight of stairs ❑ I have been awakened by an attack of breathing difficulty

Section C: DIAGNOSED MEDICAL CONDITIONS

Indicate the conditions that a healthcare provider has told you that you have/have had and answer the follow-on questions.*NOTE: Medications include medically prescribed and over-the-counter (OTC) nasal sprays, inhalers, nebulizers, tablets, capsules, liquids, injections, suppositories, or supplemental oxygen.

C1	**Hay fever, allergic rhinitis, and nasal allergies**	❑No (skip to C2) ❑Yes	At what age did you first have allergies?	[_____] years old
			Have your allergies changed over time? *If yes, describe any particular event or time that you noticed a* change or say "**None**"	❑No ❑Yes–better ❑Yes–worse *If yes, list any known reason:* [_____]
			Have you had allergies in the last 12 months?	❑No ❑Yes
			Are you currently taking medication(s)* for allergies?	❑No ❑Yes *If yes, specify:* [_____]
C2	**Asthma**	❑No (skip to C3) ❑Yes	At what age were you first diagnosed with asthma?	[_____] years old
			Has your asthma changed over time? *If yes, describe any particular event or time that you noticed a* change or say "**None**"	❑No ❑Yes–better ❑Yes–worse *If yes, list any known reason:* [_____]
			Have you had attacks in the last 12 months?	❑No ❑Yes
			Are you currently taking medication(s)* for asthma?	❑No ❑Yes *If yes, specify:* [_____]
C3	**Pneumonia**	❑No (skip to C4) ❑Yes	How many times have you been diagnosed with pneumonia?	[_____] # times
			At what age were you first diagnosed with pneumonia?	[_____] years old
			Have you had pneumonia in the last 12 months?	❑No ❑Yes
			Are you currently taking medication(s)* for pneumonia?	❑No ❑Yes *If yes, specify:* [_____]
C4	**Bronchitis**	❑No (skip to C5) ❑Yes	How many times have you been diagnosed with bronchitis?	[_____] # times
			At what age were you first diagnosed with bronchitis?	[_____] years old
			Has your bronchitis changed over time? *If yes, describe any particular event or time that you noticed a* change or say "**None**"	❑No ❑Yes–better ❑Yes–worse *If yes, list any known reason:* [_____]
			Have you had bronchitis in the last 12 months?	❑No ❑Yes
			Are you currently taking medication(s)* for bronchitis?	❑No ❑Yes *If yes, specify:* [_____]
C5	**Chronic bronchitis** *(this is a form of chronic obstructive pulmonary disease or "COPD")*	❑No (skip to C6) ❑Yes	At what age were you first diagnosed with chronic bronchitis?	[_____] years old
			Has your chronic bronchitis changed over time? *If yes, describe any particular event or time that you noticed a* change or say "**None**"	❑No ❑Yes–better ❑Yes–worse *If yes, list any known reason:* [_____]
			Are you currently taking medication(s)* for chronic bronchitis?	❑No ❑Yes *If yes, specify:* [_____]

C6	**Emphysema** *(this is a form of chronic obstructive pulmonary disease or "COPD")*	❑No (skip to C7) ❑Yes	At what age were you first diagnosed with emphysema?	[_____] years old
			Has your emphysema changed over time? *If yes, describe any particular event or time that you noticed a* change or say "**None**"	❑No ❑Yes–better ❑Yes–worse *If yes, list any known reason:* [_____]
			Are you currently taking medication(s) or treatments* for emphysema?	❑No ❑Yes *If yes, specify:* [_____]
C7	**Other chest or lung illness or injury**	❑No (skip to next section) ❑Yes	*Describe condition, date(s) diagnosed:*	[_____]
			Has this condition changed over time? *If yes, describe any particular event or time that you noticed a* change or say "**None**"	❑No ❑Yes–better ❑Yes–worse *If yes, list any known reason:* [_____]
			Are you currently taking medication(s) or treatments* for this condition?	❑No ❑Yes *If yes, specify:* [_____]

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Section D: MEDICAL PROCEDURES

Indicate any of the following medical procedures you have ever had and provide requested details. If you had more than one of the same procedures, please indicate "yes" and describe them all in follow-on questions.

