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.

(over)

UT-Houston School of Nursing
1100 Holcombe Boulevard • Fifth Floor • Houston, Texas 77030 • (713) 500-2121 FAX (713) 500-2142
Located in the Texas Medical Center

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,

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Principal Investigator
(713) 500-2114

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

BSC:DWW/pbb

Enclosures

THE UNIVERSITY OF TEXAS

HOUSTON
HEALTH SCIENCE CENTER

School of Nursing
Systems and Technology

Combat Readiness: Hygiene Issues Related to Military Women

Barbara Shelden Czerwinski, PhD, RN
Diane Wardell, PhD, RNC

Over the past 20 years, the number of women in military service has steadily increased. Military personnel need to be prepared for combat at all times, as this is central to the mission of the United States armed forces. Combat readiness in military women creates a unique set of hygiene requirements for the management of elimination products, including urine and menstrual discharge.

Research has shown that military women deployed with a heavy armored division during the Persian Gulf War had an increase in vulvitis, vaginitis, urinary tract infections, and toxic shock syndrome. To assure good health and combat readiness in military women, it is important to identify optimal feminine hygiene practices in order to prevent infections.

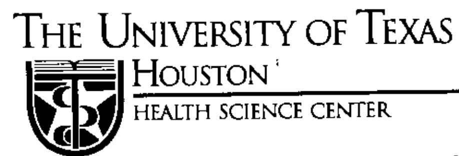
The purposes of this study are to determine the needs of military women in managing feminine hygiene practices in combat environments, to determine health practices carried out in combat and non-combat environments by military women, and to make recommendations for female health practices in combat environments.

The following research questions will be answered through the application of both qualitative and quantitative research methodologies:

1. What have been the experiences of maintaining feminine hygiene practices (cleansing the body, collecting menses waste, and protecting against genito-urinary infection) in a combat environment?
2. What specific management strategies are recommended for feminine hygiene practices by health care professionals for military women in combat and non-combat environments?
3. What specific management strategies are used by military women for feminine hygiene practice in combat and non-combat environments?
4. What specific management strategies are used by military (combat-experienced and/or trained-for-combat) women for feminine hygiene practices in on-combat environments?
5. Is there a difference in management strategies used by military women for feminine hygiene practices in combat and non-combat environments?

This study is funded through the U.S. Army Medical Research and Materiel Command's Defense Women's Health Research Program. DAMD 17-96-2-6024

Form A



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Deployed
Female Health Practice Questionnaire

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Health Science Center -
Houston School of Nursing

DEPLOYED FEMALE HEALTH PRACTICE QUESTIONNAIRE (FHPQ)

DEPLOYMENT (check appropriate areas)

1. Have you ever been deployed? ❑ Yes ❑ No (If "No," please return this packet in the enclosed envelope)

2. If "Yes," where were you deployed to? (check all that apply)

   ❑ Bosnia (Former Yugoslavia) ❑ Mideast (Saudi Arabia) ❑ Panama ❑ Somalia

   ❑ Vietnam ❑ Haiti ❑ Other: ___________

3. For each deployment complete the following:

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

MILITARY STATUS TODAY (check appropriate areas)

4. Branch: ❑ USA ❑ USN ❑ USMC ❑ USAF ❑ Coast Guard

5. Duty Status: ❑ Active Duty ❑ IRR ❑ ARR ❑ Veteran ❑ Retired

6. Assignment/Station: ______________________________

7. Pay Grade: ______________________________

8. SSI/MOS/AFSC: ______________________________

9. Position Title: ______________________________

10. Years in Service: ______________________________

11. How many years of active-duty service have you completed (including enlisted, warrant officer, and commissioned officer time)? ______________________________

