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The Global Assessment Tool (GAT) is the Army's confidential, online survey designed to assess your personal level of overall health and resilience. The GAT is tailored to you – Soldiers, Family Members and Army Civilians – to increase your self-awareness and support your self-improvement efforts.

The GAT assesses your personal readiness and resilience defined by five dimensions of strength--social, emotional, family, spiritual and physical--and by the Performance Triad of sleep, activity and nutrition. At the end of the GAT, you will have instant access to the content available in ArmyFit™, the Army's web-based platform that includes self-development tutorials, tools, social media, and resources specifically recommended to you based on your GAT results.

Why am I taking this?

The Global Assessment Tool (GAT) is an annual requirement for Soldiers and strongly encouraged for Family Members and Army Civilians. ArmyFit™, which includes the GAT, compliments in-person training; it is available 24 hours a day, seven days a week right at your fingertips. Self-awareness is the first step toward improvement. By taking the GAT, you will be more self-aware and have a better understanding of your strengths and identify areas for growth and improvement.

What will I get from taking the GAT?

By taking the GAT, you learn your level of personal readiness and resilience. After completing the GAT, you receive a personal assessment in each of the five dimensions of strength. You will also see how you are doing in regards to the three elements of the Performance Triad. Though Soldiers are required to take the GAT annually, you may re-take the GAT at any time to track your improvement over time. We encourage you to engage with the wide range of tools and resources available within ArmyFit™ to facilitate your training and self-improvement goals.

Are my answers REALLY confidential?

All information entered as part of the GAT is completely confidential. Your individual answers to the questions as well as your individual results are not shared with anyone, to include your supervisor. Soldier responses are combined together to create "aggregated metrics" that are reported to Senior Army leadership to provide an understanding of overall trends across the Army. When responses from Soldiers are combined for Senior Leaders to understand Army-wide trends in the Force, we require that any aggregated metrics are a sum of at least 40 people's responses combined together to ensure each person's responses remain confidential and cannot be identified. This means, for example, the most detail senior Army leaders might ever see is that "FORSCOM's average level of emotional fitness is at the 78th percentile". Your individual GAT responses and fitness levels, since they are confidential, are never visible to anyone other than you unless you choose to show them to another person.

Do I need any additional information on-hand when taking the GAT?

Yes. Though you can complete the GAT without the following information, you may want to have it nearby. The following are asked of you as part of the GAT:

- Height and weight
- Blood pressure
- Cholesterol
- Waist Circumference

I took the GAT. Now what?

You are encouraged to explore the information available within ArmyFit™. Upon completion of the GAT, recommendations are provided to you based on your results. There are additional, optional surveys you can take within ArmyFit™, such as the Financial Resilience Assessment, which is an assessment of your overall financial health, to include your level of liquidity, debt and savings. There are self-development tutorials specifically designed for an Army audience that focus on topics important to Soldiers, Family Members and Army Civilians, as well as challenges promoting self-improvement, like weight loss or emotional health.

The Army is constantly adding new content to the ArmyFit™ platform to better serve your fitness, readiness, and you! Please check back often to see what is new.





3.

In the past four weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day	Every day
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.

How well do these statements describe you? Please answer in terms of how you usually think or feel.

	Not like me at all	A little like me	Somewhat like me	Mostly like me	Very much like me
For things I cannot change, I accept them and move on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When bad things happen, I try to see the positive sides.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When bad things happen to me, I expect more bad things to happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.

How would you rate yourself in terms of handling the following areas of your life:

	Poor	Fair	Okay	Good	Excellent	Not Applicable
Handling parenting tasks and discipline of my children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing stress effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing household and chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing unexpected things in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.

Please be as honest as possible

	Never	Hardly ever	Some of the time	Often	Most of the time
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel close to people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel part of a group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.

Please answer in terms of how you usually think or feel.

	Not at all	A little	Somewhat	Quite a bit	Very much
How much do others pay attention to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.

