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Award Number DAMD17-96-2-6024

TITLE: Combat Readiness: Hygiene Issues Related to Military Women

PRINCIPAL INVESTIGATOR: Barbara S. Czerwinski, Ph.D.

CONTRACTING ORGANIZATION: University of Texas Health Science  
Center at Houston  
Houston, Texas 77225

REPORT DATE: May 1999

TYPE OF REPORT: Final

PREPARED FOR: U.S. Army Medical Research and Materiel Command  
Fort Detrick, Maryland 21702-5012

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DTIC QUALITY INSPECTED 4

19990810 058

REPORT DOCUMENTATION PAGE			Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.				
1. AGENCY USE ONLY (Leave blank)		2. REPORT DATE May 1999		3. REPORT TYPE AND DATES COVERED Final (26 Sep 96 - 25 Apr 99)
4. TITLE AND SUBTITLE Combat Readiness: Hygiene Issues Related to Military Women			5. FUNDING NUMBERS DAMD17-96-2-6024	
6. AUTHOR(S) Barbara S. Czerwinski, Ph.D.				
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) University of Texas Health Science Center at Houston Houston, Texas 77225			8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012			10. SPONSORING / MONITORING AGENCY REPORT NUMBER	
11. SUPPLEMENTARY NOTES				
12a. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited			12b. DISTRIBUTION CODE	
13. ABSTRACT (Maximum 200 words) Objective: To examine variation in feminine hygiene practices in normal and combat (deployed) environments. Design: A non-experimental descriptive research design with study sample stratified by routine and deployed environments. Participants: Women 20-65 years of age (mode 41). Two thousand military women in all branches were surveyed with a response rate of 56%(n=1013), 880 were usable questionnaires as 133 were deployed Stateside; 53% were enlisted and 47% were officers. Main Outcome Measures: The Deployed Female Health Practice Questionnaire(c) was developed and implemented. Results: Significant differences were found in the areas of types of menses management products used, douching and handwashing practices. Conclusions: Continuing education about safe feminine hygiene practices, especially regarding douching and handwashing after genitourinary contact, will be important in deployed (field) environments. Recommendations: Further study is recommended on intervention strategies for hygiene management practices.				
14. SUBJECT TERMS DWHRP			15. NUMBER OF PAGES 71	
			16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT Unclassified	18. SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFICATION OF ABSTRACT Unclassified	20. LIMITATION OF ABSTRACT Unlimited	

FOREWORD

Opinions, interpretations, conclusions and recommendations are those of the author and are not necessarily endorsed by the U.S. Army.

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*BLG* For the protection of human subjects, the investigator(s) adhered to policies of applicable Federal Law 45 CFR 46.

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*Barbara S. Cunningham MD* June 8, 1999  
PI - Signature Date



The Committee for the  
Protection of Human Subjects

## NOTICE OF CONTINUING REVIEW APPROVAL

September 18, 1998

**HSC-SN-95-039** - "Combat Readiness: Hygiene Issues Related to Military Women"  
P.I.: Barbara Shelden Czerwinski, Ph.D.

**PROVISIONS:** Unless otherwise noted, this approval relates to the research to be conducted under the above referenced title and/or to any associated materials considered at this meeting, e.g. study documents, informed consents, etc.

**APPROVED:** At a Convened Meeting

**APPROVAL DATE:** September 18, 1998

**EXPIRATION DATE:** August 31, 1999

**CHAIRPERSON:** Anne Dougherty, MD

Upon review, the CPHS finds that this research is being conducted in accord with its guidelines and with the methods agreed upon by the P.I. and approved by the Committee. This approval, subject to any listed provisions and contingent upon compliance with the following stipulations, will expire as noted above:

**CHANGES** - The P.I. must receive approval from the CPHS before initiating any changes, including those required by the sponsor, which would affect human subjects, e.g./ changes in methods or procedures, numbers or kinds of human subjects, or revisions to the informed consent document or procedures. The addition of co-investigators must also receive approval from the CPHS.

**INFORMED CONSENT** - Informed consent must be obtained by the P.I. or designee using the format and procedures approved by the CPHS. Attached is the approved and validated informed consent form. You must discard previous informed consent documents being used for human subjects and replace them with this stamped validated version. The P.I. must instruct the designee in the methods approved by the CPHS for the consent process. The individual obtaining informed consent must also sign the consent document.

**UNANTICIPATED RISK OR HARM, OR ADVERSE DRUG REACTIONS** - The P.I. will immediately inform the CPHS of any unanticipated problems involving risks to subjects or others, of any serious harm to subjects, and of any adverse drug reactions.

**RECORDS** - The P.I. will maintain adequate records, including signed consent documents if required, in a manner which ensures confidentiality.

10-7-98 Received [Signature]

MCHE-CI

26 March 1998

MEMORANDUM THRU NURSING RESEARCH, DEPARTMENT OF NURSING

FOR Dr. Barbara S. Czerwinski, Ph.D., Houston Health Science  
Center, University of Texas, 1100 Holcombe, Room 5.517,  
Houston, Texas 77030

SUBJECT: Application for Clinical Investigation Project

1. Your application for clinical investigation project **"Combat Readiness: Hygiene Issues Related to Military Women"** has been approved and is assigned work unit number C-98-85.
2. As the principal investigator your responsibilities are as follows:
  - a. A change in the research plan must be reported to the DCI for submission to appropriate committees for approval prior to implementation.
  - b. If transferred, submit to the DCI the name of the individual who will continue the study.
  - c. If the study is terminated, submit a report to the DCI stating the study is terminated and the reason for termination.
  - d. If any serious adverse reactions occur during the study which were not expected, they must be reported to the Chief, DCI, within 24 hours.
3. An annual research progress report must be submitted to my office nlt 1 FEB 99 or upon completion, whichever comes first. Failure to comply could result in curtailment of funding for the project and/or termination.

*for Helen J. Smith*  
JENICE N. LONGFIELD  
Colonel, MC  
Chairman, Institutional Review  
Board

*7 April 1998 Received [Signature]*



DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO  
ATTENTION OF

6 March 1998

MCHE-CI

MEMORANDUM FOR Commander, Brooke Army Medical Center, Fort Sam  
Houston, TX 78234-6200

SUBJECT: Minutes of the Institutional Review Board Meeting (IRB),  
5 March 1998

1. **CALL TO ORDER:** The BAMC Institutional Review Board was called to order by COL Jenice N. Longfield, MC, on 5 Mar 98, at 1330, in the Department of Clinical Investigation Conference Room, Brooke Army Medical Center, in accordance with BAMC Memo 15-1, dated 29 July 1994. Protocols were distributed to the committee members for review on 23 Feb 98.

2. **MEMBERS PRESENT:**

COL Jenice N. Longfield, MC, DCI, Chairman  
COL Arnold A. Asp, MC, Asst Ch, DCI  
LTC James D. Starcher, MS, PAD

(Represented by CPT Theresa Vowels, MS)

LTC Thomas C. Shank, MS, Department of Pharmacy  
MAJ John R. Caton, MC, Hematology-Oncology Service  
MAJ Jeffrey F. Hines, MC, Department of OB-GYN  
MAJ Robert L. Littleton, Jr, JA, Center Judge Advocate  
CPT Lisa zahler, MC, WHMC  
Prof Karin Zucker, JD, Bioethics Consultant  
Bryan Jordan, RN, Institute of Surgical Research  
Robbie Fuqua, Recorder Without Vote

**MEMBERS ABSENT:**

LTC John T. Cody, USAF, BSC, Clinical Investigation  
Directorate, WHMC  
MAJ Karen Brandon, Chaplain  
CPT Michael Kwan, MC, Cardiology Service  
Helen Smith, Recorder Without Vote

**OTHERS PRESENT:**

Barbara Czerwinski, PhD, Univ of Texas, Houston, TX  
MAJ Daniel Gavin, MC, Pulmonary Disease Service  
Betsy Higgins, CCRA, Hematology-Oncology Service

Carolyn Massarello, CCRA, Hematology-Oncology Service  
Lorelei Gomez, Student Intern, Texas A&M Univ, College Station, TX

3. **OLD BUSINESS:** The minutes of the Institutional Review Board meeting, 5 Feb 98, were approved as written.

4. **NEW BUSINESS:** The following protocols were reviewed:

- (1) **Combat Readiness: Hygiene Issues Related to Military Women**  
**Principal Investigator: Barbara Czerwinski, PhD**

**DISCUSSION:** The objectives of this study are: (1) to identify feminine hygiene practices under combat conditions; and (2) to make recommendations for requirements encompassing feminine hygiene practices under combat conditions to ensure the optimal health and combat readiness of female military personnel. The first part of this study (the initial screening test) was approved in Apr 97 with COL Abbott being the PI. COL Abbott was required to bring Phase II survey back to the IRB. COL Longfield will contact HSRRB for permission to omit the consent form for the questionnaire. The IRB requested that Dr. Czerwinski add someone from BAMC nursing service as an associate investigator. The study was approved.

**RISK:** Minimal; **MEDICAL MONITOR:** None required for minimal risk. **REVIEW:** Annually; **RECOMMENDATION:** Approved by a vote of 10 For; 0 Against.

**ACTION:** Submit to Clinical Investigation Regulatory Office, AMEDD Center & School, for review. (ACTION CLOSED)

- (2) **Clinical Usefulness of Serial Estimations of Carbon Monoxide Diffusion Capacity to Assess for Diffuse Alveolar Hemorrhage in the Bone Marrow Transplant Unit**  
**Principal Investigator: MAJ Daniel Gavin, MC**

**DISCUSSION:** This is a prospective, blinded study, that will address the issue of whether performing daily carbon monoxide diffusion capacity measurements corrected for alveolar volume (DLCO/Va) on adult patients, who have recently undergone high-dose chemotherapy followed by bone marrow or stem cell transplant, will allow detection of a subgroup of patients with an abnormal rise in DLCO/Va. This study was approved with a few minor consent form corrections.

**RISK:** More than Minimal; **MEDICAL MONITOR:** COL Michael Berry, MC; **REVIEW:** Annually; **RECOMMENDATION:** Approved by a vote of 10 For; 0 Against.

**ACTION:** Submit to Clinical Investigation Regulatory Office, AMEDD Center & School, for review. (ACTION CLOSED)

- (3) **How Enlisted Women on Active Duty Manage Breast Cancer**  
**Principal Investigator: LTC Margaret Wilmoth, AN**

6. **ADJOURNMENT:** The meeting adjourned at 1700. The next meeting will be held on Thursday, 9 April 1998, at 1330, in DCI's Conference Room.

