Appendix A. Background Questionnaire **Participant ID** _____

Instructions:
Please answer the following questions by filling in the blank or checking the appropriate box.

DEMOGRAPHICS

1. How old are you?	_____ years old
2. What is your sex?	☐ Female ☐ Male
3. Which group(s) best describe your racial or ethnic heritage? ☐ Asian ☐ Black (African American) ☐ White (Caucasian) ☐ Hispanic or Latino ☐ Native American ☐ Other (please describe): _____	

TRAINING STATUS

4. What type of exercise program(s) do you do? (select all that apply) ☐ Aerobic training ☐ Resistance training ☐ CrossFit ☐ Yoga ☐ Other:_____	
5. How many days per week and for how long do you exercise? 6. At what intensity level do you work out most of the time?	_____ days per week _____ minutes/per session ☐ Low ☐ Moderate ☐ High
7. Have you participated in sports, at what level and how long ago? (select all that apply) ☐ Football ☐ Basketball ☐ Soccer ☐ Softball ☐ Gymnastics ☐ Swimming ☐ Martial Arts ☐ Track ☐ Cross country ☐ Wrestling ☐ Other (please describe): _____ **Level:** ☐ Recreational ☐ High School ☐ College ☐ Professional How long ago_____	

MILITARY STATUS

8. How long have you been on active duty?	_____ years
9. How many years total have you served in the military?	_____ years
10. What is your current rank?	
11. What is your primary MOS (number)?	
12. How many months have you worked in your primary MOS?	_____ months
13. Are you currently serving in your primary MOS? If not, what is your current role?	
14. Are you currently on medical profile (light or limited duty)?	☐ Yes ☐ No
15. When was your last Physical Fitness Test (PFT) (month/year)?	
16. When was your last Combat Fitness Test (CFT) (month/year)?	

17. Please indicate the score from each test from your last Physical Fitness Test (PFT) and Combat Fitness Test (CFT). *Check the box under **Not Applicable** if you have not performed this test before.*

Physical Fitness Test (PFT)	Score	Not Applicable	Total Score
Three mile run	____min ____ sec	☐	
Pull-ups / Push-ups	_____ reps	☐	
Crunches / Planks	____reps / ___min ___ sec	☐	

Combat Fitness Test (CFT)	Score	Not Applicable	Total Score
880 yard Movement to Contact	____min ____ sec	☐	
Ammo Can Overhead	_____ reps	☐	
Maneuver-under-fire 300 yard shuttle run	____min ____ sec	☐	

HEALTH STATUS

18. Do you use tobacco? (select all that apply)	☐ Smoking ☐ Smokeless (chew / dip) ☐ Other:_____
19. How many hours of sleep do you get each night?	☐ More than 7 hours ☐ Less than 7 hours
20. Do you currently have any injuries / illnesses that compromise your ability to exercise?	☐ Yes ☐ No If yes, please explain:
21. Have you ever given birth?	☐ Yes ☐ No ☐ choose not to answer
22. Have you had a child within 18 months	☐ Yes ☐ No
a. If yes, how many months postpartum are you?	_____ months
b. If yes, are you currently lactating/breast feeding	☐ Yes ☐ No

NUTRITION STATUS

23. Do you follow any of these diets?
☐ High Protein ☐ Low Carbohydrate ☐ Paleo ☐ Gluten Free ☐ Pescatarian ☐ Vegan
☐ Vegetarian ☐ Warrior Diet ☐ Intermittent Fasting ☐ Other_____

24. How many meals do you eat per day?_____ Meal/s

25. How much water have you consumed in the past 24 hours? _____ cups oz. bottles (circle measure)

26. *Circle one:* When it comes to nutrition, do you care more about the **quality** or **quantity** of food?

27. In your opinion, how well do you fuel your body before exercise?
☐.Not at all ☐ Room for improvement ☐ Good ☐ Extremely well

28. Do you use supplements (not counting vitamins and minerals) regularly?
☐.Creatine ☐ Protein powders ☐ Amino acids ☐ Other: _____