D1	**Chest x-rays**	❑No (skip to D2) ❑Yes	How many times have you had this procedure?	[_____] # times
			What year(s) did you have this procedure?	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
			Description of finding(s) [ ]	
			Diagnosis(es) [ ]	
			Other comments [ ]	
D2	**CT scan of chest**	❑No (skip to D3) ❑Yes	How many times have you had this procedure?	[_____] # times
			What year(s) did you have this procedure?	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
			Description of finding(s) [ ]	
			Diagnosis(es) [ ]	
			Other comments [ ]	
D3	**Breathing tests (spirometry)**	❑No (skip to D4) ❑Yes	How many times have you had this procedure?	[_____] # times
			What year(s) did you have this procedure?	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
			Description of finding(s) [ ]	
			Diagnosis(es) [ ]	
			Other comments [ ]	
D4	**Methacholine or other broncho-provocation tests**	❑No (skip to D5) ❑Yes	How many times have you had this procedure?	[_____] # times
			What year(s) did you have this procedure?	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
			Description of finding(s) [ ]	
			Diagnosis(es) [ ]	
			Other comments [ ]	
D5	**Chest operations, including lung biopsy**	❑No (skip to D6) ❑Yes	How many times have you had this procedure?	[_____] # times
			What year(s) did you have this procedure?	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
			Description of finding(s) [ ]	
			Diagnosis(es) [ ]	
			Other comments [ ]	
D6	**Other diagnostic chest studies**	❑No (skip to next section) ❑Yes	Year __ __ __ __ Description of test [ ]	
			Diagnosis(es) [ ]	
			Description/comments [ ]	
			Year __ __ __ __ Description of test [ ]	
			Diagnosis(es) [ ]	
			Description/comments [ ]	

Section E: AEROBIC PHYSICAL FITNESS

E1 **Indicate the category that best describes your *current* level of aerobic fitness:**

- ❑ Not fit
- ❑ Average fitness
- ❑ Very fit/competitive
- ❑ Professional/elite

E2 **If you were asked to walk briskly for 100 yards (length of a football field) up a slight incline, what would your exertion level be:**

- ❑ No exertion at all
- ❑ Very light
- ❑ Light
- ❑ Somewhat hard (a little heavy breathing, but okay to continue and complete); light
- ❑ Hard (heavy breathing)
- ❑ Very hard (very strenuous, heavy breathing, tired; really would have to push self)
- ❑ Maximal exertion (too strenuous/tired or difficulty breathing to complete)

E3 **a. Indicate the best description of the change in your aerobic fitness *within the last 12 months:***

❑ No change **or**: ❑ Slightly improved ❑ Slightly worse
(skip to E4) ❑ Very improved ❑ Much worse

b. What factor(s) do you attribute the change in your physical fitness?

❑ Don't know ***OR check as many as apply:***
❑ Weight gain ❑ Deconditioning ❑ Injury/illness/shortness of breath *Specify:* [ ]
❑ Weight loss ❑ Conditioning ❑ Other *Describe:* [ ]

c. Over what period of time (in months) did the change in your aerobic fitness occur? [ ] months

d. Was there any specific life change prior to the change in fitness *(work, home location, hobbies, smoking)*?