*Robbie E. Fuqua*  
ROBBIE E. FUQUA, CCRA, CIM  
Recorder

*Jenice N. Longfield*  
FOR JENICE N. LONGFIELD  
COL, MC  
Chairman

APPROVED ~~DISAPPROVED~~ 18 Mar 98

*Harold L. Timboe*  
HAROLD L. TIMBOE  
Brigadier General, MC  
Commanding



DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
FORT SAM HOUSTON, TEXAS 78234-6200

March 25, 1998

REPLY TO  
ATTENTION OF

Department of Clinical Investigation

Barbara S. Czerwinski, Ph.D.  
Houston Health Science Center  
University of Texas  
1100 Holcombe, Room 5.517  
Houston, Texas 77030

Dear Dr. Czerwinski:

SUBJECT: Waiver of Consent Form for Protocol "Combat Readiness:  
Hygiene Issues Related to Military Women"

COL Jenice Longfield, MC, Chairman of the Brooke Army Medical Center Institutional Review Board (BAMC IRB), has spoken to Ms. Yvonne Higgins of the HSRRB regarding the consent form for this study. Ms. Higgins agrees there is no reason to require an informed consent since there are no identifiers or sensitive questions. The HSRRB approved Phase II with the informed consent waived. Therefore, the BAMC IRB also will waive the informed consent for this protocol.

Helen J. Smith  
Recorder  
Institutional Review Board  
Brooke Army Medical Center

cc: LTC Linda Yoder, AN

*April 1, 1998 Received [Signature]*

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## Introduction

Over the past 20 years, the number of women serving in the military has steadily increased. It is projected that women will constitute as much as 20% of the active duty forces by the year 2000, up from 2% in 1972. Women's health care needs have drawn increased attention because of the large numbers of women being deployed in combat related roles. The central mission of the United States Armed Forces remains focused on the preparation for combat of all military personnel. Combat readiness in military women creates a unique set of hygiene requirements to include the management of elimination products, such as urine, feces and menstrual discharge.

Deployment is defined by the Joint Deployment Training Center as the "positioning of forces into a formation for battle; the relocation of forces and material to the desired area of operation. Deployment encompasses all activities for origin or home station through destination, specifically including intra-continental United States, inter-theater and intra-theater movement legs, staging and holding areas" (*Joint Deployment Training Center*, 1998). Thus, in normal environments the threat to life is obscure; and in deployed environments the threat to life is obvious or real. For the purposes of this report, normal experiences are reported as those being of the home station environments. Deployed environment experiences are reported as those being ready for or during combat actions.

Military personnel need to be prepared for combat readiness at all times. For adult females, feminine hygiene practices constitute health care practices based on physiological necessities for the management of elimination products, including urine, feces, and menstrual discharge. This study was designed to investigate and to make recommendations for female health practices carried out in combat and non-combat environments by military women. Both qualitative and

quantitative research methodologies were used to explore feminine hygiene practices. Effective feminine hygiene practices were incorporated into the recommendations.

The focus of this study was feminine hygiene practices. The research questions addressed were as follows:

The first phase of the study answered the first two of five research questions proposed.

Question 1: What have been the experiences of maintaining feminine hygiene practices such as cleansing the body, collecting menses waste, and protecting against genitourinary infection in a combat (deployed) environment?

Question 2: What specific management strategies are recommended for feminine hygiene practices by healthcare professionals for military women in combat (deployed) and noncombat (home base) environments? This question was expanded to include all military women, not just the healthcare professionals. The information from the interviews to answer the first two research questions were used to develop the FHPQ.

Question 3: What specific management strategies are used by military women for feminine hygiene practice in combat and non-combat environments?

Question 4: What specific management strategies are used by military (combat experienced and/or trained for combat) women for feminine hygiene practices in non-combat environments?

Question 5: Is there a difference in management strategies used by military women for feminine hygiene practices in combat and non-combat environments?

## **Body**

### **Methods**

The Combat Readiness study was conducted in two parts. The first part comprised the initial interview portion for qualitative analysis (Czerwinski, 1997, October. Annual Report DAMD 17-96-2-6025). The subsequent quantitative part of the study pertaining to the development and implementation of the Deployed Female Health Practice Questionnaire © (FHPQ) (Appendix A) is the subject of this report. Examination of female hygiene practices in military women was accomplished using a descriptive non-experimental research design. The final sample of 880 English-speaking women who were 18 years of age or older was drawn from two databases of military women.

### **Instrument**

An investigator-developed 191-item health practice questionnaire was used. The questionnaire items were based on a literature review, previous research by the principal investigator (Czerwinski, 1996), and evaluation by a panel of experts for content validity. Eight deployed experienced volunteers from the Veterans Administration Medical Center, Houston, Texas and ten trained-for-deployment volunteers from Fort Hood Army Base, Fort Hood, Texas, pilot tested the questionnaire for readability and return instructions. From the pilot-testing responses, changes were made to the questionnaire for clarification of deployment status and sequence of questions. A second panel of experts from military women's health graduate students and one civilian educator examined the FHPQ for content validity. Minor revisions were made based upon the recommendations of the panel.

The FHPQ instrument contains 191 items with 800 data elements and a page for comments (Appendix A). A holistic approach was taken in the design of the FHPQ. The FHPQ encompassed broad categories of health practices including health promotion, disease prevention and treatment, reproduction, and life style management, and demographic information.

The terminology used for the FHPQ is at the sixth to eighth grade reading level. These reading levels are consistent with the U. S. Army Medical Research and Materiel Command guidelines for all consent forms. Words used for bodily functions were gleaned from standard, medical, and slang dictionaries, thesauruses, public broadcasting, media and military references.

The FHPQ was mailed to the participants with a pre-printed self addressed and stamped envelope for return. The questionnaire was printed in a booklet form with a plain navy-blue cover. The cover of the questionnaire had a small cutout section in the lower right-hand quarter that displayed the questionnaire's title. The questionnaire was designed to be an invitation to the respondents to convey important personal information to the investigators.

For clarity of terms, the questionnaire was named Deployed Female Health Practices Questionnaire. The contents of the FHPQ were divided into two sections for responses. The first section pertained to normal health practices or what the participants do now in their normal home-base environments. The second section pertained to retrospective data recalled in the most current deployed environments.

The FHPQ used a paper and pencil format with check-off scales. The final item was an opened-ended statement for comments. Data were analyzed using the Statistical Package for Social Services (SPSS) software program. Scores were interpreted by descriptive summary of specific practices. Differences were assessed between normal practices and deployed practices for feminine hygiene practices using chi-square test of goodness of fit at  $p < 0.05$ .

## **Procedure**

Approval for the study was obtained from the institutional review board of the researcher's institution and from the governing bodies of Department of Army, Brooke Army Medical Center, Fort Sam Houston; Veterans Affairs Medical Center-Houston; the Women in Military Service for American Memorial Foundation, Inc. (The Women's Memorial), Washington, D.C.; and the Department of Defense, Defense Manpower Data Center (DMDC), Seaside, California. The database listings were requested based on the following criteria:

300 U.S. Air Force (150 enlisted and 150 officers)

300 U.S. Army (150 enlisted and 150 officers)

300 U.S. Navy (150 enlisted and 150 officers)

100 U.S. Marines (50 enlisted and 50 officers)

### **Eligibility criteria included:**

- Previously deployed to Panama, Haiti, Somalia, Cuba, Bosnia, or Persian Gulf (No deployments earlier than 1989). Deployment to more than one location permissible.
- Deployment defined as being sent to a location to fulfill mission other than normal assigned duty for one month or greater.
- Currently in the U.S. (or currently in the military).
- Status of reserve, active duty or veteran/retired.

The database provided the name, rank, branch of service, and current address.

The questionnaire survey was self-administered. A complete packet contained a consent letter (Appendix B), the Female Health Practice Questionnaire© (FHPQ), a stamped-addressed return envelope, and a 3x5 label to place name and address on for non-active duty participants

with a business size stamped-addressed return envelope to receive \$10 for participation.

Completion of the questionnaire constituted informed consent.

Expert panel reviewers were convened January 28, 1999; to review the study results specific to their area of expertise. The panel recommendations have been incorporated into this report.

The panel members were the following:

Czerwinski, B. (PI, civilian)

Wardell, D. (CO-PI, civilian)

Kouzekanani, K. (Consultant, methodology)

Pitts, K. (Research assistant, U.S. Army Reserve)

Connelly, L. (PI, U.S. Army)

Yoder, L. (CO-PI, U.S. Army)

Goldstein, D. (Consultant, U.S. Navy Reserve)

Ternus (formerly Mayrose), M. (PI, U.S. Air Force Reserve)

Trytten, D. (DACOWITS Representative)

Laday-Smith, S. (Coordinator, Women Veterans Program, VAMC, Houston, Texas)

del Junco, D. (University of Texas-Houston, Health Science Center, School of Public Health,  
Research Epidemiologist)

Booher, C. (NASA, Human Factors specialist)

Peek, K. (Consultant, Anatomical and Physiological gender differences, TWU Research  
Department)

Mellot, S. (Healthcare Administrator, U.S. Army Retired)

Sanders (formerly Goldsberry), B. (NASA Contractor, Human Factors specialist)

Carter, P. (Family Practice Physician, U.S. Army Retired)

Hector, B. (Consultant, U.S. Army Nurse Practitioner)

Starck, P. (Dean, University of Texas-Houston, Health Science Center, School of Nursing)

Hanneman, S. (Associate Dean, Research and Evaluation, University of Texas-Houston, Health Science Center, School of Nursing)

Marcus, M. (Department Chair, University of Texas-Houston, Health Science Center, School of Nursing)

Engbretson, J. (Associate Professor, University of Texas-Houston, Health Science Center, School of Nursing)

Otto, D. (Associate Professor, University of Texas-Houston, Health Science Center, School of Nursing)

and

Graduate Nursing Students:

Balque, A. (U.S. Air Force)

Dulaigh, J. (U.S. Navy)

Leech, C. (U.S. Army)

Lomenick, T. (U.S. Air Force)

Reilly, K. (U.S. Navy)

Lenz, M. (U.S. Air Force)

Santiago, D. (U.S. Air Force)

### **Findings**

Two thousand women in all branches of the military were surveyed with a response rate of 62% (n=1029), 880 were usable as 149 were deployed Stateside (remained in the United States) or had been trained for deployment but had not been deployed. The remaining questionnaires

were returned for the following reasons: 136 did not want to participate in the study (an option offered in the consent letter), and 206 had no forwarding addresses.

- **Demographics**

The age of the respondents ranged from 20 to 65 years (mode 41 years). The typical respondent was 41 years old, was a college graduate, was Caucasian and Christian, resided in a home with one other person and had two bathrooms, was married and in the Army, and had been deployed to Saudi Arabia. At the time of the survey was completed, 73% (n=519 of 708) reported having "regular periods/flow/cycles (Williams, 1994)" or currently menstruating. The demographic variables are summarized in Table I. All branches of the military were represented and are summarized in Table II.

The majority of the respondents reported their most recent deployment experiences were to the middle-east, Persian Gulf or Saudi Arabia (62%, n=544 of 880). Other respondents had been deployed to Europe (10%, n=85) except for Bosnia and Croatia (6%, n=51), Somalia (3%, n=23), and Asia (2.5%, n=21). The remaining 16.5% (n=156) had been deployed to Haiti, Panama, Cuba, Puerto Rico, South America, Central American, Australia, Israel, and Egypt.

- **Feminine Hygiene Practices**

Feminine hygiene and menses management practices were reported by respondents using the FHPQ. All significant differences are reported at the  $p < 0.05$  level. Percentages are followed by the number answering a specific portion of the total number who responded to a question (xx %, n= xx of xx).

