



**Open Burn Pit Registry
Airborne Hazard
Web-accessible Self-Assessment/
Questionnaire**

OMB 2900-XXXX

VA Form 10-10066

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, VA may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this questionnaire will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The results of this questionnaire will lead to improvement in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Airborne Hazards and Open Burn Pit Registry Questionnaire

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DRAFT

Sources

National Health Interview Survey (NHIS) DRAFT 2012 NHIS Questionnaire – Family

National Institute of Occupational Safety and Health

American Thoracic Society Statements, Guidelines, and Reports

Department of Defense (DoD) U.S. Army Public Health Command (USAPHC), Deployment Assessment of Respiratory Experience (DARE) Questionnaire, Draft November, 08, 2012

2011 Survey of Veteran Enrollees' Health and Reliance Upon VA, Office of the Assistance Deputy Undersecretary for Health

Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC) Questionnaire of residents of the Hoopa Valley Indian Reservation, November 1999

DHHS CDC, Community Survey of Public Health Impact of Rodeo-Chedeski Fires (version 2.2)

Expert consensus of the VA/DoD Exposure Assessment/Questionnaire Work Group.

Change History

3/8/2013 Initial draft

3/11/2013 Deleted questions determined out of scope by Work Group.

3/21/2013 Revised environmental pollution and health status section

4/10/2013 Formatting and response to comments

5/03/2013 Changes made to respond to peer-review

1. Demographics

1.1. Data Fields from the VA Defense Information Repository (VADIR)

Note: The following data will be obtained from DoD data sources (VADIR) after the user’s personal identifier is authenticated. Deployments are displayed to the user. The user will then indicate if each deployment dates are valid or not. He/She may contact the appropriate DoD service to correct entries (guidance will be provided). See Appendix A for example data.

Report Section	Report Field	Valid
Regular Active Service	Service	
	Begin Date	
	End Date	
	Character of Service	
	Rank	
Reserve/Guard Association Periods	Service	
	Begin Date	
	End Date	
	Character of Service	
	Rank	
Reserve/Guard Activation Periods	Service	
	Begin Date	
	End Date	
	Activated Under	
Deployment Periods		User Validates
	Service	
	Begin Date	
	End Date	
	Conflict	
GWVIS Note	Location	
	Note	
DoD MOS/Occupation Codes		

APPENDIX B: DETAILED NHIS QUESTION LOGIC FOR SOFTWARE DEVELOPMENT

6/11/13

	Service
	Begin Date
	Enl/Off
	Type
	Svc Occ Code
	DoD Occ Code
Military/Combat Pay Details	
	Service
	Begin Date
	End Date
	Military Pay Type
	Location
Separation Pay Details	
	Service
	Begin Date
	End Date
	Separation Pay Type
Retirement Periods	
	Service
	Begin Date
	End Date
	Retirement Type
	Rank
DoD Retirement Pay	
	Service
	Begin Date
	End Date
	Dsblty %
	Pay Stat
	Term Rsn
	Stop Pay Rsn
Translation of Codes	
Service Occupation Codes	
	Svc Occ Code
	Enl/Off
	Description
DoD Occupation Codes	
	DoD Occ Code
	Enl/Off
	Description
Military Pay Type Code	
	Military Pay Type

	Description
Separation Pay Type Code	[Redacted]
	Separation Pay Type Code
	Description
Retirement Type Code	[Redacted]
	Retirement Type Code
	Description
Retired Pay Status Code	[Redacted]
	Retirement Pay Status Code
	Description
Retired Pay Termination Reason Code	[Redacted]
	Termination Reason Code
	Description
Stop Payment Reason Code	[Redacted]
	Stop Payment Reason Code
	Description

1.2. Height and Weight

Note: The web questionnaire will ask this demographic question during the health history section.

- A. How tall are you without shoes?
(x feet, y inches), Refused, Don't know
- B. How much do you weigh without shoes?
X pounds, Refused, Don't know

2. Deployment Exposures

2.1. Location Specific Exposures

Note: Section 3.1 questions are asked for each deployment or deployment segment in the VADIR data,

During **this** deployment or portion of your deployment:

- A. [if deployment dates within 1990 – 1992, e.g. VADIR GW indicator], Were you exposed to Gulf War oil well fires?
Yes, No, Don't know