❑ No ❑ Yes ***If yes**, specify:* [ ]

E4 ***IF APPLICABLE:*** **Starting with the most recent, describe the type of your past aerobic military physical fitness tests, times in minutes, and dates of tests.**

Test types: 1.5-mile run, 2-mile run, 3-mile run, swim, bike, elliptical, other – Describe: **[ ]**

Test type *Describe* [_____] Time 1 (min) [_____] Date (mm/yyyy) __ __/__ __ __ __
Test type *Describe* [_____] Time 2 (min) [_____] Date (mm/yyyy) __ __/__ __ __ __
Test type *Describe* [_____] Time 3 (min) [_____] Date (mm/yyyy) __ __/__ __ __ __
Test type *Describe* [_____] Time 4 (min) [_____] Date (mm/yyyy) __ __/__ __ __ __
Test type *Describe* [_____] Time 5 (min) [_____] Date (mm/yyyy) __ __/__ __ __ __
Test type *Describe* [_____] Time 6 (min) [_____] Date (mm/yyyy) __ __/__ __ __ __

Section F: TOBACCO SMOKE EXPOSURE HISTORY

F1 **Did you grow up in a household with one or more smokers?** ❑No ❑Yes

F2 **Have you smoked more than 100 cigarettes, 20 cigars, and/or 20 ounces of pipe tobacco in your lifetime?**
❑No (*If no, go to Section G)* ❑Yes

F3 **Over the entire time you have smoked, indicate the amount that best represents the average number that you smoked *for each type of product used*:**

Cigarettes	Cigars	Pipe	Other (e.g., hookah)
❑ 0 (none)	❑ 0 (none)	❑ 0 (none)	❑ 0 (none)
❑ 1–2 cigarettes per day or occasional	❑ <7 per week	❑ <7 per week	❑ <7 per week
❑ 3–10 (up to half a pack) per day	❑ 7–14 per week	❑ 7–14 per week	❑ 7–14 per week
❑ 11–20 cigarettes (up to a pack) per day	❑ >14 per week	❑ >14 per week	❑ >14 per week
❑ 21–40 cigarettes (1–2 packs) per day			
❑ >40 cigarettes (>2 packs) per day			

F4 **How old were you when you started smoking regularly?** [ ] years old

F5 **Do you still smoke**? ❑No *If no, please answer a and b* ❑Yes

a. How old were you when you stopped? [ ] years old

b. Why did you stop? ❑Personal decision ❑Medical reason *Describe:* [ ]

Section G: NONMILITARY DUTIES AND HOBBIES

Deployment exposures affect people differently, in part because of other exposure experiences one may have had to dusts, vapors, or fumes in ***nonmilitary work duties or hobbies.*** ** **For this study, this would be if you had a job(s) or hobby(s) in which you routinely breathed dust in or had dust on your clothes, skin, or hair, or that you breathed in fumes or had a lasting smell on your clothes, skin, or hair**. Describe your overall history of these exposures. Do NOT include occasional or rare exposure events.*

G1. Have you had nonmilitary occupational/hobby-related exposures to dusts, vapors, or fumes?*

❑**No** ***If no, go to Section H***

❑**Yes** *If yes, complete table and questions below*

	FREQUENCY *Number of years that you experienced the exposure*	**DURATION** *Amount of time each day that you experienced exposure*	**EFFECT(S)** *Health effects you experienced that you considered related to the specified exposure*	
	0 = Not exposed* **1** = 1–5 years **2** = 6–10 years **3** = 11–15 years **4** = 16–20 **5** = 21+ years **if "0," then skip → and instead go down to next listed exposure type*	**1** = <1 hour/day **2** = 1–2 hours/day **3** = 3–5 hours/day **4** = 6–8 hours/day **5** = >8 hours/day	**1** = No health effects or symptoms **2** = Mild effects or symptoms that did not affect ability to conduct physical activities. Examples: mild eye or throat irritation, strange odors **3** = Moderate effects or symptoms that had some affect on physical activity. Examples: notable coughing or eye irritation; mild difficulty breathing, dizziness, or nausea **4** = Severe effects to include those described above, but that were so debilitating, they severely impaired physical activity and/or required medical treatment	
			AVERAGE Intensity *Effects experienced during most typical exposure conditions*	**PEAK Intensity** *Effects from any unique short-term incidents of higher than usual exposures; if no unique incidents, use same score as for average*
Dust from: baking flours, grains, wood, cotton, plants, or animals	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4	1 2 3 4
Dust from: rock, sand, concrete, coal, asbestos, silica, or soil	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4	1 2 3 4
Chemical gases or vapors from: solvents, paints, cleaning products, glues, and acids	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4	1 2 3 4
Metal fumes from: welding/soldering	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4	1 2 3 4
Exhaust fumes: from vehicle, heavy machinery, or diesel engines	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4	1 2 3 4
Other: ***Describe:*** [_____]	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4	1 2 3 4