TABLE I  
DEMOGRAPHIC VARIABLES

Present Marital Status			Ethnicity		
		Percent			Percent
Married	331	53	Hispanic	35	4
Single	179	28	African-American	62	7
Divorced	92	15	Native American	13	2
Widowed	4	1	Asian-Pacific	9	1
Separated	11	2	Caucasian	724	84
Other	13	2	Other	20	2
TOTAL Replied	630		TOTAL Replied	863	
Religion			Education		
		Percent			Percent
Christian	744	86	GED	6	1
Jewish	4	0	High School	56	6
Hindu	2	0	>2 years college	106	12
Buddhist	5	1	2 college degrees	79	9
Non-Religious	74	9	<2 years college	86	10
Other	34	4	4 college degrees	184	21
TOTAL Replied	863		Some graduate school	97	11
Age			Graduate degree	257	30
Range 20-65 years			TOTAL Replied	871	
Mode 41years					

**TABLE II**  
**MILITARY BRANCHES**

<u>Branch</u>	<u>Officer</u> <u>Enlisted</u>	
US Army	355	205
US Navy	196	71
US Marine Corp	49	34
US Air Force	244	140
<b>TOTAL</b>	<b>844</b>	<b>450</b>
Percentage	47%	53%
Missing data	36	
<b>Total questionnaires</b>	<b>880</b>	
(with deployed experiences)		

- Tampons

Overall, tampon usage during deployed conditions remained similar to normal conditions. The types of tampons used during normal conditions and deployed conditions did vary significantly. Under normal conditions respondents reported using unscented, regulars (medium absorbency), scented, plastic applicators, naturals (100% cotton), "lites" (junior absorbency), super absorbency, and paper applicators tampon types. During deployment there were significant decreases in the use of super absorbency, paper applicators, no applicators, scented, naturals (100% cotton), and "lites" (junior absorbency tampon types. During deployment, tampons used were unscented, regulars (medium absorbency), and with plastic applicators.

- Sanitary Pads/Napkins

Sanitary pads/napkins used during deployment remained similar to normal conditions for pad usage. During deployment there were significant decreases in the use of scented, "light days," and individually wrapped pads used. During deployed conditions, the respondents primarily used the following pad types: unscented, moderate, super (heavy), and other things for pads (toilet paper, paper towels, etc.).

- Panty-Liners

Overall, panty-liners were significantly used less during deployed conditions than normal conditions. Panty-liners were used less during deployment for "only certain days" and other reasons (underwear, etc.). During deployment there were significant decreases in the usage of individually wrapped, scented, unscented, and

bulk packages of panty-liners. There were significant increases of panty-liner usage during deployment "whenever they could" use them.

- Douching Practices

Douching practices during deployed conditions significantly decreased from those under normal conditions. There were decreases in usage of disposable, vinegar, betadine, and water douching solutions during deployment.

- Making Sure and Other Menses Practices

The making sure (Patterson & Hale, 1985) or the combination of tampons and pads/napkins used during menses (periods) significantly decreased during deployment. The combination usage of tampons and pads/napkins between menses (periods) remained similar under normal and deployed conditions. The use of pads/napkins, tampons, panty-liners, and other products remained similar under normal and deployed conditions.

- Limiting of showers or bathing during menses

Limiting of showers/bathing during menses significantly increased during deployed conditions from normal conditions. There were no reported changes in menses interference with work performance during normal and deployed conditions.

- Disposal of used tampons and pads/napkins

The disposal of used tampons and pads/napkins changed significantly during deployed conditions. There was decreased usage of receptacles by toilets during deployment. There was increased usage of receptacles outside toilet areas, wrapping and caring with one's self, dropping into the toilets, and other disposal means during deployed conditions.

- Changing and Handwashing Practices with Menses Collection Products

Tampons were changed every six (6) hours as recommended by the manufacture in normal conditions “most of the time” or “always” done by 89% (n=484 of 547) of women but declined to 78% (n=461 of 589) in deployed situations. Handwashing before inserting tampons during normal conditions “most of the time” or “always” were done by 48% (n=259 of 546) but declined to 39% (n=227 of 591) during deployed conditions. Handwashing after inserting tampons during normal conditions the responses were “most of the time” or “always” 95% (n=519 of 546) while the responses during deployed conditions were 79% (n=469 of 589).

Handwashing after changing sanitary pads/napkins during normal conditions were done “most of the time” or “always” by 93% (n=449 of 483) but declined during deployed conditions to 78% (n=334 of 429). After changing panty-liners, handwashing were done “most of the time” or “always” under normal conditions by 90% (n=449 of 500) and during deployed conditions declined to 79% (n=289 of 366).

- Underwear

The majority of the respondents 93% (n=812 of 877) reported utilizing cotton underwear, and changed their underwear daily by 82% (n=715 of 876). The majority of the respondents laundered their underwear by machine washing (46%, n=399 of 876), or by hand wash in the bathroom or shower (38%, n=336 of 876).

- Health Problems during Deployment

The most frequent health problems during deployment reported by the respondents were 32.7% (n=279 of 853) with constipation and 32.4% (n=276 of 851) with diarrhea. Other

health problems reported during deployment were painful cramps, periods of flow of cycle occurring by 22.7% (n=194 of 853), back pain by 21.0% (n=179 of 854), and skin problems by 20.5% (n=175 of 852).

Health problems specific to women reported were as follows: Urinary burning, pain, urgent, or frequency by 10.4% (89 of 853); and leaking by 6.6% (56 of 852). Other female related problems were reported as follows: skipped or late periods of flow of cycle 11.9% (101 of 852); spotting (bleeding) between periods 6.0% (51 of 853); heavy bleeding or clots 13.0% (111 of 853); vaginal odors 4.9% (42 of 853); yeast infections 10.4% (89 of 852); and other female problems 2.5% (21 of 851). Health problems reported during deployment are summarized in Table III.

- Preventive Measures

During deployed conditions 25% (n=211 of 849) of the respondents reported being sexually active. Of the sexually active respondents, 66% (n=139) reported using "nothing" for preventive measures against sexually transmitted diseases. The other sexually active respondents reported using preventive measures were 26% (n=55) male condoms (lubricated), 11% (n=23) male condoms (dry), 9% (n=18) male condom and spermicide. The remaining 12% (n=26) reported using other items (food wrappings, soft drinks, etc.), spermicide only, sponges, diaphragms with spermicide, or female condoms.

- Comments

The responses to the comment section of the questionnaire were more than anticipated. From the completed (n=880) questionnaires, 265 were returned with comments. The comments shared by the respondents were varied in length and subject matter. Written

**TABLE III**  
**HEALTH PROBLEMS DURING DEPLOYMENT**

Problems	Total Replied	Number of Replies with problems	Percent
<b>BREASTS</b>			
Pain	854	52	6.1
Lump	852	23	2.7
Nipple discharge	852	6	0.7
<b>STOMACH, INTESTINES</b>			
Nausea, vomiting	851	155	18.2
Pain	852	108	12.7
Diarrhea	851	276	32.4
Parasites	852	5	0.6
Constipation	853	279	32.7
Hemorrhoids	852	57	6.7
<b>URINARY</b>			
Burning, pain, urgent, frequency	853	89	10.4
Leaking	852	56	6.6
<b>FEMALE RELATED</b>			
Painful cramps, periods/flow/cycle	853	194	22.7
Skipped or late periods/flow/cycle	852	101	11.9
Spotting (bleeding), between periods	853	51	6.0
Heavy bleeding or clots	853	111	13.0
Vaginal odors	853	42	4.9
Yeast infections	852	89	10.4
Others	851	21	2.5
<b>BONE/MUSCLE</b>			
Neck	853	119	14.0
Shoulder	853	98	11.5
Back	854	179	21.0
Hip	854	47	5.5
Knee	853	112	13.1
Ankle	853	52	6.1
<b>FEET</b>			
Athlete's foot	852	94	11.0
(Fungal) infections	850	21	2.5
<b>OTHER</b>			
Skin	852	175	20.5
Personal & Family	849	76	9.0

comments were varied and included personal vignettes of problems, ideas for change, and emotional tributes to the leadership.

### **Discussion and Recommendations**

No systematic study of this number of women has been recorded in the published literature to date. This study was designed to investigate and to make recommendations for female health practices carried out in combat and non-combat environments by military women. Both qualitative and quantitative research methodologies were used to explore feminine hygiene practices. What was found to be and not to be effective feminine hygiene practices were incorporated into the recommendations. Overall, the military women who responded to the quantitative portion of this study had safe feminine hygiene practices in normal and deployed environments.

Descriptive analysis was done on data collected from 880 conveniently selected subjects using the Female Health Practice Questionnaire©. The sample for the study, although adequate in size, was homogenous and thus generalization to other populations must be made with caution.

- **Demographic Characteristics**

In the study, the typical respondent was married, a college graduate, Caucasian, Christian 41 years old, and had been deployed to Saudi Arabia. The study sample was drawn from two large databases of active duty, reservist, or retired military personnel. There was similar representation for all military branches in this study as compared to total military women in the United States Armed Forces. The current breakdown of women is 36% in the Army, 34% in the Air Force, 27% in Navy, and 4% in the Marine Corps (Davis & Woods,

1999). The respondents to this study were represented by 42% Army, 29% Air Force, 23% Navy, and 6% Marine Corps.

The larger group of enlisted responders may have been based on the constraints of having to ask permission to actually receive rest periods to perform basic bodily functions when necessary. Thus, participating in the survey was an opportunity to express their concerns. Asking permission and having time to attend to bodily functions in the workplace are pervasive problems in most work environments (Linder & Nygard, 1998).

Minority military women represent a significantly larger proportion of the total population than is found within the civilian sector. African-American women represent approximately 31%, Hispanics 5%, and those listed as "Other" 4% of the total military forces (Davis & Woods, 1999). The lack of ethnic minority responses to the study may have been related to cultural differences of not wanting to report such individual or personal bodily practices, or misunderstanding of the questionnaire's terminology. It might be that minority women do not relate to feminine hygiene needs because the target population of the visual media is primarily done with Caucasian women.

The respondents' self-reported female health problems compared similarly to other studies by Hines (1992) and Lyon (1996). The self-reported diarrhea and constipation problems were probability related to water and dietary intakes in deployed environments.

- Hygiene Practices

The overall definition of feminine hygiene practices, as described by Budoff (1980), Simons (1989), and Czerwinski (1996) were supported by the findings of this study.

Research questions three; four and five were examined in this part of the study. The following two sections are discussions of relevant findings and a comparison to the published literature.

### Feminine Hygiene Practices

Research questions three and four were as follows: What specific management strategies are used by military women for feminine hygiene practice in combat and non-combat environments? What specific management strategies are used by military (combat experienced and/or trained for combat) women for feminine hygiene practices in non-combat environments? The two groups of women, those ready or trained for deployment and those who had been deployed managed their feminine hygiene needs similarly. This demonstrates the basic concern for safe practices and the impact of maintaining a routine standard of personal care.