- B. On a typical day, how often were you outside or in an open tent or open shelter during this deployment? Please select the total number of hours per day,
Less than 2 hours per day, 2-6 hours per day, more than 6 hours per day
- C. Were you near a burn pit (on the base or close enough to the base for you to see the smoke)?
Yes, No, Don't know
- D. If 'C' = yes], Who ran the burn pit (circle all that apply)?
U.S. forces, Coalition forces, Host nation, Don't know
- (If B=yes or Don't know)
- E. Did your duties include the burn pit (examples include trash burning, hauling trash to the burn pit, burn pit security, trash sorting at the burn pit)?
Yes, No, Don't know
- F. Did smoke or fumes from the burn pit enter your work site or housing?
Yes, No, Don't know

2.2. General Occupational Exposures

During any of your deployments:

- A. Were you ever close enough to feel the blast from of an IED (improvised explosive device) or other explosive device?
Yes, No, Don't know
- B. Were you near heavy smoke from weapons, markers or other combat items that made breathing difficult?
Yes, No, Don't know
- C. Were you in convoy or other vehicle operations one or more times per week where you felt you breathed in large amounts of dust or vehicle exhaust fumes?
Yes, No, Don't know
- D. Did you perform refueling operations on a daily basis?
Yes, No, Don't know

2.3. Environmental Exposures, Regional Air Pollution

- A. Did you do anything differently during your deployment(s), when you thought or were informed air quality was bad (for example during dust storms or heavy pollution days)?
Yes, No, Don't know, Never thought of this, I was not informed or aware of bad air quality
- B. [A'=yes], What did you do differently (select all that apply)?
1. Wore a mask
 2. Spent less time outdoors
 3. Did less strenuous activities (i.e. avoided physical training (PT))
 4. Took medication
 5. Closed windows of your sleeping quarters
 6. Spent less time in convoy
 7. Canceled outdoor activities
 8. Exercised indoors instead of outdoors
 9. Use or change air filter/air cleaner
 10. Other
 11. I did not do anything differently
- C. During your deployment(s), how often did you experience dust storms?
Never, Less than 3 times over a month, 4 or more days in a month, Don't know
- D. During your deployment(s), did you experience itchy or irritated nose, eyes or throat that you thought was the result of poor air quality?
Yes, No, Don't know
- E. [If 'D'=yes], How often did you experience itchy/irritated eyes, nose or throat that you thought was the result of poor air quality?
Less than 3 times over a month, 4 or more days in a month or several days in a row, Don't know

2.4. Overall Deployment and Re-integration Stress

During your pre-deployment, deployment, or post-deployment integration period, did you experience an emotional event that you would consider very stressful?

Yes, No, Don't Know

2.5. Health Concerns

- A. Compared to pre-deployment, would you say your overall health is better, worse, or about the same?

Better, Worse, About the same, Don't know

- B. During your deployment(s), do you believe you were sick because of something you breathed?

Yes, No, Don't know

- C. Do you **currently** have a sickness or condition you think began or got worse because of something you breathed during deployment(s)?

Yes, No, Don't know

- D. [If 'C'=yes], When did the problem start?

1. Before deployment
2. During Deployment
3. 6 months or less after deployment
4. More than 6 months later after deployment
5. Not sure

- E. Please rate your concern that something you breathed during deployment **has already affected** your health.

Not at all concerned, a little concerned, very concerned

- F. [If 'E'=concerned], Please identify your biggest health concern that something you breathed during deployment **has already affected** your health.

1. Lung/Respiratory/Breathing problem
2. Heart problem
3. Skin problem
4. Eye problem
5. Effect on children or ability to have children
6. Cancer
7. Other problem

- G. Have you discussed this concern with your provider, medical professional or team?

Yes, No, Not yet but I would like to talk with a medical professional

- H. Are you concerned that **in the future** that your health will be affected by something you breathed during deployment(s)

Yes, No, Don't know

- I. [If 'H'=yes], Please rate your concern that something you breathed during deployment will affect your **future health**.
Not at all concerned, a little concerned, very concerned
- J. [If 'I'=concerned], Please identify your biggest health concern that something you breathed during deployment will affect your **future health**.
1. Lung/Respiratory/Breathing
 2. Heart
 3. Skin
 4. Eyes
 5. Effect on children or ability to have children
 6. Cancer
 7. Other
- K. [If 'C or 'H'=concerned], Which exposure do you think has the **biggest** overall effect on your health?
1. **Off** base air pollution during deployment (factories, cars, burning trash, dust)
 2. **On** base air pollution during deployment (burning fuel, burn pits)
 3. Hobbies and non military jobs
 4. Military jobs while I'm not deployed
 5. Smoking (by you or those near you)
 6. Don't know