G2. Provide specific job title/description or hobby name(s) for above exposures:

List: [ ]

G3a. Have you ever been advised to wear respiratory protection for any of these nonmilitary jobs/hobbies?
❑No ❑Yes *If yes, describe:* [ ]

b. Did any of these occupational or hobby exposures require medical evaluation or medical treatment?
❑No ❑Yes *If yes, describe:* [ ] **# of times in life** and *Describe type of exposure(s), health effects:*
[ ]

c. Have you ever been put on a nonmilitary work restriction or received disability or workers' compensation relating to an exposure to a hazardous substance?
❑No ❑Yes *If yes, describe type of exposure(s), health effects:*
[ ]

Section H: MILITARY SERVICE HISTORY

a. Service Affiliation(s) – *List start and separation dates (**or "NS"** if not yet separated) and all primary and secondary assigned occupations (e.g., MOS(s)) and last Rank/Pay Grade (e.g., E5, O4, W3)*

	Start Date *mm/yyyy*	**Separation** *mm/yyyy or NS*	**Your Assigned Job Descriptions/MOS** if secondary not applicable, use "NA"		**Last Rank/ Pay Grade**
			Primary	**Secondary**	
Army	__/____	__/____			
Army Reserves	__/____	__/____			
Army Nat Guard	__/____	__/____			
Air Force (AF)	__/____	__/____			
AF Reserves	__/____	__/____			
Air Nat Guard	__/____	__/____			
Navy	__/____	__/____			
Navy Reserves	__/____	__/____			
Marine Corps (MC)	__/____	__/____			
MC Reserves	__/____	__/____			
Coast Guard (CG)	__/____	__/____			
CG Reserves	__/____	__/____			

b. List total number of your deployments [_____] # times ***(if "0," you have completed the questionnaire) Otherwise, continue to next section***

Sections H-1 and H-2: DEPLOYMENT LOCATIONS, EXPOSURES, AND ACTIVITIES

There are 3 parts to Section H that ask detailed questions regarding each of your deployments.

If you have been deployed more than once, please complete a separate Section H for each deployment.

In Section H-1, you are asked to describe an overall deployment and list all unique locations where you were during that deployment that you consider to have been a uniquely different exposure setting.

Please note that for each unique location that you list for each deployment (1-01, 1-02, etc.), you are asked to complete separate Sections H-2 and H-3.

If you feel your overall exposure experiences were similar at all the locations where you were during a specific deployment, or if you moved around frequently and do not recall any specific camp or location names, you may group them together as a single general location in Section H-1 (eg 1-01). Therefore, you will only complete a single Sections H-2 and H-3 for that deployment.

Examples:

- *A maintenance person deployed to Afghanistan primarily spends time at FOB Bravo. (General Country Location – AFG; 1 key location = FOB Bravo)*
- *An engineer unit, normally located at a single Base Camp Charlie in Iraq, is detailed for 3 weeks to assist with controlling a fire at an industrial site near City Z, over 100 km away (Country Location – Iraq; 2 key locations = Base Camp Charlie, City Z)*
- *A security unit assigned to Base Camp Delta in Iraq spent a lot of their time in convoys to distant locations and then short-term facility security in different cities (Country – Iraq; 1 key location = Base Camp Delta)*