### Combat (Deployed) Feminine Hygiene Practices

Research question five was as follows: Is there a difference in management strategies used by military women for feminine hygiene practices in combat and non-combat environments? There were significant differences found in management strategies used by military women for feminine hygiene practices in combat and non-combat environments. The differences were found in feminine hygiene practices, types of menses management products used, and handwashing practices in deployed environments. Combat environments (deployed) alter the way women manage their routine hygiene needs. And in this case often lead to questionable practices, which might have been necessary to provide the "safest" practice. For example, a decrease in handwashing facilities might have made tampon use unwise. Similarly, the decrease in handwashing practices may have contributed to health problems experienced in the field in combination with water and food availability.

### **Conclusions (Implications and Recommendations)**

- Expert Panel Recommendations from meeting of January 28, 1999
  1. Provide educational training programs concerning feminine hygiene issues to the commanders and supervisors based on their facility and needs. For example, those in the field environments as compared to those in fixed facilities.
  2. Provide women with oral contraceptives pills (OCPs) for a least one year. Clinicians suggested that it would be helpful as being part of a readiness campaign to have women on OCP's to reduce menstrual irregularities often found in stressful environments.
  3. Field test reusable menses collection devices as tampons and pads cannot be recycled. Use of such products would eliminate supply and waste management issues. To support this recommendation, reusable menses collection devices are commercially available and were used by the Biosphere female crew members (Alling, Nelson, & Silverstone, 1993).
  4. For field exercises use latrines, toilets, and showers that would be used for actual deployed conditions to increase exposure to "real life" situations.
  5. The FHPQ could be used for a checklist and anticipatory guidance for orientation to the deployed (combat) area.
  6. Utilize the FHPQ and expand to include more comprehensive health status needs. For example, incorporate health promotion and preventive status by developing a regular schedule for: Monogram, pelvic examination with pap smear, screening for human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs), cardiovascular screening (blood pressure, electrocardiogram (EKG), lipid level), immunizations, and tuberculosis (TB) screening.

This could be done on going and use a mandatory system of the birth month for review. Dental classification readiness could serve as a model format to accomplish this recommendation.

7. Offer an advance practice nurse (nurse practitioner) visit for educational and physical needs before deployment. This could attend to the individual needs of women and review current health status for education about STDs, urinary tract infections (UTIs), and other self-treating solutions.
8. There is a need to educate females about sexually transmitted diseases (STDs) as this is critical to reducing late sequel of infections that long-term could affect performance (time lost). The co-investigators suggest exploring the use of the Air Force STD program developed and implemented by two women's health care (WHC) Nurse Practitioners as graduate students at the University of Texas-Houston, Health Science Center, School of Nursing (Lenz & Santiago. 1998) to address this recommendation.
9. Research final recommendations to test their effectiveness in promoting health and combat readiness. Continue to update and review data across deployment to determine if conditions improve and feminine hygiene needs are met. (Place information in a database.)
10. Identity needs of the Reservist in relation to female health care needs and ways to promote health. Work to develop strategies for meeting this population needs. Explore the applicability of active duty procedures to this group of military women.
11. Prioritize health information through assessment of needs and develop materials to hand out. For example, develop additional content for booklets for soldiers specific to deployed feminine hygiene needs incorporating materials currently available (Hector, 1998; Owens & Callies, 1995; Vara, 1998).

12. Increase cultural sensitivity and increase awareness of specific feminine hygiene needs. In order to accomplish this task, it is suggested that information from other cultures all ethnic groups be done using a variety of strategies. For example, conduct focus groups.
13. Data from this study may be applicable to women living in a terrestrial environment, women with physical disabilities, or women living and working in the space environment. Therefore, fund and convene an expert panel of "hard" scientist and engineers to review the study's findings for potential hardware research and development.

#### Further Recommendations

1. Replicate the 1995 latrine faculties study (Bagdonovich, 1995) with female soldiers. The male soldier satisfaction variables of amount of space in stalls and privacy were areas for further improvement. These two variables along with ventilation, odor, cleanliness, light, toilet, sinks, and latrine facilities overall variables would also impact to female soldiers to a greater degree as they spend more time attending to urinary elimination.
2. Provide 100% white cotton underwear to military women. Suggest reviewing the laundering of such garments in the field with military resources as compared to the individual soldier.
3. Identification of the state-of-the-art technologies or the technology development that are relevant to designing and implementing a safer personal care system in deployed and combat environments. Such systems could include reusable or biodegradable menses collection devices, toilets or waste management facilities, facilities with space to ease donning and doffing outer clothing for doing elimination processes, and more handwashing facilities or supplies.
4. Make more handwashing faculties, equipment, and supplies available in deployed environments such as prepackaged wet-towelettes and waterless hand cleanser.

5. Provide advanced nurse practitioners in the deployed (combat) area for health promotion and treatment of minor ambulatory health alterations in the troops.

In summary:

The implications of this research have far reaching consequences for women in the general populace as well as women in combat and space habitation environments. The women who contributed to this study are to commended.

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Appendix A  
Questionnaire

**Deployed  
Female Health Practice Questionnaire**

# DEPLOYED FEMALE HEALTH PRACTICE QUESTIONNAIRE (FHPQ)

37

## DEPLOYMENT (check appropriate areas)

- Have you ever been deployed? ☐ Yes ☐ No (If "No," please return this packet in the enclosed envelope)
- If "Yes," where were you deployed to? (check all that apply)
 

☐ Bosnia (Former Yugoslavia)

☐ Mideast (Saudi Arabia)

☐ Panama

☐ Somalia

☐ Vietnam

☐ Haiti

☐ Other: \_\_\_\_\_
- For each deployment complete the following:

Deployment	First	Second	Third	Fourth
Location				
Year				
Length of Deployment (months)				
Deployed Unit				
Duty Title				
Rank				

## MILITARY STATUS TODAY (check appropriate areas)

- Branch: ☐ USA ☐ USN ☐ USMC ☐ USAF ☐ Coast Guard
- Duty Status: ☐ Active Duty ☐ IRR ☐ ARR ☐ Veteran ☐ Retired
- Assignment/Station: \_\_\_\_\_
- Pay Grade: \_\_\_\_\_
- SSI/MOS/AFSC: \_\_\_\_\_
- Position Title: \_\_\_\_\_
- Years in Service: \_\_\_\_\_
- How many years of active-duty service have you completed (including enlisted, warrant officer, and commissioned officer time)? \_\_\_\_\_
- How many years of reserve service have you completed? \_\_\_\_\_
- Birth Date: (month/year) \_\_\_\_\_ 14. Age Now: (years) \_\_\_\_\_

## PERSONAL

### 15. Marital Status: (check appropriate boxes)

1st Deployment: ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated ☐ Other \_\_\_\_\_  
 One Year Later: ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated ☐ Other \_\_\_\_\_  
 2nd Deployment: ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated ☐ Other \_\_\_\_\_  
 One Year Later: ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated ☐ Other \_\_\_\_\_  
 Now: ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated ☐ Other \_\_\_\_\_

### 16. Education: (check highest achieved)

☐ Less than 12 years of school (no diploma) ☐ GED or other high school equivalency certificate  
☐ High school diploma ☐ Less than 2 years of college credits  
☐ 2-year college degree (AA/AS) ☐ More than 2 years of college credits, but no 4-year college degree  
☐ 4-year college degree (BA/BS) ☐ Master's, doctoral, or professional school (MA/MS/PhD/MD/JD/DVM/DDS)  
☐ Some graduate school, but no graduate degree

### 17. Ethnicity:

☐ Hispanic ☐ African-American ☐ Native American ☐ Asian/Pacific ☐ White  
☐ Other: \_\_\_\_\_

### 18. Religion:

☐ Christian (Catholic or Protestant) ☐ Jewish ☐ Hindu ☐ Buddhist ☐ Muslim (Islam)  
☐ Non-Religious ☐ Other: \_\_\_\_\_

19. Where were you born? (city, state, country) \_\_\_\_\_  
 20. How many people live in your home today, including yourself? \_\_\_\_\_  
 21. How many bathrooms are in your home today? (does not have to have a shower or a bath) \_\_\_\_\_

## WOMEN'S HEALTH HISTORY

### Menstrual History

22. Age at first menstruation/period/flow/cycle: (years) \_\_\_\_\_  
 23. Number of days in cycle: \_\_\_\_\_

If your periods have stopped for one year or more, go to #36.

24. Is it regular? ☐ Yes ☐ No

## WOMEN'S HEALTH HISTORY

### Menstrual History (con't)

25. How often does it come? Every \_\_\_\_\_ to \_\_\_\_\_ days
26. On the chart below, mark how heavy your period/flow/cycle is for each day:

Day 1	Day 2	Day 3	Day 4	Day 5
<input type="checkbox"/> Spotting	<input type="checkbox"/> Spotting	<input type="checkbox"/> Spotting	<input type="checkbox"/> Spotting	<input type="checkbox"/> Spotting
<input type="checkbox"/> Very light bleeding	<input type="checkbox"/> Very light bleeding	<input type="checkbox"/> Very light bleeding	<input type="checkbox"/> Very light bleeding	<input type="checkbox"/> Very light bleeding
<input type="checkbox"/> Light bleeding	<input type="checkbox"/> Light bleeding	<input type="checkbox"/> Light bleeding	<input type="checkbox"/> Light bleeding	<input type="checkbox"/> Light bleeding
<input type="checkbox"/> Moderate bleeding	<input type="checkbox"/> Moderate bleeding	<input type="checkbox"/> Moderate bleeding	<input type="checkbox"/> Moderate bleeding	<input type="checkbox"/> Moderate bleeding
<input type="checkbox"/> Heavy bleeding	<input type="checkbox"/> Heavy bleeding	<input type="checkbox"/> Heavy bleeding	<input type="checkbox"/> Heavy bleeding	<input type="checkbox"/> Heavy bleeding
<input type="checkbox"/> Very heavy bleeding (gushing)	<input type="checkbox"/> Very heavy bleeding (gushing)	<input type="checkbox"/> Very heavy bleeding (gushing)	<input type="checkbox"/> Very heavy bleeding (gushing)	<input type="checkbox"/> Very heavy bleeding (gushing)

27. Are your periods/flow/cycle usually longer than 5 days? ☐ Yes ☐ No
28. Do you have clots during your period/flow/cycle? ☐ Yes ☐ No
29. Do you have painful periods/flow/cycles? ☐ Yes ☐ No (If "No," go to #36).
30. Describe the pain: (check all that apply)
- ☐ Sharp ☐ Constant ☐ Stabbing ☐ Intermittent ☐ Throbbing ☐ Cramping or Crampy
- ☐ Other: \_\_\_\_\_
31. How long does the pain last (minutes, hours, days)? \_\_\_\_\_
32. Does the pain occur with each cycle? (Frequency) ☐ Yes ☐ No
33. When does the pain start (e.g., before bleeding starts, 1st day, 2nd day, etc.)? \_\_\_\_\_
34. Do you use any of the following relief measures?
- |   |  |
|---|--|
| <input type="checkbox"/> Heat pad   | <input type="checkbox"/> Warm bath                                   |
| <input type="checkbox"/> Over-the-counter medications,<br>(like Motrin®, Aspirin) | <input type="checkbox"/> Prescription medications                    |
| <input type="checkbox"/> Herbs, teas  | <input type="checkbox"/> Alcohol (wine, whiskey, brandy, "toddlies") |
|   | <input type="checkbox"/> Other: _____                                |
35. What do you think about your periods/flow/cycles? (check all that apply)
- ☐ An inconvenience/a nuisance
- ☐ Natural/part of being a woman/necessary for fertility
- ☐ No problem ("doesn't worry me")
- ☐ Proof of adulthood ("makes me feel grown up")
- ☐ A relief that the body is functioning/of not being pregnant