3. Residential History

- A. What is your current address (if not shown above [from VADIR and VA BIRLS sources])? Please include the city, state, zip code, and country.
1. Country _____
[If country <> "USA" then skip to 5]
 2. City Name _____
 3. State _____ (two letter code)
 4. Zip code (if known): _____ (5 digit number)
 5. How many years have you lived at your current address (listed above)? ____years

6. Do you live nine or more months of the year at the address listed above? Yes, No
 7. If not, indicate the other residence.
 - a. Other city name _____
 - b. Other state _____ (two letter code)
 - c. Other zip code (if known): _____ (5 digit number)
 - d. Other country _____
- B. Where have you lived the longest? Please include the city, state, zip code, and country.
1. The address where I lived the longest is the same as my current address.
Yes __ (if yes go to next question), No
 2. Country _____
[If country <> "USA" then skip to 6]
 3. City Name _____
 4. State _____ (two letter code)
 5. Zip code (if known): _____ (5 digit number)
 6. Indicate the approximate year you moved to this address: _____
 7. Indicate the approximate year you moved out of this address: _____
- C. Please provide the address where you lived the longest before age 13. Please include the city, state, zip code, and country.
1. Country _____
[If country <> "USA" then skip to 5]
 2. City Name _____
 3. State _____ (two letter code)
 4. Zip code (if known): _____ (5 digit number)
 5. Indicate the approximate age you moved to this address. _____ years (Enter "0" if you lived there before age 1)
 6. Indicate the approximate age you moved out of this address: _____ years

4. Occupational History

4.1. Current Occupational Status

(note: numeric codes shown in NHIS questions are for internal programming. Do not display to user)

- A. Which of the following were you doing last week?
 - 1 Working for pay at a job or business
 - 2 Working without pay at a job or business
 - 4 Working, but not for pay, at a family-owned job or business
 - 3 Looking for work
 - 5 Not working at a job or business and not looking for work
 - 7 I do not wish to answer
 - 99. Don't know

- B. [if 3 or 5] What is the main reason you did not [3 or 5 text: work last week/have a job or business last week]?
 - 01 Taking care of house or family
 - 02 Going to school
 - 03 Retired
 - 04 On a planned vacation from work
 - 05 On family or maternity leave
 - 06 Temporarily unable to work for health reasons
 - 07 Have job/contract and off-season
 - 08 On layoff/laid-off from a job
 - 09 Disabled
 - 10 Other
 - 97 I do not wish to answer
 - 99 Don't know

4.2. Main Occupation (not including military jobs):

A. Select the occupational category that best describes your main occupation. **Do not include your occupation during military service.** If your occupation is not included, select "other occupation":

1. Artist or art related	7. Medical, dental and healthcare related	13. Sales, office, retail, and administrative
2. Building and grounds, cleaning and maintenance	8. Forestry	14. Transportation - Truck driver

3. Construction and building trades	9. Mining or drilling	15. Transportation - Bus, car, or van driver
4. Farming - animal, agriculture	10. Police and correctional	16. Other transportation related
5. Firefighter	11. Production related - machine operator, manufacturing, assembling, or processing	17. Vehicle, engine, or aircraft mechanic
6. Food preparation and serving	12. Professional, including business, financial, engineering, computer, science, media, education	18. Welder
		19. Other occupation [text entry]

B. Years in this job _____ years [enter 0 if less than one year]

4.3. Non-military Dust Exposures

A. Have you ever worked for a year or more in any dusty job outside the military?
 Yes, No (Go to next set of questions), Don't know

B. For the job with the biggest dust exposure:

1. Select the occupational category that best describes the job with the longest dust exposure. If your occupation is not included, select "other occupation":

1. Artist or art related	7. Medical, dental and healthcare related	13. Sales, office, retail, and administrative
2. Building and grounds, cleaning and maintenance	8. Forestry	14. Transportation - Truck driver
3. Construction and building trades	9. Mining or drilling	15. Transportation - Bus, car, or van driver
4. Farming - animal, agriculture	10. Police and correctional	16. Other transportation related
5. Firefighter	11. Production related - machine operator, manufacturing, assembling, or processing	17. Vehicle, engine, or aircraft mechanic
6. Food preparation and serving	12. Professional, including business, financial, engineering, computer, science, media, education	18. Welder
19. Other occupation [text entry]		