12. How many years of reserve service have you completed? ______________________________

13. 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)
❑ High school diploma
❑ 2-year college degree (AA/AS)
❑ 4-year college degree (BA/BS)
❑ Some graduate school, but no graduate degree
❑ GED or other high school equivalency certificate
❑ Less than 2 years of college credits
❑ More than 2 years of college credits, but no 4-year college degree
❑ Master's, doctoral, or professional school (MA/MS/PhD/MD/JD/DVM/DDS)

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

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	Day4	Day 5
❑ Spotting	❑ Spotting	❑ Spotting	❑ Spotting	❑ Spotting
❑ Very light bleeding	❑ Very light bleeding	❑ Very light bleeding	❑ Very light bleeding	❑ Very light bleeding
❑ Light bleeding	❑ Light bleeding	❑ Light bleeding	❑ Light bleeding	❑ Light bleeding
❑ Moderate bleeding	❑ Moderate bleeding	❑ Moderate bleeding	❑ Moderate bleeding	❑ Moderate bleeding
❑ Heavy bleeding	❑ Heavy bleeding	❑ Heavy bleeding	❑ Heavy bleeding	❑ Heavy bleeding
❑ Very heavy bleeding (gushing)	❑ Very heavy bleeding (gushing)	❑ Very heavy bleeding (gushing)	❑ Very heavy bleeding (gushing)	❑ 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 periads/flow/cycles? ❑ Yes ❑ No (If "No," go to #36).

30. Describe the pain: (check all that apply)

❑ Sharp ❑ Constont ❑ 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?

❑ Heat pad
❑ Over-the-counter medications, (like Motrin®, Aspirin)
❑ Herbs, teas
❑ Warm bath
❑ Prescription medications
❑ Alcohol (wine, whiskey, brandy, "toddies")
❑ Other: ________________________

35. What do you think obout your periods/flow/cycles? (check oll that apply)

❑ An inconvenience/a nuisance
❑ Natural/port 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	❑	❑
Sexually transmitted diseases (such as herpes, gonorrhea, chlamydia, trichomonas, venereol warts, etc.)	❑	❑
Vaginal infections (such as bacterial vaginitis, yeast, etc.)	❑	❑

Cleansing Routines

57. Do you use or do the following after urination (pee)/defecation (bowel movement/poop)?

	Never	Sometimes	Always
Wipe front to back	❑	❑	❑
Wash with soap and water	❑	❑	❑
Blotting	❑	❑	❑
Wash hands	❑	❑	❑
Nothing	❑	❑	❑

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

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

Cleansing Routines (con't)

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

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

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
- ❑ Lites (junior absorbency)
- ❑ Super absorbency
- ❑ Paper applicator
- ❑ Scented
- ❑ Regulars (medium absorbency)
- ❑ Plastic applicator
- ❑ No applicator
- ❑ Natural (100% cotton)
- ❑ Other: ____________________

62. Check the appropriate boxes below

	Rarely	Sometimes	Most of the time	Always
Do you change your tampons at least every 6 hours?	❑	❑	❑	❑
Do you wash your hands *before* inserting your tampon?	❑	❑	❑	❑
Do you wash your hands *after* inserting your tampon?	❑	❑	❑	❑

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

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

	Rarely	Sometimes	Most of the time	Always
Do you change your pads at least every 6 hours?	☐	☐	☐	☐
Do you wash your hands *before* changing your pad?	☐	☐	☐	☐
Do you wash your hands *after* changing your pad?	☐	☐	☐	☐

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

	Rarely	Sometimes	Most of the time	Always
Do you change your panty-liners at least every 6 hours?	☐	☐	☐	☐
Do you use panty-liners to absorb vaginal discharge?	☐	☐	☐	☐
Do you use panty-liners to collect urine (pee) in case of an accident?	☐	☐	☐	☐
Do you use panty-liners to decrease the need for changing underwear?	☐	☐	☐	☐
Do you use panty-liners to feel clean and comfortable?	☐	☐	☐	☐
Do you wash your hands *before* changing your panty-liners?	☐	☐	☐	☐
Do you wash your hands *after* changing your panty-liners?	☐	☐	☐	☐