How well do these statements describe you and your life?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have as much contact with friends and family members as I want or need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I was sick, I could easily find someone to help me with my daily chores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is someone I can turn to for advice on how to deal with a personal or family problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I was stranded 10 miles from home, there is someone I could call who could come and get me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.

Please think about your relationship with people in your community and neighborhood (other than family members). During the past four weeks, how often have you experienced the following?

	Never	Hardly ever	Some of the time	Often	Most of the time
I participated in community events, activities or meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt like I could make a difference in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I helped out others in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt close to others in community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a good relationship with people in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.

During the past four weeks, how have you felt about your relationship (spouse/significant other) and your family?

	Not at all satisfied	Somewhat satisfied	Neither agree nor disagree	Satisfied	Extremely satisfied	Not Applicable - no family or relationship
How satisfied are you with your marriage/relationship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.

Please think about your relationship with your family and the military.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Overall, my family adjusts well to the demands of military life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.

How would you describe your feelings about your partner and your relationship?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I wish I had not gotten into this relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our relationship has serious problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner is emotionally supportive of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel emotionally distant from my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



13.

How would you describe your feelings about your partner and your relationship?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My partner and I clearly communicate our expectations for each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner does not understand me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner and I have a trusting relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner and I often get on each other's nerves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



16.

How would you describe your family as a whole?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My family expresses tenderness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family confides in each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my family makes important decisions, we all share our opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17.

Answer in terms of whether the statement describes how you actually live your life.

	Not like me at all	A little like me	Somewhat like me	Mostly like me	Very much like me
My life has meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that in some way my life is closely connected to all humanity and all the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The job my partner is doing in the military has enduring meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the things that I do are all worthwhile.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a purpose in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18.

Over the last 30 days, how often did you eat/drink the following foods/beverages? (Note: Only a few examples of each category are listed to remind you of the types of foods-many more are possible.) Please select one response per row.

	Rarely or Never	1 or 2 Servings per Week	3 to 6 Servings per Week	1 Serving per Day	2 to 3 Servings per Day	4 or More Servings per Day
FRUIT: fresh, frozen, canned or dried, or 100% fruit juices. A serving is 1 cup of fruit, or 1/2 cup of fruit juice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VEGETABLES: fresh, frozen, canned, cooked or raw: dark green vegetables (broccoli, spinach, most greens), orange vegetables (carrots, sweet potatoes, winter squash, pumpkin), legumes (dry beans, chick peas, tofu), starchy vegetables (corn, white potatoes, green peas), and other (tomatoes, cabbage, celery, cucumber, lettuce, onions, peppers, green beans, cauliflower, mushrooms, summer squash, etc.) A serving is 1 cup of raw vegetables, or 1/2 cup of cooked vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHOLE GRAINS: rye, whole wheat, or heavily seeded bread, brown or wild rice, whole wheat pasta or crackers, oatmeal or corn tacos. A serving is one slice of bread, or 1/2 cup of grains.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DAIRY: regular/whole fat milk; low or reduced fat milk (2%, 1%, 1/2 % or skim), yogurt, cottage cheese, low fat cheese, frozen low fat yogurt, soy milk or other calcium fortified foods (orange juice, soy/rice milk, breakfast cereals, etc). A serving is 8 ounces of liquid or 1 ounce of cheese.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19.

Over the last 30 days, how often did you eat FISH: tuna, salmon, or other non-fried fish?

20.

How many servings of each of the following do you have per week?

	Rarely or Never	1 Time per Month	2 Times per Month	1 Time per Week	2 or 3 Times per Week	4 or more Times per Week
Nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poultry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed meats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.

Think about the past 30 days. On an average day, how many servings of water do you drink? (1 serving is a glass or cup of water or 8 oz; 1 cup is equivalent to a baseball or the size of your fist; a standard CamelBak or Nalgene water bottle has 24 oz or 3 servings).