SECTION H-1: DEPLOYMENT SUMMARY TABLE

Operation Code (*e.g., Operation Iraqi Freedom = OIF, if unknown = UNK*) [_____]
Start date: (mm/yyyy) __ __/__ __ __ __ **End date:** (mm/yyyy) __ __/__ __ __ __
Country/Location Code (*e.g., Iraq = IRQ or description if unknown)* [_____]

Deployment Location Reference Number	**Name That Represents Key Location(s) Where You Were*** (base camp/FOB name, city/area; ship)	**Key Activity (Activities)/Mission** (e.g., transport, medical, flight line maintenance, security)	**Location Arrival** (mm/yyyy)	**Location Departure** (mm/yyyy)
♦[ ]-01			__ __/__ __ __ __	__ __/__ __ __ __
♦[ ]-02			__ __/__ __ __ __	__ __/__ __ __ __
♦[ ]-03			__ __/__ __ __ __	__ __/__ __ __ __
♦[ ]-0_			__ __/__ __ __ __	__ __/__ __ __ __

SECTION H-2: LOCATION-SPECIFIC EXPOSURE AND ACTIVITIES INFORMATION – DEPLOYMENT H♦ [#____]

*Please complete Section H-2 (questions H2-1 through H2-7) and the table in Section H-3 for **each unique deployment location*** that you identify in *Section H-1. EXAMPLE: for Deployment #1, if you listed 2 unique locations, then you would complete a Section H-2 and a Section H-3 for location (1-01) and a separate one for location (1-02). Complete an additional "Section H" for your other deployments and any associated unique exposure locations.*

List Deployment Location (e.g., *#1-01*): [ ]

H2-1a. Check all items that describe your primary duty type(s) while at this location:

❑Maintenance
❑Security
❑Logistics
❑CBRN
❑Medical
❑Planning/Ops/Base Command
❑Engineering construction: *Check type:* ❑General ❑Mechanic ❑Electrical ❑Steelworker ❑Welder ❑Other[ ]
❑Transportation: *Check type:* ❑Air ❑Ground ❑Other [ ]
❑Field/Forward Ops (e.g., Recon/Surveillance/Infantry)
❑Other *Describe* [ ]

b. Were you monitored or assessed while at this location as part of any occupational health program?
❑No
❑Yes *If yes:* ❑Respiratory Protection Program ❑Medical Surveillance Program ❑Other *Describe*[ ]

c. Level of physical activity required for your daily work duties at this location:
❑Not very physical; mostly sedentary
❑Light: limited physical activity
❑Moderate: some strenuous/hard breathing
❑Heavy: many hours strenuous/hard breathing

d. While at this location, were your work duties primarily inside or outside?
❑Inside
❑Outside
❑About equal (inside and outside)

e. Did your assigned duties at this location involve hazardous substances (*e.g., specific chemical fumes in a maintenance facility or welding shop*)
❑No ❑Yes *If yes, describe* [ ]
❑Don't know

f. Did your duties at this location include tasks associated with trash-burning operations *(e.g., bulldozing at pit, operating a burn box, security near pit)?*
❑No ❑Yes *If yes, indicate average hours per week* **#**[ ]

g. While at this location, did you typically spend more than 20 hours a week in convoy?
❑No ❑Yes *If yes –* Estimate time in convoy per week **#**[ ] Avg hrs/wk and *Describe details of your typical convoy duties and experience (e.g., type of duty, vehicle, where you sat)* [ ]

H2-2a. While at this location, how often did you wear a N95, M40, or other respirator?
[ ] of days while at location *(if "0," skip to Question H2-3)*

b. *Describe the type(s) of respirator/mask(s), associated job duty(ies), and duration(s) worn*
[ ]

H2-3. While at this location, how often did you wear a cravat to minimize air exposures?
[ ] of days while at location

H2-4. While at this location, how many days was air quality so bad that it was a "no-fly day" or day that most outdoor missions were halted because of lack of visibility?
[ ] of days while at location