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

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	❑	❑	❑	❑	❑
Legs	❑	❑	❑	❑	❑
Other areas such as: ____________	❑	❑	❑	❑	❑

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)

❑ Mother
❑ Other member of family
❑ School
❑ Friend
❑ Nurse
❑ Physician (Doctor)
❑ Other Health Professional
❑ Health Clinic
❑ Product Packaging Inserts
❑ Manufacturer's Consumer Information
❑ Professional Organizations
❑ Religious Organizations
❑ Self Help Organizations
❑ United States Governmental Organizations
❑ Magazines
❑ Books
❑ Newspapers
❑ TV (Television)
❑ Radio
❑ Internet
❑ Basic Military Training
❑ 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 appropriote 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:

____

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	❑	❑	❑
Shampoo	❑	❑	❑
Cream Rinse/Conditioner	❑	❑	❑
Hair oil/grease/moisturizer	❑	❑	❑
Hair spray/Gel	❑	❑	❑
Facial Lotion/Cream	❑	❑	❑
Facial Makeup	❑	❑	❑
Eye Makeup	❑	❑	❑
Eye drops	❑	❑	❑
Contact Solution	❑	❑	❑
Sleeping Eye Mask	❑	❑	❑
Ear Plugs	❑	❑	❑
Q-Tips®	❑	❑	❑
Lipstick/Lip Protectant	❑	❑	❑
Perfume/Cologne	❑	❑	❑
Nail Polish	❑	❑	❑
Hand Lotion/Cream	❑	❑	❑
Body Cream/Moisturizer Lotion	❑	❑	❑
Antiseptic Soap/Cleanser	❑	❑	❑
Liquid Soap	❑	❑	❑
Bar Soap	❑	❑	❑
Body Powder/Talc	❑	❑	❑
Baby Wipes	❑	❑	❑
Body Sprays	❑	❑	❑
Deodorant/Underarm	❑	❑	❑
Deodorant Vaginal Spray	❑	❑	❑
Deodorant Vaginal Suppositories	❑	❑	❑
Feminine Hygiene Spray/ Vaginal Towelettes	❑	❑	❑
Foot Powder/Talc/Anti-Fungal	❑	❑	❑
Razor/Shaver	❑	❑	❑
Nail Clippers	❑	❑	❑
Hair Removal Creams	❑	❑	❑
Mosquito/Bug/Insect Repellents	❑	❑	❑
Sun Screen Cream/Gel/Lotion	❑	❑	❑
Anti-Itch Products	❑	❑	❑
Anti-Fungal Products	❑	❑	❑

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

93. How often did you care for 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
❑ Other: ______________ (for example: more than 3 times a day)

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

	Rarely	Sometimes	Most of the time	Always
Did you change your tampons at least every 6 hours?	❑	❑	❑	❑
Did you wash your hands *before* inserting your tampon?	❑	❑	❑	❑
Did you wash your hands *after* inserting your tampon?	❑	❑	❑	❑

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: ____________

Period/Flow/Cycle (con't)

101. Check the appropriate box below

	Rarely	Sometimes	Most of the time	Always
Did you change your pads at least every 6 hours?	❑	❑	❑	❑
Did you wash your hands *before* changing your pad?	❑	❑	❑	❑
Did you wash your hands *after* changing your pad?	❑	❑	❑	❑

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

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

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: ______________________

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)

❑ In the receptacle by the toilet
❑ Wrap it up and carry it with me
❑ Other: ____________________
❑ In the receptocle outside the immediate area
❑ Drop it in the toilet

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)

❑ Hysterectomy
❑ Depo-Provera® (shot)
❑ Drug store products (specify): ____________________
❑ Herbs, which one(s): ____________________
❑ Other: ____________________
❑ Norplant® (under your skin)
❑ Birth Control Pills