- 8 or more Servings per Day
- 5 to 7 Servings per Day
- 2 to 4 Servings per Day
- 1 Serving per Day
- None

22.

Think about the past 30 days. Within 60 minutes after a strenuous exercise session, do you typically consume a healthy snack (1 snack example: 1 piece of fruit, a handful of nuts, 1 small yogurt container, 1 cup of milk, 1 granola bar, or 1 sports bar)?

- Never
  - Rarely
  - Sometimes
  - Often
  - Most of the time
- 

23.

Think about the past 30 days. How many times per week did you eat breakfast?

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24.

Do you currently consume any products with caffeine such as tea, coffee, soda,energy drinks,energy bars, or other products?

- Yes
- No

For question "Do you currently consume any products with caffeine such as tea, coffee, soda,energy drinks,energy bars, or other products?", if answered "No", go to page 15.

25.

Thinking about your caffeine consumption in the past year, please indicate whether your use has increased, decreased or stayed the same.

- Increased
- Decreased
- Stayed the same

26.

	Very Concerned					Not Concerned	
	7	6	5	4	3	2	1
How concerned are you with your current level of caffeine consumption? Please indicate using the scale below.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27.

How many days per week, if any, do you use any of the following products that specifically contain caffeine?

	I do not use	Less than 1 day per week	1 day	2 days	3 days	4 days	5 days	6 days	7 days
Coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the counter (non-Rx) pain relievers (e.g., Excedrin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight control pills (e.g., Dexatrim)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chewing gum (e.g., Wrigley's Alert Energy Gum)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy drinks (e.g., Red Bull, Monster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy shots (e.g., 5 Hour Energy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28.

Please indicate your level of agreement or disagreement with the following statements:

	Agree Completely	Agree Somewhat	Neither Agree Nor Disagree	Disagree Somewhat	Disagree Completely
I consume so much caffeine, I'm concerned about my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know I consume too much caffeine, but I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm aware of the amount of caffeine in the products I consume	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I'm addicted to caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know the difference between naturally occurring OR added caffeine in the products I consume	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to know the recommended daily intake of caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe my caffeine consumption prohibits me getting a good night's sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get headaches when I don't get enough caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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29.

To the best of your knowledge, how many milligrams of caffeine are in the average cup of coffee? Please write-in your response.



For question "Coffee", if answered "I do not use, hide the following question.

30.

How many servings of coffee do you consume in a typical day?

For question "Coffee", if answered "I do not use, hide the following question.

31.

How often, if ever, do you experience any of the following from consuming **COFFEE**?

	Frequently	Sometimes	Rarely	Never
Sleeplessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy crashes (highs/lows)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches/migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to concentrate/focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapid heart beat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For question "Tea", if answered "I do not use, hide the following question.

32.

How many servings of tea do you consume in a typical day?

For question "Tea", if answered "I do not use, hide the following question.

33.

How often, if ever, do you experience any of the following from consuming TEA?

	Frequently	Sometimes	Rarely	Never
Sleeplessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy crashes (highs/lows)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches/migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to concentrate/focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapid heart beat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For question "Soda", if answered "I do not use, hide the following question.

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34.

How many servings of soda do you consume in a typical day?

For question "Soda", if answered "I do not use, hide the following question.

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35.

How often, if ever, do you experience any of the following from consuming **SODA**?

	Frequently	Sometimes	Rarely	Never
Sleeplessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy crashes (highs/lows)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches/migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to concentrate/focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapid heart beat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For question "Energy drinks (e.g., Red Bull, Monster)", if answered "I do not use, hide the following question."

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36.

How many servings of energy drinks (e.g., red bull, monster) do you consume in a typical day?

For question "Energy drinks (e.g., Red Bull, Monster)", if answered "I do not use, hide the following question."

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37.

How often, if ever, do you experience any of the following from consuming **ENERGY DRINKS**?