2. In this job, what were the most common kinds of dust to which you were exposed?

1. Animal dander	2. Wood or sawdust	3. Metal (aluminum, copper, iron, steel, or other types)
4. Cotton, wool, or other cloth or textile	5. Asbestos	6. Plaster
7. Flour	8. Cement	9. Sand or silica
10. Grain	11. Coal	12. Talc
13. Hay	14. Fiberglass	15. Lime
16. Paper or cardboard	17. Granite or other rock	18. Plastic or rubber
19. Other dust [text entry]		

3. Years in this job _____ years [enter 0 if less than one year]

4. Are you working in this dusty job now? Yes, No, Don't know

4.4. Non-military Gas, Smoke, Vapors or Fumes Exposures

A. Have you ever been exposed to gas, smoke, chemical vapors or fumes in your non-military work?

Yes, No (Go to next set of questions), Don't know

B. For the job with the biggest gas, smoke, vapor or fume exposure:

1. Select the occupational category that best describes the job with the longest gas, smoke, chemical vapor, or fume exposures. If your occupation is not included, select "other occupation":

1. Artist or art related	7. Medical, dental and healthcare related	13. Sales, office, retail, and administrative
2. Building and grounds, cleaning and maintenance	8. Forestry	14. Transportation - Truck driver
3. Construction and building trades	9. Mining or drilling	15. Transportation - Bus, car, or van driver
4. Farming - animal, agriculture	10. Police and correctional	16. Other transportation related
5. Firefighter	11. Production related - machine operator, manufacturing, assembling, or	17. Vehicle, engine, or aircraft mechanic

	processing	
6. Food preparation and serving	12 . Professional, including business, financial, engineering, computer, science, media, education	18. Welder
		19 . Other occupation [text entry]

2. In this job, what were the most common kinds of gas, smoke, or chemical vapors or fumes to which you were exposed?

1. Cutting oils or mists	2. Fumes from chemicals	3. Solvents
4. Exhaust: primarily diesel engine	5. Gasoline or other fuel fumes	6. Welding
7. Exhaust: primarily gasoline engine	8. Pesticides or insecticides	9. Other gas, smoke, or chemical vapor or fume (indicate kind)_____
10. Exhaust: both diesel and gasoline engine	11. Smoke from burning buildings, fuel oil, refuse, or wood	
12. Exhaust: primarily another kind	13. Paint or lacquers	

3. Years in this job _____ years [enter 0 if less than one year]

4. Are you working in this job with gas, smoke, or chemical vapors or fumes now?
Yes, No, Don't know

4.5. Asbestos Exposure

A. Have you ever work in a job with asbestos exposure, including military service?
Yes, No (Go to next set of questions), Don't know

- B. Circle the type(s) of asbestos exposure that describe(s) how you were exposed
1. I did not handle asbestos directly, but asbestos was present on overhead pipes or ceilings.
 2. I did not handle asbestos directly, but I worked in area where asbestos dust was created by others.

- 3. I handled asbestos or asbestos containing products directly and created asbestos dust.

- C. How many years did you work in a job with asbestos exposure?
X years [enter 0 if less than one year]

- D. Are you working in a job with asbestos exposure now?
Yes, No, Don't know

5. Non-deployment Environmental Exposures

5.1. Hobbies, Home, and Community Exposures

- A. Are there any traditional farm animals that live on your land or that you visit on a regular basis?
Yes, No, Don't know

- B. Have you ever removed mold in your home because of its effect on your health?
Yes, No, Don't know

- C. Have you ever lived in a home that had elevated radon levels?
Yes, No, Don't know

- D. Please select from the list below any hobbies you participate in [Source: DARE questionnaire, page 14, section G].

1. Woodworking, including sanding	2. Welding, brazing or soldering	3. Metal working, including machining, grinding
4. Stained glass work	5. Hobbies utilizing epoxy resin adhesives	6. Pottery work, including glazing
7. Indoor swimming and/or indoor ice-skating		

- E. [if item selected in 'D'] How many total hours a week do you participate in all the above hobbies combined?
 - 1. Two or less hours per week
 - 2. Three to four hours per week

3. More than four hours per week
4. Don't know

6. Symptoms, Health History

6.1. Functional Limitation and Reported Cause

(Source: NHIS Adult Health Status & Limitations starting with AHS.091_01.000)