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

❑ I did not want to be bothered
❑ I could not manage periods/flow/cycle
❑ Concerned about water supply for cleansing (showers)
❑ Combat environment did not support periods/flow/cycle management
❑ I was encouraged by others, (who?) ____________________

Period/Flow/Cycle (con't)

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

- ❑ No
- ❑ Depo-Provera® (shot)
- ❑ Diaphragm
- ❑ Cervical cap
- ❑ Intrauterine Device (IUD)
- ❑ Other: ____________________
- ❑ Birth Control Pills, How many packages of pills were you given? ____________________
- ❑ Female condom
- ❑ Surgery (hysterectomy)

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

- ❑ No
- ❑ Depo-Provera® (shot)
- ❑ Diaphragm
- ❑ Cervical cap
- ❑ Intrauterine Device (IUD)
- ❑ Other: ____________________
- ❑ Birth Control Pills, How many packages of pills were you given? ____________________
- ❑ Female condom
- ❑ Surgery (hysterectomy)

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

- ❑ No
- ❑ Depo-Provera® (shot)
- ❑ Diaphragm
- ❑ Cervical cap
- ❑ Intrauterine Device (IUD)
- ❑ Other: ____________________
- ❑ Birth Control Pills, How many packages of pills were you given? ____________________
- ❑ Female condom
- ❑ Surgery (hysterectomy)

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

- ❑ Did not use any
- ❑ By a private doctor before deployment
- ❑ Mailed from my family/friends
- ❑ Other: ____________________
- ❑ By military clinic services before deployment
- ❑ By military clinic services during deployment

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

- ❑ I was not sexually active
- ❑ I wanted to remain natural
- ❑ I don't have periods
- ❑ I didn't think my periods would interfere with my job
- ❑ Never gave it any thought
- ❑ 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)

- ❑ Fear of sexual attack
- ❑ Became sexually active
- ❑ Other: ____________________
- ❑ Pain control
- ❑ Control bleeding
- ❑ Convenience management
- ❑ Prevent pregnancy

Period/Flow/Cycle (con't)

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

- ❑ Not sexually active
- ❑ Nothing
- ❑ Male condom (lubricated)
- ❑ Spermicide only
- ❑ Sponge
- ❑ Diaphragm with spermicide
- ❑ Male condom and spermicide
- ❑ Abstinence
- ❑ Female condom
- ❑ Male condom (dry)
- ❑ Other : ________

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?

- ❑ Daily
- ❑ Bi-Weekly
- ❑ Weekly
- ❑ After sexual activity
- ❑ Monthly
- ❑ After period/flow/cycle

Underwear

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

- ❑ Cotton
- ❑ Cambination
- ❑ Nylon
- ❑ Polyester
- ❑ Silk
- ❑ Disposable Briefs
- ❑ Other: __________________

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

- ❑ Daily
- ❑ Never changed
- ❑ Twice a day
- ❑ Didn't wear any
- ❑ Every other day
- ❑ Other: ________________

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

- ❑ Hand wash in the bathroom or shower
- ❑ In the local stream, river, or pond
- ❑ I wore disposable undergarments
- ❑ Helmet with drinking water
- ❑ Machine wash
- ❑ In a well
- ❑ Laundry service
- ❑ Disposable (put in the trash)
- ❑ Other: ________________

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)

❑ Indoor Flush ❑ Dug your own ❑ Port-A-Potty (chemical)
❑ Outdoor (wood/barrel) ❑ Outdoor (trailer) ❑ Other: ____________

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

❑ No
❑ Stopped up
❑ Dirty
❑ Waste contoiners not emptied enough
❑ No sticks available to knock down flies/bugs
❑ Hard to undress and redress
❑ Pads and other waste products visible
❑ Not enough room to move oround in
❑ Not cleaned often enough
❑ No door
❑ No place to hang geor or other items
❑ Smelled bod
❑ Other: ____________