	Frequently	Sometimes	Rarely	Never
Sleeplessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy crashes (highs/lows)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches/migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to concentrate/focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapid heart beat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For question "Energy shots (e.g., 5 Hour Energy)", if answered "I do not use, hide the following question."

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38.

How many servings of energy shots (e.g., 5 hour energy) do you consume in a typical day?

For question "Energy shots (e.g., 5 Hour Energy)", if answered "I do not use, hide the following question."

---

39.

How often, if ever, do you experience any of the following from consuming **ENERGY SHOTS**?

	Frequently	Sometimes	Rarely	Never
Sleeplessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy crashes (highs/lows)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches/migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to concentrate/focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapid heart beat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For question "Over the counter (non-Rx) pain relievers (e.g., Excedrin)", if answered "I do not use, hide the following question."

---

40.

How many servings of over the counter (non-rx) pain relievers (e.g., excedrin) do you consume in a typical day?

For question "Weight control pills (e.g., Dexatrim)", if answered "I do not use, hide the following question."

---

41.

How many servings of weight control pills (e.g., dexatrim) do you consume in a typical day?

For question "Energy bars", if answered "I do not use, hide the following question."

---

42.

How many servings of energy bars do you consume in a typical day?

For question "Chewing gum (e.g., Wrigley's Alert Energy Gum)", if answered "I do not use, hide the following question."

---

43.

How many servings of chewing gum (e.g., wrigley's alert energy gum) do you consume in a typical day?

44.

Do you take dietary supplements?

- Yes
- No

For question "Do you take dietary supplements?", if answered "No", go to page 17.



For EACH of the following categories of exercise intensity, please select your average FREQUENCY (number of days per week) and DURATION of the activity (number of minutes per day on the days you performed the activity) over the LAST 30 DAYS.

---

46.

Vigorous Activity includes activities that take hard physical effort and make you breathe much harder than normal. Vigorous Activity DOES NOT include resistance training.

Examples: running, agility drills, calisthenics, interval training, sprints, road marches, and bicycling at high effort.

On average, how many days per week did you perform the vigorous activity in the last 30 days?

47.

Moderate Activity includes activities that take moderate physical effort and make you breathe somewhat harder than normal. Moderate Activity DOES NOT include resistance training.

Examples: brisk walking, bicycling (flat, 5-9 mph), swimming (recreational), softball, shooting basketball, and tennis.

On average, how many days per week did you perform the moderate activity in the last 30 days?

48.

Light Activity includes activities and tasks that take minimal physical effort and make you breathe a little harder than normal. Light Activity DOES NOT include resistance training.

Examples: slow to moderate walking, performing maintenance, cleaning, lifting or carrying light items.

On average, how many days per week did you perform the light activity in the last 30 days?

49.

Resistance training includes activities that involve weight machines, weight lifting with free weights, dumbbells, kettlebells, and body weight exercises (pull ups, push ups, burpees, etc.)

On average, how many days per week did you perform the resistance training activity in the last 30 days?



For question "On average, how many days per week did you perform the vigorous activity in the last 30 days?", if answered "0, hide the following question.

50.

On days that you exercised, how many minutes per day did you spend performing the vigorous activity?

minutes per day

For question "On average, how many days per week did you perform the moderate activity in the last 30 days?", if answered "0, hide the following question.

---

51.

On days that you exercised, how many minutes per day did you spend performing the moderate activity?

minutes per day

For question "On average, how many days per week did you perform the light activity in the last 30 days?", if answered "0, hide the following question.

---

52.

On days that you exercised, how many minutes per day did you spend performing the light activity?

minutes per day

For question "On average, how many days per week did you perform the resistance training activity in the last 30 days?", if answered "0, hide the following question.

---

53.

On days that you exercised, how many minutes per day did you spend performing the resistance training activity?

minutes per day

54.

