

## CONTINUING PROMISE 2011 ENHANCED DNBI QUESTIONNAIRE

SERVICE	AGE	GENDER	TODAY'S DATE		
□Navy □Marine Corps □Air Force		$\Box$ M $\Box$ F	/ /		
□Army □ Other			$\frac{1}{m}$ $\frac{1}{m}$ $\frac{1}{d}$ $\frac{1}{d}$ $\frac{1}{d}$ $\frac{1}{d}$ $\frac{1}{d}$		
UNIT / DEPARTMENT					ORT
□ DFA □ DMS □ DNS □ DSS □ MESRON □NMCB28					OKI
□S-1 □S-2 □S-3 □S-6 □PAO/Band □Translators □Other					
<b>RANK:</b> $\Box$ E1 – E3 $\Box$ E4 – E6 $\Box$ E7 – E9 $\Box$ O1 – O3 $\Box$ O4 – O6 $\Box$ Civilian					
>>>> NUMBER (#) OF DAYS OFF SHIP IN PAST WEEK    <<<<					
CURRENTLY or in the PAST WEEK, have you had: (PLEASE CHECK ALL THAT APPLY) YES \[ \sqrt{1} \]					
1. Any respiratory infection (e.g. □runny nose, □cough, □sore throat)? □					
2. Any skin disease ( <i>Please check</i> : □rash, □boils, □athlete's foot, □sunburn, □other					
3. Any diarrhea (≥ 3 loose/watery stools in 24 hour period)?					
4. Any blood in stools?					
5. Any vomiting?					
6. Any gynecological problems? IF MALE, please skip					
7. Any heat injury ( <i>Please check</i> : □dehydration, □heat exhaustion, □heat illness)?					
8. Any injury related to sports and recreation?					
9. Any injury related to motor vehicle accidents?					
10. Any injury related to work or training (NON-Combat)?					
11. Any injury due to other causes not described in questions 7 – 10?					
12. Any eye problems ( <i>Please check</i> : □pink-eye, □corneal abrasion, □vision problems)?					
13. Any sexually transmitted infection (e.g. chlamydia, gonorrhea, etc.)?					
14. Any mental health problem (□depression, □anxiety, □stress>>describe				)?	
15. Any fever?					
16. Any other medical or surgical problem not d	lescribed abov	ve? (describe	<u> </u>	)	
17. Did you eat/drink any non-US food off ship (	(□seafood, □	chicken, □b	eef, □salad, □ice)?		
18. Any encounter with snakes or venomous ins	ects (e.g. □sn	akes, □spid	ers, □scorpions)?		
19. Have you been bitten by any mosquitoes?					
20. DID YOU GO TO SICKBAY in the past 7 days for any above illness/injury?					
21. Please mark best response indicating impact of disease/injury on your mission ability/performance:					
□No impact □Minor degree of impact □Moderate degree of impact □Severe degree of impact >>>>>> If ANY impact, describe					
THANK YOU!					