H2-5a. While at this location, how often did you smoke tobacco products?
[ ] of days per week *(if "0," skip to Question H2-6)*

b. What kind of tobacco did you smoke *(Check all that apply)*:
❑US supplied cigarettes ❑Cigars ❑Other [ ]
❑Iraqi/local cigarettes ❑Hookah

c. Did you start smoking for the first time while at this location?
❑No ❑Yes

d. If you smoked prior to this deployment, did the frequency/amount change at this location?
❑N/A – *did not smoke prior deployment*
❑Stayed the same
❑Increased
❑Decreased

H2-6a. Check the best description of your aerobic activities (e.g., physical training and sports) at this location:
❑Rarely to never
❑Light: 1–2 aerobic activities/week
❑Moderate: 3–4 aerobic activities/week
❑Heavy: Greater than 5 aerobic activities/week

b. Was your PT carried out primarily inside or outside?
❑Inside
❑Outside
❑About equal (inside and outside)

c. Was your level of physical activity level impacted by the quality of the air?
❑Not impacted
❑Decreased – command required
❑Decreased – voluntarily reduced

H2-7a. While at this location, how many times (if any) did you *seek* medical evaluation for a problem *that you thought was caused by something in the air*?
[ ] of times while at location ***(if "0," skip to next Section H-3)***

b. How many times (per B-7a) were you not able to *receive* the medical evaluation for this problem?
[ ] of times while at location *Describe reason, if known:* [ ]

c. When you received treatment, how many times were you assigned to sick quarters for more than 24 hours?
[ ] of times while at location

d. Briefly describe the type of health problem(s) that you attributed to air exposures that you sought help for:
❑Severe coughing
❑Trouble breathing
❑Asthma/asthma-like attack
❑Other *Describe*[ ]

SECTION H-3: SPECIFIC DEPLOYMENT LOCATION EXPOSURE SUMMARY TABLE – DEPLOYMENT H♦ [#____]

*Please complete the table below to summarize your overall air exposures **at each unique deployment location*** that you identified in *Section H-2. EXAMPLE: for Deployment #1, if you listed 2 unique locations, then complete two separate tables: one for location (#1-01) and one for location (#1-02). Continue to use additional tables for your other deployments and any associated unique exposure locations (such as deployment location #2-01).*

The following table pertains to my experiences at: [ ]

EXPOSURE TYPE	FREQUENCY *Number of days over which you experienced the exposure at this location* **0** = Not exposed* **1** = Seldom/few days **2** = Occasionally up to about half of time **3** = Majority of the days at location **4** = Every day spent at this location **If "0" then skip → and go to next listed exposure type*	DURATION *Amount of time each day that you experienced exposure at this location* **1** = Few hours (3 hrs or less) **2** = Several hours (4–12 hrs) **3** = Majority, but not all of day (13–20 hrs) **4** = All day continuously (>20 hrs)	EFFECT(S) *Health effects you experienced that you considered related to the specified exposure* **1** = No health effects or symptoms **2** = Mild effects or symptoms that did not affect ability to conduct physical activities; *Examples*: mild eye or throat irritation, strange odor **3** = Moderate effects or symptoms that had some affect on physical activity; *Examples:* notable coughing or eye irritation; mild difficulty breathing, dizziness, or nausea **4** = Severe effects to include those described above but that were so debilitating, they severely impaired physical activity and/or required medical treatment	
			AVERAGE Intensity *Effects experienced during most typical exposure conditions*	**PEAK Intensity** *Effects from any unique short-term incident of higher than usual exposures – if no unique incidents, use same score as for average*
Sand and dust *from wind, digging, vehicles, sandstorms*	0 1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Smoke from burning trash *from burn pits, burn boxes, incinerators*	0 1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Exhaust and diesel fumes *from generators, vehicles*	0 1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Industrial air pollution *from local factories*	0 1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Pesticides *from during or after applications*	0 1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Unique chemicals used *in military duties – such as maintenance, fueling, construction* *Describe:* [ ]	0 1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Other – *Describe:* [ ]	0 1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Other – *Describe:* [ ]	0 1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4