During the PAST 30 DAYS, how often did you participate in commercial conditioning programs (e.g., CrossFit®, P90X®, Insanity®, TRX®, etc) or other workout regimens that focus on high-intensity, high-volume exercises with short rest periods between sets?

55.

Which of the following best describes your activity level at work?

- Sedentary (mostly at a desk)
- Low (requires some light walking)
- Moderate (walk quite a bit without lifting or carrying heavy objects)
- High (lots of walking and lifting, climbing stairs, or walking uphill)
- None of the above

56.

On a scale of zero to ten, select the one number that describes how pain has interfered with your usual ACTIVITY during the past 30 days:

57.

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

During the work/duty week?

- 4 hours or less
- 5 hours
- 6 hours
- 7 hours
- 8 or more hours

During weekends/days off?

- 4 hours or less
  - 5 hours
  - 6 hours
  - 7 hours
  - 8 or more hours
- 

58.

How much sleep do you need (per 24 hours) to feel fully refreshed and perform well?

- 4 hours or less
  - 5 hours
  - 6 hours
  - 7 hours
  - 8 or more hours
- 

59.

In the past week, how much were you bothered by: Lack of energy because of poor sleep.

---

60.

Over the past week, how would you rate your satisfaction with your sleep?

---

61.

How often do you take prescription or over-the-counter (OTC) medications to help you sleep?

---

62.

How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

For question "How often do you have a drink containing alcohol?", if answered "Never, hide the following question.

63.

How many standard drinks containing alcohol do you have on a typical day (on days that you drink)?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

For question "How often do you have a drink containing alcohol?", if answered "Never, hide the following question.

---

64.

How often do you have six or more drinks on one occasion?

- Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily or almost daily
- 

65.

Have you ever regularly used tobacco for 3 or more months?

- Yes
- No

For question "Have you ever regularly used tobacco for 3 or more months?", if answered "No", go to page 24.

66.

Have you ever smoked cigarettes for 3 or more months?

- I currently smoke cigarettes
  - I quit! I used to smoke cigarettes
  - I have never smoked cigarettes on a regular basis
- 

67.

Have you ever smoked cigars for 3 or more months?

- I currently smoke cigars
  - I quit! I used to smoke cigars
  - I have never smoked cigars on a regular basis
- 

68.

Have you ever used chewing tobacco for 3 or more months?

- I currently use chewing tobacco
  - I quit! I used to use chewing tobacco
  - I have never used chewing tobacco on a regular basis
- 

69.

Have you ever used other tobacco products for 3 or more months?

- I currently use other tobacco
- I quit! I used to use other tobacco products
- I have never used other tobacco products on a regular basis

For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I quit! I used to smoke cigarettes, hide the following question.

For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I have never smoked cigarettes on a regular basis, hide the following question.

70.

What best describes your daily cigarette habit?

For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I quit! I used to smoke cigarettes, hide the following question.

For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I have never smoked cigarettes on a regular basis, hide the following question.

71.

I have smoked for a total of:

For question "Have you ever smoked cigars for 3 or more months?", if answered "I quit! I used to smoke cigars, hide the following question.

For question "Have you ever smoked cigars for 3 or more months?", if answered "I have never smoked cigars on a regular basis, hide the following question.

72.

What best describes your daily cigar habit?

For question "Have you ever smoked cigars for 3 or more months?", if answered "I quit! I used to smoke cigars, hide the following question.

For question "Have you ever smoked cigars for 3 or more months?", if answered "I have never smoked cigars on a regular basis, hide the following question.

73.

I have smoked for a total of:

For question "Have you ever used chewing tobacco for 3 or more months?", if answered "I quit! I used to use chewing tobacco, hide the following question.

For question "Have you ever used chewing tobacco for 3 or more months?", if answered "I have never used chewing tobacco on a regular basis, hide the following question.

74.

How frequently do you use smokeless tobacco (chewing tobacco or snuff)?

- Every day
- Once or twice a week
- Once or twice a month
- Don't use it anymore

For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I currently smoke cigarettes, hide the following question.