- A. How difficult is it to run or jog one mile on a level surface?
Not at all difficult, only a little difficult, somewhat difficult, very difficult, can't do it at all, do not do this activity, don't know
- B. How difficult is it to walk on a level surface for one mile?
Not at all difficult, only a little difficult, somewhat difficult, very difficult, can't do it at all, do not do this activity, don't know
- C. How difficult is it to walk a ¼ of a mile – about 3 city blocks?
Not at all difficult, only a little difficult, somewhat difficult, very difficult, can't do it at all, do not do this activity, don't know
- D. How difficult is it to walk up a hill or incline?
Not at all difficult, only a little difficult, somewhat difficult, very difficult, can't do it at all, do not do this activity, don't know
- E. How difficult is it to walk up 10 steps or climb a flight of stairs?
Not at all difficult, only a little difficult, somewhat difficult, very difficult, can't do it at all, do not do this activity, don't know

Source: NHIS: Adult Health Status & Limitations AHS.200_00.000

[For each positive response to AHS.091_01.000]

- F. What condition or health problem causes you to have difficulty with these activities
(Check all that apply)?

- 01 Arthritis/rheumatism
- 02 Back or neck problem

- 03 Fracture, bone/joint injury
- 04 Other injury
- 05 Heart problem
- 06 Stroke problem
- 07 Hypertension/high blood pressure
- 08 Diabetes
- 09 Lung/breathing problem for example, asthma and emphysema
- 10 Cancer
- 11 Weight problem
- 12 Missing limbs (fingers, loss of digits), amputee
- 13 Kidney, bladder or renal problems
- 14 Circulatory problems (including blood clots)
- 15 Fibromyalgia, lupus
- 16 Multiple sclerosis (MS), Muscular dystrophy (MD)
- 17 Knee problem, Hip problem, that is not arthritis or a joint injury
- 18 Don't know/Not sure

6.2. Health Conditions

(Source: NHIS Adult Conditions ACN.031_06.000, Note: active voice is preferred but the NHIS uses passive voice. These questions will be presented in table format.)

- A. Have you been told by a doctor or other health professional that you had Hay fever or allergies to pollen, dust, or animals?
Yes, No, Don't Know

- B. Have you ever been told by a doctor or other health care professional that you had asthma?
Yes, No, Don't know

- C. Have you ever been told by a doctor or other health care professional that you had emphysema?
Yes, No, Don't know

- D. Have you ever been told by a doctor or other health care professional that you had chronic bronchitis?
Yes, No, Don't know
- E. Have you ever been told by a doctor or other health care professional that you had chronic obstructive pulmonary disease also called COPD?
Yes, No, Don't know
- F. Have you ever been told by a doctor or other health care professional that you had some lung disease or condition other than asthma, emphysema, chronic bronchitis or COPD?
Yes, No, Don't know
- G. [if B-F = yes], When you were told you had asthma, emphysema, chronic bronchitis, COPD or some other lung disease by a doctor or other health care professional, were you told before, during, or after deployment? (check all that apply)
Before deployment, during deployment, after deployment, Don't know
- H. [if G = Before or during], Did deployment make the lung disease better, worse, or about the same?
Better, Worse, About the Same, Don't know, Not applicable
- I. Have you ever been told by a doctor or other health care professional that you had hypertension, also called high blood pressure?
Yes, No, Don't know
- J. Have you ever been told by a doctor or other health care professional that you had coronary artery disease?
Yes, No, Don't know
- K. Have you ever been told by a doctor or other health care professional that you had angina pectoris?
Yes, No, Don't know
- L. Have you ever been told by a doctor or other health care professional that you had a heart attack, also called myocardial infarction?
Yes, No, Don't know

- M. Have you ever been told by a doctor or other health care professional that you had a heart condition other than coronary artery disease or angina or myocardial infarction?
Yes, No, Don't know

6.3. Cancer History

- A. Have you **ever** been told by a doctor or other health professional that you had Cancer or a malignancy (tumor) of any kind?
1 Yes
2 No
7 I do not wish to answer
9 Don't know
- B. [if 'A' = Yes, allow up to three cancers to be reported] What kind of cancer was it (check up to three)?
01 Bladder
02 Blood
03 Bone
04 Brain
05 Breast
06 Cervix
07 Colon
08 Esophagus
09 Gallbladder
10 Kidney
11 Larynx-windpipe
12 Leukemia
13 Liver
14 Lung
15 Lymphoma
16 Melanoma
17 Mouth/tongue/lip
18 Ovary
19 Pancreas
20 Prostate
21 Rectum
22 Skin (non-melanoma)
23 Skin (DK what kind)
24 Soft tissue (muscle or fat)
25 Stomach
26 Testis

- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus
- 30 Other
- 97 I do not wish to answer
- 99 Don't know

- C. [if 'A' = Yes, for each cancer selected] How old were you when this cancer was first diagnosed?
 X Years, Don't know