## WOMEN'S HEALTH HISTORY

### Obstetric History

36. Number of Pregnancies: \_\_\_\_\_

37. Number of Births: \_\_\_\_\_

### Contraceptive Method (Birth Control Method)

38. What method of contraception do you currently use? \_\_\_\_\_

39. What method of contraception did you use during deployment? \_\_\_\_\_

### Menopause

40. Do you still have regular periods/flow/cycles? ☐ Yes ☐ No

41. If "No," at what age did you stop?(years) \_\_\_\_\_

42. Was there a surgical menopause (hysterectomy)? ☐ Yes ☐ No

43. Are you taking any hormone replacement therapy (HRT) for your menopause? ☐ Yes ☐ No  
If "Yes", do you use pads or tampons? ☐ Yes ☐ No

44. Are you taking anything else for your menopause? ☐ Yes ☐ No

If "Yes", what? \_\_\_\_\_

### Urinary Functions

45. I urinate (pee) \_\_\_\_\_ to \_\_\_\_\_ times a day.

46. I get up at night \_\_\_\_\_ to \_\_\_\_\_ times to go to the bathroom.

47. Do you ever leak or dribble urine (pee) or wet yourself? (check all that apply)

☐ No, I don't ☐ When I get close to the bathroom ☐ When I wait too long

☐ When I laugh or cough ☐ Other: \_\_\_\_\_

48. Do you suppress or hold the desire to pee? ☐ Yes ☐ No

49. If "Yes", where? \_\_\_\_\_

☐ Work ☐ Home ☐ When traveling ☐ Other: \_\_\_\_\_

## WOMEN'S HEALTH HISTORY

### Bowel Functions

50. I have a bowel movement (poop)? (check the one that applies to you)
- ☐ Everyday    ☐ Every other day    ☐ About once per week    ☐ Other: \_\_\_\_\_
51. Do you have problems with constipation (hard/no bowel movements or poop)? ☐ Yes    ☐ No
52. Do you have problems with diarrhea (runny/many bowel movements or poop)? ☐ Yes    ☐ No
53. Do you use medication to help with constipation/diarrhea? ☐ Yes    ☐ No    If "No," go to #55.
54. If "Yes," check one of the following: ☐ Prescription    ☐ Over-the-Counter    ☐ Both
55. Does your daily food include any of the following high fiber foods? (check all that apply)
- ☐ Cereals    ☐ Breads    ☐ Fruits    ☐ Vegetables

### Prior History

56. Have you been treated for any of the following?
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Urinary tract/bladder infections/kidney infections .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexually transmitted diseases (such as herpes,<br>gonorrhea, chlamydia, trichomonas, venereal warts, etc.) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaginal infections (such as bacterial vaginitis, yeast, etc.) .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### Cleansing Routines

57. Do you use or do the following after urination (pee)/defecation (bowel movement/poop)?
- |                                | <u>Never</u>             | <u>Sometimes</u>         | <u>Always</u>            |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Wipe front to back .....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wash with soap and water ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blotting .....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wash hands .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nothing .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

58. Do you use any of the following personal care products? (check all that apply)

Product	<u>Never</u>	<u>Sometimes</u>	<u>Always</u>
Comb/brush/pick .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cream Rinse/Conditioner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair oil/grease/moisturizer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair spray/Gel .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial Lotion/Cream .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial Makeup .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Makeup .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyedrops .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact solution .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Eye mask .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear plugs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q-Tips® .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipstick/Lip Protectant .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfume/Cologne .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail Polish .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Lotion/Cream .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## WOMEN'S HEALTH HISTORY

### Cleansing Routines (con't)

58. (con't) Do you use any of the following personal care products? (check all that apply)

Product	<u>Never</u>	<u>Sometimes</u>	<u>Always</u>
Body Cream/Moisturizer Lotion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic Soap/Cleanser .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Soap .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar Soap .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Powder/Talc .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Wipes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Sprays .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant/Underarm .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant Vaginal Spray .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant Vaginal Suppositories .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feminine Hygiene Spray/ Vaginal Towelettes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Powder/Talc/Anti-Fungal .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Razor/Shaver .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail Clippers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Removal Creams .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mosquito/Bug/Insect Repellents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun Screen Cream/Gel/Lotion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Itch Products .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Fungal Products .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. When do you generally take a shower/bath?

- Morning ..... ☐  
 Evening ..... ☐  
 No special time ..... ☐  
 Depends on activity that day ..... ☐  
 Other: \_\_\_\_\_ ☐

### Period/Flow/Cycle

The following questions are about how you care for your periods/flow/cycles (blood). If your periods have stopped for one year or more, go to #66.

60. Do you use tampons? ☐ Yes ☐ No If "No," go to #63.

61. What type of tampons do you use? (check all that apply)

- ☐ Unscented ☐ Scented  
☐ Lites (junior absorbency) ☐ Regulars (medium absorbency)  
☐ Super absorbency ☐ Plastic applicator  
☐ Paper applicator ☐ No applicator

☐ Natural (100% cotton)

☐ Other: \_\_\_\_\_

62. Check the appropriate boxes below

	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
Do you change your tampons at least every 6 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wash your hands before inserting your tampon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wash your hands after inserting your tampon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Do you use sanitary pads (napkins)? ☐ Yes ☐ No If "No," go to #66.

## WOMEN'S HEALTH HISTORY

### Period/Flow/Cycle (con't)

64. What type of sanitary pads (napkins) do you use ? (check all that apply)

- ☐ Light Days      ☐ Moderate      ☐ Super (Heavy)      ☐ Scented  
☐ Unscented      ☐ Individually wrapped      ☐ Other things used for pads: \_\_\_\_\_

65. Check the appropriate box below

	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
Do you change your pads at least every 6 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wash your hands before changing your pad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wash your hands after changing your pad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. Do you use panty-liners?      ☐ Yes      ☐ No      If "No," go to #77.

67. How often do you use panty-liners ? (check all that apply)

- ☐ Daily      ☐ When I am on my cycle      ☐ Only on certain days  
☐ Whenever I can      ☐ Other: \_\_\_\_\_

68. How are your panty-liners packaged? (check all that apply)

- ☐ Individually wrapped      ☐ Scented      ☐ Unscented      ☐ Bulk packages

69. Check the appropriate box below

	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
Do you change your panty-liners at least every 6 hours? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use panty-liners to absorb vaginal discharge? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use panty-liners to collect urine (pee) in case of an accident? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use panty-liners to decrease the need for changing underwear? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use panty-liners to feel clean and comfortable? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wash your hands before changing your panty-liners? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wash your hands after changing your panty-liners? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Do you use other products for periods/flow/cycle collection?      ☐ Yes      ☐ No  
 If "Yes," please specify:

- ☐ Natural sponges      ☐ Depends (adult diapers)      ☐ Reusable cotton pads  
☐ Disposable briefs      ☐ Other: \_\_\_\_\_

## WOMEN'S HEALTH HISTORY

### Period/Flow/Cycle (con't)

71. Do you use tampons/pads between periods/flow/cycle? ☐ Yes ☐ No
72. Do you use tampons and pads together during periods/flow/cycle? ☐ Yes ☐ No
73. Check the product that you use most often for periods/flow/cycle collection.
- ☐ Pads ☐ Tampons ☐ Panty-liners ☐ Other: \_\_\_\_\_
74. Do you limit your showering/bathing during your periods/flow/cycle? ☐ Yes ☐ No
75. How do you dispose of your used tampons/pads? (check all that apply)
- ☐ In the receptacle by the toilet ☐ In the receptacle outside the immediate area  
☐ Wrap it up and carry it with me ☐ Drop it in the toilet ☐ Other: \_\_\_\_\_
76. Do your periods/flow/cycles interfere with your job? ☐ Yes ☐ No

### Mouth Care

77. Do you wear dentures or a partial plate? ☐ Yes ☐ No
78. How often do you care for your teeth?
- ☐ Once daily when I get up ☐ Once daily before I go to sleep ☐ Twice daily  
☐ After each meal ☐ When I have time ☐ Seldom  
☐ Other: \_\_\_\_\_ (for example more than 3 times a day)
79. Do you use any of the following when caring for your teeth? (check all that apply)
- ☐ Toothpaste ☐ Baking soda ☐ Water only  
☐ Toothpowder ☐ Mouthwash ☐ Denture Cleaner  
☐ No, I do not use any of them
80. How often do you floss your teeth?
- ☐ Once daily when I get up ☐ Once daily before I go to sleep ☐ Twice daily  
☐ After each meal ☐ When I have time ☐ Seldom  
☐ Never ☐ Wear dentures

## WOMEN'S HEALTH HISTORY

### Other Body Parts

81. Do you douche? ☐ Yes ☐ No If "No," go to #85
82. How long have you been douching? (years) \_\_\_\_\_
83. What douching solution do you use? (check all that apply)
- ☐ Disposable ☐ Vinegar ☐ Betadine ☐ Water ☐ Other: \_\_\_\_\_
84. What are your reasons for douching? (check all that apply)
- ☐ Want to be clean ☐ Stop the smell ☐ Stop the vaginal discharge  
☐ After periods/flow/cycles ☐ After intercourse (sex) ☐ Other: \_\_\_\_\_
85. How often do you shave the following? (check all that apply)
- |                               | Daily                    | Wkly                     | Mthly                    | Sometimes                | Never                    |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Underarms                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legs                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other areas such as:<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
86. Do you use foot powder? ☐ Yes ☐ No If "No," go to #88.
87. What are your reasons for using foot powder?
- ☐ Want to be clean ☐ Want to reduce wet (perspiration of) feet  
☐ Want to reduce foot odor
88. Where did you learn about feminine hygiene? (check all that apply)
- |  |   |
|--|---|
| <input type="checkbox"/> Mother                              | <input type="checkbox"/> Religious Organizations                  |
| <input type="checkbox"/> Other member of family              | <input type="checkbox"/> Self Help Organizations                  |
| <input type="checkbox"/> School                              | <input type="checkbox"/> United States Governmental Organizations |
| <input type="checkbox"/> Friend                              | <input type="checkbox"/> Magazines                                |
| <input type="checkbox"/> Nurse                               | <input type="checkbox"/> Books                                    |
| <input type="checkbox"/> Physician (Doctor)                  | <input type="checkbox"/> Newspapers                               |
| <input type="checkbox"/> Other Health Professional           | <input type="checkbox"/> TV (Television)                          |
| <input type="checkbox"/> Health Clinic                       | <input type="checkbox"/> Radio                                    |
| <input type="checkbox"/> Product Packaging Inserts           | <input type="checkbox"/> Internet                                 |
| <input type="checkbox"/> Manufacturer's Consumer Information | <input type="checkbox"/> Basic Military Training                  |
| <input type="checkbox"/> Professional Organizations          | <input type="checkbox"/> Other: _____                             |

## WOMEN'S HEALTH HISTORY

### Overall Health

89. Taking into account what has happened in the last year and what you expect in the near future, how do you feel about your health? Please check appropriate box.