For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I have never smoked cigarettes on a regular basis, hide the following question.

75.

When you were smoking, what best describes your daily cigarette habit?

For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I currently smoke cigarettes, hide the following question.

For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I have never smoked cigarettes on a regular basis, hide the following question.

76.

I smoked for a total of:

For question "Have you ever smoked cigars for 3 or more months?", if answered "I currently smoke cigars, hide the following question.  
For question "Have you ever smoked cigars for 3 or more months?", if answered "I have never smoked cigars on a regular basis, hide the following question.

---

77.

When you were smoking, what best describes your daily cigar habit?

For question "Have you ever smoked cigars for 3 or more months?", if answered "I currently smoke cigars, hide the following question.  
For question "Have you ever smoked cigars for 3 or more months?", if answered "I have never smoked cigars on a regular basis, hide the following question.

---

78.

I smoked for a total of:

For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I currently smoke cigarettes, hide the following question.  
For question "Have you ever smoked cigarettes for 3 or more months?", if answered "I have never smoked cigarettes on a regular basis, hide the following question.

---

79.

Please indicate how long it has been since you smoked cigarettes.

For question "Have you ever smoked cigars for 3 or more months?", if answered "I currently smoke cigars, hide the following question.  
For question "Have you ever smoked cigars for 3 or more months?", if answered "I have never smoked cigars on a regular basis, hide the following question.

---

80.

Please indicate how long it has been since you smoked cigars.

81.

How long would you say you've been exposed to secondhand smoke at home or work in your life so far?



82.

Is your biological father alive? (Enter your best guess if you're not sure.)

- Yes  
 No  
 I don't know.
- 

83.

Is your biological mother alive? (Enter your best guess if you're not sure.)

- Yes  
 No  
 I don't know.
- 

84.

Which of your family members have had a heart attack, bypass surgery, angioplasty, or another treatment for physician-diagnosed coronary heart disease (CHD)?

- Sister(s), before the age of 65.  
 Brother(s), before the age of 55.  
 One or both parents.  
 I have no siblings with CHD.  
 I have no parent with CHD.  
 I don't know.
- 

85.

Compared with the speed limit, about how fast do you usually drive?

- I do not drive.  
 6 mph or more BELOW the speed limit  
 1 to 5 mph BELOW the speed limit  
 I always drive the speed limit  
 1 to 3 mph OVER the speed limit  
 4 to 6 mph OVER the speed limit  
 7 to 9 mph OVER the speed limit  
 10 to 12 mph OVER the speed limit  
 13 to 15 mph OVER the speed limit  
 16 to 17 mph OVER the speed limit  
 18 mph or more OVER the speed limit
- 

86.

In the next 12 months, do you think you will drive or ride on a motorcycle?

- Yes  
 No
- 

87.

Please enter below the total miles that you will ride on NON-MOTORIZED BICYCLE in the next 12 months. If you NEVER ride a bike, enter 0.

miles

---

88.

How often do you text while driving?

- Never
- Rarely
- Occasionally
- Frequently

For question "Is your biological father alive? (Enter your best guess if you're not sure.)", if answered "Yes, hide the following question.  
For question "Is your biological father alive? (Enter your best guess if you're not sure.)", if answered "I don't know.", hide the following question.

89.

What was your biological father's age when he died? (Enter your best guess if you're not sure.)

years old

For question "Is your biological father alive? (Enter your best guess if you're not sure.)", if answered "No, hide the following question.  
For question "Is your biological father alive? (Enter your best guess if you're not sure.)", if answered "I don't know.", hide the following question.

90.

How old is your biological father? (Enter your best guess if you're not sure.)

years old

For question "Is your biological mother alive? (Enter your best guess if you're not sure.)", if answered "Yes, hide the following question.  
For question "Is your biological mother alive? (Enter your best guess if you're not sure.)", if answered "I don't know.", hide the following question.