6.4. Current Symptoms

- A. Do you currently have any of the following symptoms? (Check all that apply)
1. Cough for more than 3 weeks
 2. Sputum or phlegm production
 3. Wheezing or whistling in the chest
 4. Shortness of breath; breathlessness
 5. Decreased ability to exercise
 6. Hay fever or other respiratory allergy
 7. Sore throat, hoarseness, or change in voice
 8. Chest pain, chest discomfort or chest tightness
 9. Chronic sinus infection/sinusitis

(source: Medical Research Chronic (MRC) Breathlessness scale)

- B. [IF ANSWER TO Current Health symptoms = 04] How would you rate your shortness of breath or breathlessness? (check the description/grade that applies to you). I'm:
1. Not troubled by breathlessness except on strenuous exercise
 2. Short of breath when hurrying on the level or walking up a slight hill
 3. Walk slower than most people on the level, stops after one mile, or stops after 15 minutes walking at own pace
 4. Stop for breath after walking about 100 yards or after a few minutes on level ground
 5. Too breathless to leave the house, or breathless when dressing or undressing

6.5. Tobacco Exposure

(Source: NHIS Adult Health Behaviors: AHB.010_00.000, 7-March 2012)

- A. Have you smoked at least 100 cigarettes in your entire life?
Yes, No, I do not wish to answer, Don't know
- [if A=Yes continue to 'B' else skip to 'F']
- B. How old were you when you first started to smoke fairly regularly?
X (age in years), Never smoked regularly, Don't know
- [if B=age continue to 'C' else skip to 'F']
- C. Do you now smoke cigarettes every day, some days or not at all?
Every day, Some days, Not at all, I do not wish to answer, Don't know
- D. [if 'C'=not at all], How long has it been since you quit smoking?
X (Years since quit), Haven't quit, Don't know
- E. [if 'C'=some days], On the average, how many cigarettes do you now smoke a day?
X (Number of cigarettes per day), Don't smoke, Don't know
- F. Have you ever smoked tobacco products other than cigarettes even one time?
(Such as cigars, pipes, water pipes or hookahs, small cigars that look like cigarettes, bidis, cigarillos, marijuana?)
Yes, No, I do not wish to answer, Don't know
- [if F=Yes continue to 'G' else skip to 'H']
- G. Do you now smoke tobacco products other than cigarettes every day, some days, rarely, or not at all?
Every day, Some days, Rarely, Not at all, Don't know
- H. Have you ever used smokeless tobacco products even one time? (Such as chewing tobacco, snuff, dip, snus, or dissolvable tobacco)
Yes, No, I don't wish to answer, Don't know

[if H=Yes continue to 'I' else skip to 'J']

- I. Do you now use smokeless tobacco products every day, some days, rarely, or not at all?

Every day, Some days, Rarely, Not at all, Don't know

- J. Are you exposed to second-hand smoke or environmental tobacco smoke every day, some days, rarely, or not at all?

Every day, Some days, Rarely, Not at all, I don't wish to answer, Don't know

6.6. Deployment Smoking History

(Source: modified from DARE H2-5c)

[if 6.5.A = yes], Did you start smoking for the first time while being deployed?

Yes, No, Don't know

6.7. 12 Month Alcohol Use

In the PAST YEAR, how often did you ever drink any type of alcoholic beverage (Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage)? "On average, how many days per week did you drink?"

Never, Less than one, 1-7 days per week, I do not wish to answer, Don't know

7. Health Care Utilization

(Source NHIS: Adult Access to Health Care & Utilization , AAU.305_00.000)

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

1. Never
2. 6 months or less
3. More than 6 mos, but not more than 1 yr ago
4. At least 1 yr, but not more than 2 yrs ago
5. At least 2 yrs, but not more than 5 yrs ago
6. At least 5 years ago

7. Never
8. I do not wish to answer
9. Don't know

8. Outreach preferences

- A. Do you use the Internet?
 1. Yes
 2. No
 3. I do not wish to answer
 4. Don't know

- B. Do you send or receive emails?
 1. Yes
 2. No
 3. I do not wish to answer
 4. Don't know

- C. How do you prefer to receive updated information on burn pits and other airborne exposures?
 1. Email from the VA
 2. VA Web site
 3. Through my health care provider
 4. Via social media (e.g. twitter, facebook)
 5. Letter/U.S. Mail
 6. Through the Department of Defense
 7. Through a Veterans Service Organization
 8. I do not wish to receive any updated information