☐ Delighted
 ☐ Pleased
 ☐ Mostly Satisfied
 ☐ Mixed (About equally satisfied and dissatisfied)
 ☐ Mostly Dissatisfied
 ☐ Unhappy
 ☐ Terrible

☐ No feelings at all
 ☐ Never Thought About It

90. Below you will find a list of ten values listed in alphabetical order. We would like you to arrange them in order of their importance to you, as guiding principles in your life.

Study the list carefully and pick out the one value that is the most important for you. Write the number "1" in the space to the left of the most important value. Then pick out the value that is second-most important to you. Write the number "2" in the space to the left. Then continue in the same manner for the remaining values until you have included all ranks from 1 to 10. Each value will have a different rank.

We realize that some people find it difficult to distinguish the importance of some of these values. Do the best you can, but please rank all 10 items. The end result should show how you truly feel.

- \_\_\_ A COMFORTABLE LIFE (a prosperous life)
- \_\_\_ AN EXCITING LIFE (a stimulating, active life)
- \_\_\_ A SENSE OF ACCOMPLISHMENT (lasting contribution)
- \_\_\_ FREEDOM (independence, free choice)
- \_\_\_ HAPPINESS (contentedness)
- \_\_\_ HEALTH (physical and mental well-being)
- \_\_\_ INNER HARMONY (freedom from inner conflict)
- \_\_\_ PLEASURE (an enjoyable, leisurely life)
- \_\_\_ SELF-RESPECT (self-esteem)
- \_\_\_ SOCIAL RECOGNITION (respect, admiration)

Please complete questions #91- #191  
based on your Last Deployment Experience.

Your last deployment was to:

---

## LAST DEPLOYMENT

### Cleansing Routines

91. Did you use any of the following personal care products when you were deployed?  
(check all that apply)

Product	Never	Sometimes	Always
Comb/brush/pick .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cream Rinse/Conditioner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair oil/grease/moisturizer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair spray/Gel .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial Lotion/Cream .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial Makeup .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Makeup .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye drops .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Solution .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Eye Mask .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear Plugs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q-Tips® .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipstick/Lip Protectant .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfume/Cologne .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail Polish .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Lotion/Cream .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Cream/Moisturizer Lotion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiseptic Soap/Cleanser .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Soap .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar Soap .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Powder/Talc .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Wipes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Sprays .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant/Underarm .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant Vaginal Spray .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deodorant Vaginal Suppositories .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feminine Hygiene Spray/ Vaginal Towelettes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Powder/Talc/Anti-Fungal .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Razor/Shaver .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail Clippers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Removal Creams .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mosquito/Bug/Insect Repellents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun Screen Cream/Gel/Lotion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Itch Products .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Fungal Products .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

92. Did you wear dentures or a partial plate? ☐ Yes ☐ No

93. How often did you care for your teeth?

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Once daily when I got up                            | <input type="checkbox"/> Once daily before I went to bed | <input type="checkbox"/> Twice daily |
| <input type="checkbox"/> After each meal                                     | <input type="checkbox"/> When I had time                 | <input type="checkbox"/> Seldom      |
| <input type="checkbox"/> Other: _____ (for example: more than 3 times a day) |  |                                      |

## LAST DEPLOYMENT

### Cleansing Routines (con't)

94. Did you use any of the following when caring for your teeth? (check all that apply)

- ☐ Toothpaste      ☐ Baking soda      ☐ Water only  
☐ Toothpowder      ☐ Mouthwash      ☐ Denture Cleaner  
☐ No, I do not use any of them

95. How often did you floss your teeth?

- ☐ Once daily when I got up      ☐ Once daily before I went to bed      ☐ Twice daily  
☐ After each meal      ☐ When I had time      ☐ Seldom  
☐ Never      ☐ Wear dentures

### Period/Flow/Cycle

The following questions are about how you cared for your periods/flow/cycle (blood) when you were deployed. If your periods HAD stopped for one year or more, go to #119.

96. Did you use tampons?      ☐ Yes      ☐ No      If "No," go to #99

97. What type of tampons did you use? (check all that apply)

- ☐ Unscented      ☐ Scented      ☐ Natural (100% cotton)      ☐ Lites (junior absorbency)  
☐ Regulars (medium absorbency)      ☐ Super absorbency  
☐ Plastic applicator      ☐ Paper applicator      ☐ No applicator  
☐ Other: \_\_\_\_\_

98. Please check the appropriate boxes below

	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
Did you change your tampons at least every 6 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you wash your hands before inserting your tampon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you wash your hands after inserting your tampon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

99. Did you use sanitary pads (napkins)?      ☐ Yes      ☐ No      If "No," go to #102.

100. What type of sanitary pads (napkins) did you use? (check all that apply)

- ☐ Light Days®      ☐ Moderate      ☐ Super (Heavy)      ☐ Scented  
☐ Unscented      ☐ Individually wrapped      ☐ Other things used for pads: \_\_\_\_\_

## LAST DEPLOYMENT

### Period/Flow/Cycle (con't)

101. Check the appropriate box below

	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
Did you change your pads at least every 6 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you wash your hands before changing your pad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you wash your hands after changing your pad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102. Did you use panty-liners? ☐ Yes ☐ No If "No," go to #110.

103. How often did you use panty-liners? (check all that apply)

- ☐ Daily
 ☐ When I was on my cycle
 ☐ Only on certain days
- ☐ Whenever I could
 ☐ Other: \_\_\_\_\_

104. How were your panty-liners packaged? (check all that apply)

- ☐ Individually wrapped
 ☐ Scented
 ☐ Unscented
 ☐ Bulk packages

105. Check the appropriate box below

	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
Did you change your panty-liners at least every 6 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you use panty-liners to absorb vaginal discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you use panty-liners to collect urine (pee) in case of an accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you use panty-liners to decrease the need for changing underwear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you use panty-liners to feel clean and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you wash your hands before changing your panty-liners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you wash your hands after changing your panty-liners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

106. Did you use other products for periods/flow/cycle collection? ☐ Yes ☐ No  
If "Yes," please specify:

- ☐ Natural sponges
 ☐ Depends (adult diapers)
 ☐ Reusable cotton pads
- ☐ Disposable briefs
 ☐ Other: \_\_\_\_\_

107. Did you use tampons/pads between periods/flow/cycle? ☐ Yes ☐ No

108. Did you use tampons and pads together during periods/flow/cycle? ☐ Yes ☐ No

109. Check the product below that you used most often for periods/flow/cycle collection

- ☐ Pads
 ☐ Tampons
 ☐ Panty-liners
 ☐ Other: \_\_\_\_\_

## LAST DEPLOYMENT

### Period/Flow/Cycle (con't)

110. Did you limit your showering/bathing during your periods/flow/cycle?  
☐ Rarely    ☐ Sometimes    ☐ Most of the time    ☐ Always
111. Did you wash your hands *before* doing any activity with/to your genitals (private parts)?  
☐ Rarely    ☐ Sometimes    ☐ Most of the time    ☐ Always
112. Did you wash your hands *after* doing any activity with/to your genitals (private parts)?  
☐ Rarely    ☐ Sometimes    ☐ Most of the time    ☐ Always
113. How did you dispose of your used tampons/pads? (check all that apply)
- |  |   |
|--|---|
| <input type="checkbox"/> In the receptacle by the toilet | <input type="checkbox"/> In the receptacle outside the immediate area |
| <input type="checkbox"/> Wrap it up and carry it with me | <input type="checkbox"/> Drop it in the toilet                        |
| <input type="checkbox"/> Other: _____                    |   |
114. Did your periods/flow/cycle change?    ☐ Yes    ☐ No  
 If "Yes", how?  
☐ Skipped  
☐ Heavier  
☐ Lighter  
☐ More painful  
☐ Became irregular  
☐ Other: \_\_\_\_\_
115. Did your periods/flow/cycles interfere with your job?    ☐ Yes    ☐ No
116. Did you do anything to change your periods/flow/cycle pattern before your last deployment?  
☐ Yes    ☐ No    If "No," go to #119.
117. If "Yes," how? (check all that apply)
- |   |  |
|---|--|
| <input type="checkbox"/> Hysterectomy                         | <input type="checkbox"/> Norplant® (under your skin) |
| <input type="checkbox"/> Depo-Provera® (shot)                 | <input type="checkbox"/> Birth Control Pills         |
| <input type="checkbox"/> Drug store products (specify): _____ |  |
| <input type="checkbox"/> Herbs, which one(s): _____           |  |
| <input type="checkbox"/> Other: _____                         |  |
118. If Yes, why? (check all that apply)
- |   |
|---|
| <input type="checkbox"/> I did not want to be bothered                                    |
| <input type="checkbox"/> I could not manage periods/flow/cycle                            |
| <input type="checkbox"/> Concerned about water supply for cleansing (showers)             |
| <input type="checkbox"/> Combat environment did not support periods/flow/cycle management |
| <input type="checkbox"/> I was encouraged by others, (who?) _____                         |

## LAST DEPLOYMENT

### Period/Flow/Cycle (con't)

119. Were you offered any of the following birth control methods BEFORE deployment? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> No                        | <input type="checkbox"/> Birth Control Pills, How many packages of pills were you given? _____ |
| <input type="checkbox"/> Depo-Provera® (shot)      | <input type="checkbox"/> Female condom   |
| <input type="checkbox"/> Diaphragm                 | <input type="checkbox"/> Surgery (hysterectomy)  |
| <input type="checkbox"/> Cervical cap              |  |
| <input type="checkbox"/> Intrauterine Device (IUD) |  |
| <input type="checkbox"/> Other: _____              |  |

120. Were you offered any of the following birth control methods DURING deployment? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> No                        | <input type="checkbox"/> Birth Control Pills, How many packages of pills were you given? _____ |
| <input type="checkbox"/> Depo-Provera® (shot)      | <input type="checkbox"/> Female condom   |
| <input type="checkbox"/> Diaphragm                 | <input type="checkbox"/> Surgery (hysterectomy)  |
| <input type="checkbox"/> Cervical cap              |  |
| <input type="checkbox"/> Intrauterine Device (IUD) |  |
| <input type="checkbox"/> Other: _____              |  |

121. Were you offered any of the following birth control methods AFTER deployment?

- |  |  |
|--|--|
| <input type="checkbox"/> No                        | <input type="checkbox"/> Birth Control Pills, How many packages of pills were you given? _____ |
| <input type="checkbox"/> Depo-Provera® (shot)      | <input type="checkbox"/> Female condom   |
| <input type="checkbox"/> Diaphragm                 | <input type="checkbox"/> Surgery (hysterectomy)  |
| <input type="checkbox"/> Cervical cap              |  |
| <input type="checkbox"/> Intrauterine Device (IUD) |  |
| <input type="checkbox"/> Other: _____              |  |