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

❑ Entire deployment ❑ Half of the time ❑ Short time (less than 1 week)
❑ Only at the beginning ❑ Sporadicolly ❑ Other: ____________

137. The privacy of the toilets was:

❑ Complete (out-of-sight & quiet) ❑ Partial ❑ Never (nonexistent)

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

❑ Very ❑ Sometimes ❑ Not a problem

139. Toilet poper was:

❑ Always available ❑ Available most of the time
❑ Never available ❑ What I provided myself (my own)

140. The overall situation of the toilet was:

❑ Excellent ❑ Above average ❑ Average ❑ Below average ❑ 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	❑	❑	❑	❑
Cleaning clothes/underwear	❑	❑	❑	❑
En route to the toilets/showers	❑	❑	❑	❑
Waiting for the facilities (showers/toilets)	❑	❑	❑	❑
Preparing for shower/washing/toilet (getting water, supplies, organizing gear)	❑	❑	❑	❑

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)

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 ❑ Conteens (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	
Breast					
☐ pain	☐	☐	☐	☐	________
☐ lump	☐	☐	☐	☐	________
☐ nipple discharge	☐	☐	☐	☐	________
Stomach, intestines					
☐ nausea, vomiting	☐	☐	☐	☐	________
☐ pain	☐	☐	☐	☐	________
☐ diarrhea	☐	☐	☐	☐	________
☐ parasites (worms, etc.)	☐	☐	☐	☐	________
☐ constipation	☐	☐	☐	☐	________
☐ hemorrhoids	☐	☐	☐	☐	________
Urinary problems					
☐ burning, pain, urgency, frequency	☐	☐	☐	☐	________
☐ leaking	☐	☐	☐	☐	________
Female problems					
☐ painful cramps periods/flow/cycle	☐	☐	☐	☐	________
☐ skipped or late periods/flow/cycle	☐	☐	☐	☐	________
☐ spotting (bleeding) between periods/flow/cycle	☐	☐	☐	☐	________
☐ heavy bleeding or clots	☐	☐	☐	☐	________
☐ vaginal odors	☐	☐	☐	☐	________
☐ yeast infections	☐	☐	☐	☐	________
☐ discharge	☐	☐	☐	☐	________
☐ other ________	☐	☐	☐	☐	________
Bone/Muscle problems					
☐ neck	☐	☐	☐	☐	________
☐ shoulder	☐	☐	☐	☐	________
☐ back	☐	☐	☐	☐	________
☐ hip	☐	☐	☐	☐	________
☐ knee	☐	☐	☐	☐	________
☐ onkle	☐	☐	☐	☐	________
Feet					
☐ athlete's foot (fungal)	☐	☐	☐	☐	________
☐ infections	☐	☐	☐	☐	________
Relotionship Problems					
☐ parents	☐	☐	☐	☐	________
☐ children	☐	☐	☐	☐	________
☐ partner	☐	☐	☐	☐	________
☐ other ________	☐	☐	☐	☐	________
Other Problems					
☐ skin	☐	☐	☐	☐	________
☐ ________	☐	☐	☐	☐	________

Health Issues (con't)

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

	One time	Two times	Three or more times
❑ Yeast/Candida	❑	❑	❑
❑ Bacterial Vaginitis, BV	❑	❑	❑
❑ Trichomonas, Trich	❑	❑	❑
❑ Chlamydia	❑	❑	❑
❑ Venereal warts, HPV	❑	❑	❑
❑ Gonorrhea, Clap, GC	❑	❑	❑
❑ Syphilis	❑	❑	❑
❑ Herpes, HSV	❑	❑	❑
❑ Other: ____________	❑	❑	❑

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)

❑ Used resources (water, personal hygiene products, other equipment & supplies) wisely

❑ Better organization of supplies and time

❑ Increased self-awareness about my body

❑ Became more organized in other areas

❑ 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

	Not at all useful			Very useful
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.

Thank you!

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