Appendix A. Background Questionnaire

**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?  
   ______ days per week  
   ______ minutes/per session

6. At what intensity level do you work out most of the time?  
   □ 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.

<table>
<thead>
<tr>
<th>Physical Fitness Test (PFT)</th>
<th>Score</th>
<th>Not Applicable</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three mile run</td>
<td>_____ min _____ sec</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Pull-ups / Push-ups</td>
<td>_____ reps</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Crunches / Planks</td>
<td>_____ reps / _____ min _____ sec</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combat Fitness Test (CFT)</th>
<th>Score</th>
<th>Not Applicable</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>880 yard Movement to Contact</td>
<td>_____ min _____ sec</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Ammo Can Overhead</td>
<td>_____ reps</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Maneuver-under-fire 300 yard shuttle run</td>
<td>_____ min _____ sec</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

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
   a. If yes, how many months postpartum are you? □ Yes □ No ________ 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:_____________________