General Health Questionnaire

Male Health Component

Fall 1999

The Registry has appreciated your participation in the multiple research projects conducted over the past 12 years.

We are currently conducting a survey that will focus on male health problems. You may find some of the questions of a sensitive and personal nature.

We assure you that this information will be kept in the strictest of confidence. The questions will help us study the issues that relate to many veterans like you and to all other adult males in the United States.

PLEASE NOTE:

All information you supply will be held in strict confidence. No individual will be identified in the published results or any study accessing data from the VET Registry. Your response is entirely voluntary and failure to provide some or all of the requested information will not in any way adversely affect you. The study has nothing to do with any compensation claims or other contacts you have with the Department of Veterans Affairs. The information asked in this survey is being collected under the authority of Title 38, Section 41 of the Code of Federal Regulations.

Please take a few minutes today to respond to this health questionnaire and return the completed questionnaire in the accompanying envelope. **(No postage is required.)**

General Health Questions

1. Has a doctor ever told you that you had:

		If yes → Do you take medication for this condition?		Year of diagnosis
15	a. Arthritis of any kind or rheumatism?	☐ No ☐ Yes	☐ No ☐ Yes	
	b. Asthma?	☐ No ☐ Yes	☐ No ☐ Yes	
	c. Back problems (slipped or ruptured disk or sciatica)?	☐ No ☐ Yes	☐ No ☐ Yes	
	d. Chronic bronchitis?	☐ No ☐ Yes	☐ No ☐ Yes	
	e. Coronary heart disease?	☐ No ☐ Yes	☐ No ☐ Yes	
	f. Diabetes?	☐ No ☐ Yes	☐ No ☐ Yes	
	g. Emphysema or chronic obstructive pulmonary disease?	☐ No ☐ Yes	☐ No ☐ Yes	
	h. Gastroesophageal reflux disease or reflux esophagitis?	☐ No ☐ Yes	☐ No ☐ Yes	
	i. Hypertension or high blood pressure?	☐ No ☐ Yes	☐ No ☐ Yes	
	j. Impotence or erectile dysfunction?	☐ No ☐ Yes	☐ No ☐ Yes	
	k. Kidney disease?	☐ No ☐ Yes	☐ No ☐ Yes	
	l. Liver disease?	☐ No ☐ Yes	☐ No ☐ Yes	
	m. Prostate trouble or benign prostatic hypertrophy?	☐ No ☐ Yes	☐ No ☐ Yes	
	n. Stroke or cerebrovascular accident?	☐ No ☐ Yes	☐ No ☐ Yes	
	o. Sleep apnea?	☐ No ☐ Yes		

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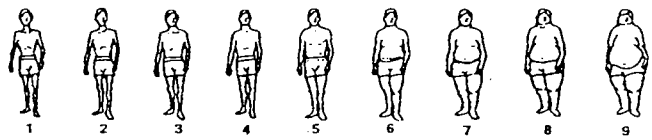
74 2. Body Shape: Please *Circle the Body Shape* that most closely resembles your body.



Male Health Questions

Please circle ONLY ONE response for each question in this section.

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
3a. During the last month or so, now often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
3b. During the last month or so, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
3c. During the last month or so, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
3d. During the last month or so, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
3e. During the last month or so, how often have you had a weak urinary stream?	0	1	2	3	4	5
80 3f. During the last month or so, how often have you had to push or strain to begin urination?	0	1	2	3	4	5

Questionnaire continues on the back of this sheet.

Male Health Questions, continued

81 Please circle ONLY ONE response for each question in this section.

3g. During the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

None	1 time	2 times	3 times	4 times	5 or more times
0	1	2	3	4	5

3h. During the past month, how would you rate your ability to maintain an erection?

Very good	Good	Fair	Poor	Very poor	Have not had an erection within the past month
1	2	3	4	5	6

3i. During the past month, how would you rate your ability to have an erection?

Very good	Good	Fair	Poor	Very poor	Have not had an erection within the past month
1	2	3	4	5	6

3j. During the past month, how many days did you engage in sexual activity?

None	1-4 days	5-10 days	11-15 days	16-20 days	More than 20 days
0	1	2	3	4	5

3k. In the past month, how often have the issues listed below interfered with your sexual activity? (Circle ONLY ONE response for each line.)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. Physical health	1	2	3	4	5
2. Emotional problems	1	2	3	4	5
3. Family stress	1	2	3	4	5
4. Job stress	1	2	3	4	5
5. Financial stress	1	2	3	4	5

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Sleep and Work Patterns

We all know that sleep is important to our health. The next set of questions will allow us to
90 study the sleep habits of Registry members.

4a. What shift do you usually work?
☐ Day shift ☐ Second shift ☐ Third shift ☐ Rotating shifts ☐ Retired, disabled or unemployed

4b. On average, how many hours of sleep do you usually get in a 24-hour period?

12 or more hrs.	10-11 hrs	8-9 hrs.	6-7 hrs	4-5 hrs.	Less than 4 hrs.
1	2	3	4	5	6

4c. How would you rate your snoring?

I snore heavily	I snore but not heavily	I do not snore	I do not know if I snore
1	2	3	4

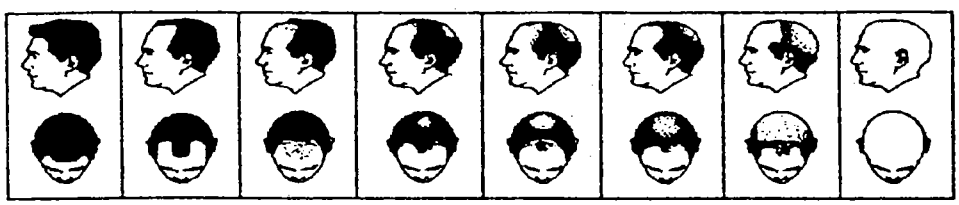
Smoking and Alcohol Use

5a. Do you currently smoke cigarettes? ☐ No ☐ Yes

5b. In the past month, have you had at least one drink of beer, wine or liquor? ☐ No ☐ Yes

Hair Pattern

6. *Circle the hair pattern* that most closely resembles your hair pattern. Do not consider styling or shaving that is done to your hair.



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Be sure to detach and mail the questionnaire today. Thank you!

We'd Like to Keep Mailing You *Twin Times*

We would like keep you informed of VET Registry activities and ensure that you continute to receive *Twin Times*. Please provide us with your current address and telephone numbers by filling out the form below.

NAME (Please print all information on this form.)

ADDRESS

CITY STATE ZIP CODE

HOME PHONE WORK PHONE

E-MAIL ADDRESS