91.

What was your biological mother's age when she died? (Enter your best guess if you're not sure.)

years old

For question "Is your biological mother alive? (Enter your best guess if you're not sure.)", if answered "No, hide the following question.  
For question "Is your biological mother alive? (Enter your best guess if you're not sure.)", if answered "I don't know.", hide the following question.

92.

How old is your biological mother? (Enter your best guess if you're not sure.)

years old

93.

What is your average blood pressure in mm Hg? If you do not know, do not enter anything.

Systolic

mm Hg

Diastolic

mm Hg

94.

What is your total cholesterol level in mg/dL? If you do not know, do not enter anything.

mg/dL

95.

What is your HDL cholesterol level in mg/dL? If you do not know, select 'I do not know'

96.

Do you have diabetes?

- Yes, type 1 diabetes.
  - Yes, type 2 diabetes, and I take insulin.
  - Yes, type 2 diabetes, but I do NOT take insulin.
  - No.
- 

97.

Do you have asthma?

- Yes, I currently have asthma.
  - Yes, I had it as a child.
  - No.
- 

98.

Which best describes your aspirin intake?

- I take baby or low dose aspirin sometimes, but not every day.
  - I take baby or low dose aspirin every day.
  - I take regular aspirin sometimes, but less than twice a week.
  - I take regular aspirin at least twice a week.
  - I don't regularly take any kind of aspirin.
- 

99.

If you have had a C-reactive protein (CRP) test, what were the results?

- Less than 0.125 mg/L
  - 0.125-0.285 mg/L
  - 0.285-0.615 mg/L
  - Greater than 0.615 mg/L
  - Don't know
  - Have not had this test
- 

100.

Please provide your MOST RECENT information. (Pregnant females please enter your pre-pregnancy weight and waist size.)

Weight

lbs

Height

inches

Waist Circumference

inches

101.

We request your consent to use your GAT information in research. Any use of your GAT data for research is completely voluntary and will not occur without you indicating that this is okay.

If you voluntarily allow use of your GAT and other data for research, your name and other information that could directly identify you will never be revealed to researchers and you will never be identified in any report or publication. Allowing information about you to be used in research will not directly benefit you, but may help others in the future.

If you allow researchers to use your GAT data, it may be linked to other information about you held in current and future Army databases and U.S. Department of Defense databases. Your information may be used by Army researchers, researchers from other U.S. Department of Defense services and agencies, and academic researchers inside and outside of the United States. Researchers may need to use information about you gathered over a period of time, from many sources, in order to understand changes in health and careers.

Your consent is required before your data is provided to researchers. In addition, research must be reviewed and approved by an independent ethics review group called an Institutional Review Board (IRB). The IRB will review the research to make sure that it meets scientific standards and is ethically conducted, and that your information will be protected.

If you were a soldier, military family member, or DoD civilian employee between 2009 and 2012, you may have previously completed the GAT and may consent to having your past GAT data used for research. . Researchers would like to use your past GAT data to understand changes in health and careers over time. Your past GAT data may also be combined with your most recent GAT data if you consent to allow both sets of data to be used in research. All past GAT data will be protected in the same ways as identified above for the GAT you are about to take.

If you have any questions about your participation in research, please contact the Army Human Research Protections Office (AHRPO) at [usarmy.pentagon.hqda-dusa.mbx.gat@mail.mil](mailto:usarmy.pentagon.hqda-dusa.mbx.gat@mail.mil).

**This question is not displayed if the user has answered the consent question for all previous GATs.**

Consent to use your previous GAT data for research purposes (if applicable):

- I allow all of my past GAT data to be used for research.
- I DO NOT allow any of my past GAT data to be used for research.
- Not applicable: I have never previously taken the GAT.

Consent to use your CURRENT GAT data for research purposes:

- I allow my data from the GAT I am taking now to be used for research.
- I DO NOT allow my data from the GAT I am taking now to be used for research.