

# Head Injury Exposure: Military Activity

The following questions relate to your military experience. Please consider all of your experiences in the military.

1. Were you ever in the military?: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	8. Did you ever have a head injury from a blast/explosion?: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
2. If YES, what branch did you serve in? _____	9. If YES, how many times? _____
3. What was the highest rank you attained? _____	Considering all your blast/explosion exposure, for how many of those were you...
4. How many years of combat training did you have? _____	10. ...within 10 meters (30 ft) of the source? _____
5. a. How many years of deployment did you have? _____	11. ...within 10-25 meters (30-75 ft) of the source? _____
b. Where did you serve in combat? _____	12. ...within 25-100 meters (75-300 ft) of the source? _____
6. How many MONTHS of combat did you experience? _____	13. ...NOT wearing a helmet? _____
7. Did you participate in boxing as part of military training?: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	

## Blows to the Head from Military Activity

Listed in **Column A** are the aforementioned combat scenarios in which people may experience a blow to the head. For each event listed, record the number of times the subject experienced a blow in that type of situation.

COLUMN A	COLUMN B	
Did you ever experience a blow to the head in the following situations?	Have you ever lost consciousness? (if yes, what was the duration for 3 of your worst occurrences?)	Have you ever been dazed or confused? (if yes, what was the duration for 3 of your worst occurrences?)
	<div>Don't know</div> <div>Less than 1 min.</div> <div>1-10 mins.</div> <div>11-20 mins.</div> <div>21-30 mins.</div> <div>31-45 mins.</div> <div>46-60 mins.</div> <div>1 hour-23 hours</div> <div>1 day-1 week</div> <div>1 week-1 month</div> <div>More than 1 mo.</div>	<div>Don't know</div> <div>Less than 1 min.</div> <div>1-10 mins.</div> <div>11-20 mins.</div> <div>21-30 mins.</div> <div>31-45 mins.</div> <div>46-60 mins.</div> <div>1 hour-23 hours</div> <div>1 day-1 week</div> <div>1 week-1 month</div> <div>More than 1 mo.</div> <div>What date(s) did this occur?</div>
1. A penetrating injury to the skull (e.g. bullet, shrapnel, other foreign bodies) <input type="checkbox"/> No <input type="checkbox"/> Yes: ___ times ➡	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes: ___times</div>	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes: ___times</div>
2. A blast or explosion injury? <input type="checkbox"/> No <input type="checkbox"/> Yes: ___ times ➡	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes: ___times</div>	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes: ___times</div>
3. Other (e.g. boxing during combat training) Please Specify: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes: ___ times ➡	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes: ___times</div>	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes: ___times</div>