122. How did you get your supply of birth control?

- |  |  |
|--|--|
| <input type="checkbox"/> Did not use any                       | <input type="checkbox"/> By military clinic services before deployment |
| <input type="checkbox"/> By a private doctor before deployment | <input type="checkbox"/> By military clinic services during deployment |
| <input type="checkbox"/> Mailed from my family/friends         |  |
| <input type="checkbox"/> Other: _____                          |  |

123. If you did not use birth control methods, why not? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> I was not sexually active  | <input type="checkbox"/> I didn't think my periods would interfere with my job |
| <input type="checkbox"/> I wanted to remain natural | <input type="checkbox"/> Never gave it any thought                             |
| <input type="checkbox"/> I don't have periods       | <input type="checkbox"/> Other: _____  |

124. While on deployment, did you seek birth control services? ☐ Yes ☐ No If "No," go to #126.

125. If Yes, why? (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fear of sexual attack  | <input type="checkbox"/> Pain control     | <input type="checkbox"/> Convenience management |
| <input type="checkbox"/> Became sexually active | <input type="checkbox"/> Control bleeding | <input type="checkbox"/> Prevent pregnancy      |
| <input type="checkbox"/> Other: _____           |   |   |

## LAST DEPLOYMENT

### Period/Flow/Cycle (con't)

126. What did you do to prevent sexually transmitted diseases? (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Not sexually active      | <input type="checkbox"/> Sponge                     | <input type="checkbox"/> Female condom     |
| <input type="checkbox"/> Nothing                  | <input type="checkbox"/> Diaphragm with spermicide  | <input type="checkbox"/> Male condom (dry) |
| <input type="checkbox"/> Male condom (lubricated) | <input type="checkbox"/> Male condom and spermicide | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Spermicide only          | <input type="checkbox"/> Abstinence                 |  |

### Vaginal Douching

127. Did you douche? ☐ Yes ☐ No If "No," go to #130.

128. If "Yes," what did you douche with? (check all that apply)

- ☐ Disposable ☐ Vinegar ☐ Betadine ☐ Water  
☐ Other: \_\_\_\_\_

129. How often did you douche?

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Daily     | <input type="checkbox"/> Weekly                | <input type="checkbox"/> Monthly                 |
| <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> After sexual activity | <input type="checkbox"/> After period/flow/cycle |

### Underwear

130. What was your underwear made of? (check all that apply)

- |                                      |                                    |  |                                       |
|--------------------------------------|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Cotton      | <input type="checkbox"/> Nylon     | <input type="checkbox"/> Silk              | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Combination | <input type="checkbox"/> Polyester | <input type="checkbox"/> Disposable Briefs |                                       |

131. Did you change your underwear? (check the one best answer)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Daily         | <input type="checkbox"/> Twice a day     | <input type="checkbox"/> Every other day |
| <input type="checkbox"/> Never changed | <input type="checkbox"/> Didn't wear any | <input type="checkbox"/> Other: _____    |

132. How did you launder your underwear? (check all that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Hand wash in the bathroom or shower | <input type="checkbox"/> Machine wash                  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> In the local stream, river, or pond | <input type="checkbox"/> In a well                     |                                       |
| <input type="checkbox"/> I wore disposable undergarments     | <input type="checkbox"/> Laundry service               |                                       |
| <input type="checkbox"/> Helmet with drinking water          | <input type="checkbox"/> Disposable (put in the trash) |                                       |

## LAST DEPLOYMENT

### Underwear (con't)

133. After you changed your underwear, did you feel clean? ☐ Yes ☐ No

### Toilet

134. What type of toilets were generally available? (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Indoor Flush          | <input type="checkbox"/> Dug your own      | <input type="checkbox"/> Port-A-Potty (chemical) |
| <input type="checkbox"/> Outdoor (wood/barrel) | <input type="checkbox"/> Outdoor (trailer) | <input type="checkbox"/> Other: _____            |

135. Were there other problems with the toilets? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> No   | <input type="checkbox"/> Not enough room to move around in    |
| <input type="checkbox"/> Stopped up                                   | <input type="checkbox"/> Not cleaned often enough             |
| <input type="checkbox"/> Dirty  | <input type="checkbox"/> No door                              |
| <input type="checkbox"/> Waste containers not emptied enough          | <input type="checkbox"/> No place to hang gear or other items |
| <input type="checkbox"/> No sticks available to knock down flies/bugs | <input type="checkbox"/> Smelled bad                          |
| <input type="checkbox"/> Hard to undress and redress                  | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Pads and other waste products visible        |   |

136. How long did problems with the toilet last? (check the one best answer)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Entire deployment     | <input type="checkbox"/> Half of the time | <input type="checkbox"/> Short time (less than 1 week) |
| <input type="checkbox"/> Only at the beginning | <input type="checkbox"/> Sporadically     | <input type="checkbox"/> Other: _____                  |

137. The privacy of the toilets was:

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> Complete (out-of-sight & quiet) | <input type="checkbox"/> Partial | <input type="checkbox"/> Never (nonexistent) |
|--|----------------------------------|--|

138. How bothersome was privacy or the lack of privacy to you?

- |                               |                                    |  |
|-------------------------------|------------------------------------|--|
| <input type="checkbox"/> Very | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Not a problem |
|-------------------------------|------------------------------------|--|

139. Toilet paper was:

- |   |  |
|---|--|
| <input type="checkbox"/> Always available | <input type="checkbox"/> Available most of the time      |
| <input type="checkbox"/> Never available  | <input type="checkbox"/> What I provided myself (my own) |

140. The overall situation of the toilet was:

- |                                    |  |                                  |  |                               |
|------------------------------------|--|----------------------------------|--|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
|------------------------------------|--|----------------------------------|--|-------------------------------|

## LAST DEPLOYMENT

### Showers

141. What type of showers were generally available? (check all that apply)

- ☐ Fixed structure      ☐ Tent setup      ☐ Wood/open top      ☐ Mixed (male & female)  
☐ Separate (female only)      ☐ Separate by the hour      ☐ Water recycled      ☐ Other: \_\_\_\_\_

142. Did you ever urinate (pee) in the shower?

- ☐ All the time      ☐ Most of the time      ☐ Sometimes      ☐ Rarely      ☐ Never

143. Did you wear shoes or sandals in the shower?

- ☐ All the time      ☐ Most of the time      ☐ Sometimes      ☐ Rarely      ☐ Never

144. On the average, how many minutes did you spend a day doing the following?

	MINUTES			
	Less than 10	10-15	15-20	More than 20
Showering/washing self .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning clothes/underwear .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
En route to the toilets/showers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for the facilities (showers/toilets) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing for shower/washing/toilet (getting water, supplies, organizing gear) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

145. The overall situation of the showers was:

- ☐ Excellent      ☐ Above average      ☐ Average      ☐ Below average      ☐ Poor

### Quarters

146. Number of people in your tent/sleeping quarters: \_\_\_\_\_

147. Women only?      ☐ Yes      ☐ No

148. Men and Women?      ☐ Yes      ☐ No

149. Were there problems with any of the following at your deployment location? (check all that apply)

- ☐ Mites or lice      ☐ Standing water      ☐ Flies      ☐ Mosquitoes  
☐ Snakes      ☐ Rodents      ☐ Other wild animals      ☐ Other: \_\_\_\_\_

150. Did you have problems with personal hygiene regarding bleed through or blood stains on your clothing during your periods/flow/cycle?

- ☐ Never      ☐ Sometimes (2-3 times per week)      ☐ Frequently (every day)

## LAST DEPLOYMENT

### Urine/Bowel/Period/Flow/Cycle Functions

151. Did you have problems with wetting yourself (urine/pee)?

- ☐ Never      ☐ Sometimes (2-3 times per week)      ☐ Frequently (every day)

152. Did you suffer from urinary tract bladder infections?      ☐ Yes      ☐ No      If "No" go to 154.

153. If "Yes," how often?      ☐ 1 time      ☐ 2 times      ☐ 3 times      ☐ 4 times  
☐ 5 times      ☐ 6 times      ☐ 7 times      ☐ 8 times  
☐ 9 times      ☐ 10 times      ☐ Other: \_\_\_\_\_

154. Did you routinely have to hold your urine (pee)? If "Never," go to #157.

- ☐ Never      ☐ Sometimes (2-3 times per week)      ☐ Frequently (every day)

155. If "Sometimes" or "Frequently," where? (check all that apply)

- ☐ At work/job      ☐ At night      ☐ Other: \_\_\_\_\_

156. If "Sometimes" or "Frequently," why? (check all that apply)

- ☐ Security      ☐ Would interfere with work      ☐ No time allowed  
☐ Condition of toilets      ☐ Location of toilets      ☐ Smell of toilets  
☐ Weather      ☐ Other: \_\_\_\_\_

157. Did you use anything at night to urinate (pee) into instead of going to the toilets?

- ☐ Yes      ☐ No      If "No," go to #159.

158. If "Yes," what did you use?

- ☐ Urinal (hospital collection device)      ☐ Bottle/cup/can/bowl/box      ☐ Plastic bag  
☐ Bed pan      ☐ Other: \_\_\_\_\_

159. Did you have problems with leaking or soiling from bowel movements (poop)?

- ☐ Never      ☐ Sometimes (2-3 times per week)      ☐ Frequently (every day)  
Comments: \_\_\_\_\_

160. Did you experience constipation?

- ☐ Never      ☐ Sometimes (2-3 times per week)      ☐ Frequently (every day)  
Comments: \_\_\_\_\_

161. Did you experience diarrhea?

- ☐ Never      ☐ Sometimes (2-3 times per week)      ☐ Frequently (every day)  
Comments: \_\_\_\_\_

## LAST DEPLOYMENT

### Diet and Hydration

162. Did you stop or decrease the amount of drinking fluids? ☐ Yes ☐ No If "No," go to #164.

163. If "Yes," why? (check all that apply)

- ☐ To decrease visits to the toilet      ☐ Taste      ☐ Not enough fluids available  
☐ Temperature of fluids      ☐ Other: \_\_\_\_\_

164. Did you drink enough water? ☐ Yes ☐ No

165. Did you have any problems with having enough water? (check all that apply)

- ☐ Taste of water      ☐ Temperature of water  
☐ Access to water      ☐ Time to obtain & consume water  
☐ Having enough water      ☐ Other: \_\_\_\_\_

166. Did you add a "flavor mix" (example, Crystal Light®, Gatoraid®, Kool-Aid®, etc.) to your drinking water?  
☐ Yes ☐ No

167. How was your drinking water provided? (check all that apply)

- ☐ Bottled water always available      ☐ Bottled water frequently available  
☐ Bottled water never available      ☐ Canteens (filled from water source)  
☐ Drinking areas (trucks, stations)      ☐ Other: \_\_\_\_\_

168. Did you

- ☐ Gain weight during deployment?      Number of pounds: \_\_\_\_\_  
☐ Lose weight during deployment?      Number of pounds: \_\_\_\_\_  
☐ Remain the same weight? If weight remained the same, go to #170.

169. My weight change was due to: (check all that apply)

- ☐ Shifts worked      ☐ Meals      ☐ Stress      ☐ Environment temperature  
☐ Other: \_\_\_\_\_

170. Before deployment

- Did you receive regular preventative health training?      ☐ Yes      ☐ No  
 Were you screened for serious health problems?      ☐ Yes      ☐ No  
 Did you receive regular treatments?      ☐ Yes      ☐ No  
 Did you receive regular check-ups?      ☐ Yes      ☐ No

171. While you were deployed did you use any of the following?

- ☐ Alcohol      ☐ Cigarettes      ☐ Sleeping Pills      ☐ Tranquilizers      ☐ Other: \_\_\_\_\_

# LAST DEPLOYMENT

## Health Issues

172. While deployed, did you have any of the following problems? (check all that apply)

PROBLEMS	TREATMENT			
	Went away by itself	Self-Treated	Healthcare Provider	Other
<b>Breast</b>				
<input type="checkbox"/> pain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> lump .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> nipple discharge .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stomach, intestines</b>				
<input type="checkbox"/> nausea, vomiting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> pain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> diarrhea .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> parasites (worms, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> constipation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> hemorrhoids .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Urinary problems</b>				
<input type="checkbox"/> burning, pain, urgency, frequency .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> leaking .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Female problems</b>				
<input type="checkbox"/> painful cramps periods/flow/cycle .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> skipped or late periods/flow/cycle .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> spotting (bleeding) between periods/flow/cycle .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> heavy bleeding or clots .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> vaginal odors .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> yeast infections .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> discharge .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bone/Muscle problems</b>				
<input type="checkbox"/> neck .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> shoulder .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> back .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> hip .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> knee .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ankle .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Feet</b>				
<input type="checkbox"/> athlete's foot (fungal) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> infections .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Relationship Problems</b>				
<input type="checkbox"/> parents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> partner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Problems</b>				
<input type="checkbox"/> skin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LAST DEPLOYMENT

### Health Issues (con't)

173. Did you have any of the following infections during deployment and how often? (check all that apply)

	<u>One time</u>	<u>Two times</u>	<u>Three or more times</u>
<input type="checkbox"/> Yeast/Candida .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bacterial Vaginitis, BV .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trichomonas, Trich .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chlamydia .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Venereal warts, HPV .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gonorrhea, Clap, GC .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Syphilis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Herpes, HSV .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your period had stopped for one year or more before deployment go to #181.

174. Was pregnancy a concern before deployment? ☐ Yes ☐ No

175. Did you do a home pregnancy test before deployment? ☐ Yes ☐ No

176. Was a pregnancy test given to you?

☐ No

☐ Before deployment ☐ During deployment ☐ After deployment

177. Were you pregnant when deployed? ☐ Yes ☐ No

178. Was this pregnancy a problem? ☐ Yes ☐ No

If "Yes," why?

☐ No facilities for care

☐ Fear of safety for fetus

☐ Desired to end pregnancy

☐ You were treated differently by co-workers

☐ Fear of UCMJ/Military discipline

☐ You were treated differently by your supervisor

☐ Co-workers were angry

☐ Co-workers were over-protective

☐ Other: .....

179. Did you try to get pregnant to avoid being deployed? ☐ Yes ☐ No

180. Did you try to get pregnant during deployment in order to return home? ☐ Yes ☐ No

181. Were you adequately prepared for deployment? ☐ Yes ☐ No

182. Did you receive any health information booklets before deployment? ☐ Yes ☐ No

183. Were you adequately de-briefed after deployment? ☐ Yes ☐ No

## LAST DEPLOYMENT

### Health Issues (con't)

184. Did you experience any health problems afterwards because of deployment? ☐ Yes ☐ No  
If "No," go to #186.
185. If "Yes," what were they? (please specify) \_\_\_\_\_
186. What benefit(s) did you experience from being deployed?(check all that apply)
- |   |   |
|---|---|
| <input type="checkbox"/> Used resources (water, personal hygiene products, other equipment & supplies) wisely | <input type="checkbox"/> Increased self-awareness about my body |
| <input type="checkbox"/> Better organization of supplies and time   | <input type="checkbox"/> Became more organized in other areas   |
|   | <input type="checkbox"/> Other: _____                           |
187. My immediate Commanding Officer (CO) was: ☐ Male ☐ Female
188. My CO was sensitive and caring towards hygiene needs of women? ☐ Yes ☐ No
189. Did you ever approach your CO about these needs? ☐ Yes ☐ No  
If "No," go to #191.
190. If "Yes", did this create a change towards the positive? ☐ Yes ☐ No

## RECOMMENDATIONS

191. Of the following recommendations, what do you think would be "most" useful.  
Identify for each recommendation how useful it would be, "4" being very useful and "1" not at all useful

	<u>Not at all useful</u>		<u>Very useful</u>	
Provide information about women's specific health needs .....	1	2	3	4
Provide information on how to manage periods/flow/cycle during deployment .....	1	2	3	4
Would you like the military to supply the following:				
tampons .....	1	2	3	4
handiwipes .....	1	2	3	4
pads .....	1	2	3	4
panty-liners .....	1	2	3	4
tooth brushes .....	1	2	3	4
combs/brushes/picks .....	1	2	3	4
hairpins/nets/other hair products .....	1	2	3	4
razors/shavers .....	1	2	3	4
underpants .....	1	2	3	4
boxers for women .....	1	2	3	4
bras .....	1	2	3	4
t-shirts .....	1	2	3	4
uniforms				
PT (Physical Training) .....	1	2	3	4
BDU (Battle Dress Uniform) .....	1	2	3	4
Other: .....	1	2	3	4
Change the uniform to allow ease of dressing and undressing .....	1	2	3	4
Provide more Showers .....	1	2	3	4
Provide more Toilets .....	1	2	3	4
Provide tents by gender .....	1	2	3	4
Provide clear directions for sexual behaviors within the command .....	1	2	3	4
Increase sensitivity of men to women's specific needs .....	1	2	3	4

## COMMENTS

Please feel free to write any additional comments, thoughts, observations or suggestions regarding the topics already covered or any topic not covered.

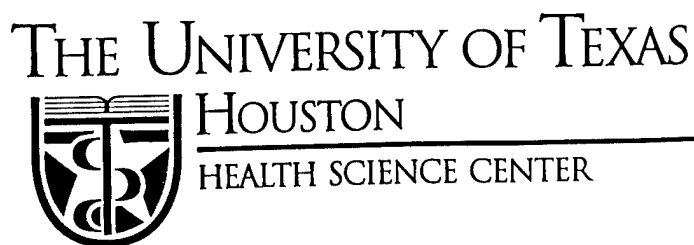
This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

# Thank you!

For all the women that follow you, we thank you for your participation.

## Appendix B

### Consent Letter



School of Nursing  
Systems and Technology

July 1998

Dear Participant:

You are invited to participate in the study *Combat Readiness: Hygiene issues related to military women*. This is a study about women's health practices during deployment. Participation is voluntary and you may choose to not participate at anytime. The purpose of this study is to find out what military women need to manage health care needs when deployed. Your input will be used to make suggestions for change.

If you choose to **participate** in this study, the enclosed questionnaire will take about one hour to complete.

**Active duty participant:**

- Your completing and returning the questionnaire will indicate your consent
- Return questionnaire in stamped-addressed large white envelope
- Due to your active duty status, USAMRMC policy stipulates we cannot pay you for your participation but your response is highly regarded

**Non-active duty participant:**

- Your completing and returning the questionnaire will indicate your consent
- Return questionnaire in stamped-addressed large white envelope
- Place your name and address on the enclosed 3x5 label
- Return label in the stamped-addressed envelope to receive \$10 for your valued response

Please complete and return the questionnaire by 31 July 1998. The possible risks that you may have are anxiety and privacy issues concerning the information you give us about your personal health care practices. You may feel uneasy or uncertain answering some of the questions.

All your answers will be kept **confidential**. To make sure your privacy is always met, we ask that you do not put your name or other personal information on the questionnaire. All returned questionnaires will be kept locked up and shredded after the study is completed.

Page 2

This study has been approved by the University of Texas-Houston Health Science Center Committee for Protection of Human Subjects (713) 500-5827 as HSC-SN-95-039.

If you choose **not to participate**, please return the entire packet to us in the provided envelope. We ask that you return either the completed or uncompleted questionnaire so that we can account for all the packets sent out.

If you have any questions about this study, please contact us at the address or phone numbers given below.

Thank you for your participation and we look forward to including your deployment experiences into the recommendations that are presented for consideration in the final report. You **can** make the difference!

Sincerely,



Barbara Shelden Czerwinski, PhD, RN  
Principal Investigator  
(713) 500-2114



Diane Wind Wardell, PhD, RNC  
Co-Principal Investigator  
(713) 500-2056

BSC:DWW/pbb

Enclosures

## Appendix C

### Publications

### **Publications**

1. Wardell DW, Czerwinski BS,; (submitted 1999). A Challenge to managing feminine and personal hygiene.

Appendix D

Abstracts/Proceedings

### Abstracts/Proceedings

1. Connelly LM, Czerwinski BS, Wardell DW,; (2000, April, submitted). Deployed military women's health management practices. Southern Nursing Research Society.
2. \*Czerwinski BS, Wardell DW, Pitts K,; (1999 June 11). Feminine hygiene practices in military women. Society for Menstrual Cycle Research Conference, University of Arizona, Tucson, Arizona.
3. \*Czerwinski BS, Wardell DW, Kouzekanani K, Pitts K, Connelly LM, Yoder L, Goldstein D, Terus MP,; (1998, October 2). *Combat readiness: Hygiene issues related to military women*. Poster session presented at The University of Texas-Houston Health Science Center, Research Day.
4. Pitts K, Wardell DW, Czerwinski BS,; (1998, February). *Mission ready: The subculture of women in the military as a population source*. Poster session presented at the annual meeting of the Southern Nursing and Research Society, Fort Worth, Texas.
5. \*Wardell DW,; Czerwinski BS, Pitts K,; (1998, February). *Combat readiness: Hygiene issues related to military women*. Poster session presented at the annual meeting of the Southern Nursing Research Society, Fort Worth, Texas.
6. Czerwinski BS,; Wardell DW,; (1997, October 3). *Combat readiness: Hygiene issues related to military women* (poster). The University of Texas-Houston, Health Science Center, Research Day.
7. \*Czerwinski BS, Wardell DW,; (1997, June 5). *Combat readiness: Hygiene issues related to military women*. Poster session presented at the Society for Menstrual Cycle Research Conference, The University of Illinois at Chicago.

8. \*Czerwinski BS,; Wardell DW,; (1996, October 4). *Combat readiness: Hygiene issues related to military women* (poster). The University of Texas-Houston, Health Science Center, Research Day.

## Appendix E

### Personnel

### **Personnel**

Personnel receiving pay from this effort are the following:

Barbara Shelden Czerwinski, PhD

Diane Wind Wardell, PhD

Kathleen Pitts, BSN

Portia Bartonico, BA