

Annual Health Form Data Dictionary

TABLE OF CONTENTS

Document Summary	2
Annual Health Form: Data Dictionary	3
Section 1: Identifiers	3
Section 2: Demographics	4
Section 3: Deployment History	5
Section 4: Medical History and Readiness	6
Section 5: Overall Behavioral Health	16
Section 6: PTSD	17
Section 7: Alcohol	23
Section 8: Depression	24
Section 9: Exposures	26
Section 10: Suicide	27
Section 11: Mental Health	29
Section 12: Smoking and Tobacco	31
Section 13: Sexual Health	33
Section 14: Interview/Record Reviewer	39
Section 15: Medical Assessments	48
Section 16: Women's Health	49
Section 17: Family History	51
Section 18: Lifestyle	63
Section 19: Vaccinations and Medications	69
Section 20: Referrals	70
Section 21: Reserve Component	73

Document Summary

Property	Value
Document Title	Annual Health Form: Data Dictionary
Date Created	11/26/2025
Sections	21
Entries	572
Document Filename	dictionary_pha-20251021.rtf

Annual Health Form: Data Dictionary

Section 1: Identifiers

Variable	Label	Description	Format Text
Days_Cert	Calculated Date certified from reference		Numeric .M="Missing"
days_Event	Calculated Date document completed from reference		Numeric
dod_build	DoD Build	Build	Character
macs_id	Military Aviators Cancer Study ID		Character
pha_form_version_exp	PHA Form Version		2016="2016" 2021="2021"
pha_obs_id	PHA Observation ID	A unique ID generated for each observation.	Character
year_certified	Year Document Certified		Numeric .M="Missing"
year_completed	Year Document Completed		Numeric

Section 2: Demographics

Variable	Label	Description	Format Text
pha_enroll	Currently enrolled in a medical surveillance / occupational health program?	"Are you currently enrolled in a medical surveillance/occupational health program (for example: hearing conservation, radiation health, healthcare worker monitoring, etc.)?" Question A.III.3. on 2016 PHA. Question A.III.4. on 2021 PHA.	.M="Missing" 0="No" 1="Yes" 9="Don't know"
pha_exam	Military specialty requires an operational duty physical exam?	"Does your military specialty require an operational duty physical exam (e.g., flight, jump, dive, missile, submarine, personnel reliability program, Special Forces)?" Question A.III.2. on 2016 PHA. Question A.III.3. on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_pha_first	Is this your first Periodic Health Assessment (PHA)?	Question A.I.16. "Is this your first Periodic Health Assessment (PHA)?"	.M="Missing" 0="No" 1="Yes" 9="Don't know"
pha_separation	Are you planning to separate or retire within the next year from Active or Reserve Duty or do you intend to file a claim for disability compensation with the VBA?	Question A.XI.1. "Are you planning to separate or retire within the next year from Active Duty or Reserve Duty (activated for greater than 30 continuous days) or do you intend to file a claim for disability compensation with the Veterans Benefits Administration?"	.M="Missing" 0="No" 1="Yes"

Section 3: Deployment History

Variable	Label	Description	Format Text
pha_dep_future	Deploying within the NEXT 120 DAYS?	Question A.II.4. "Are you going to deploy within the NEXT 120 DAYS?"	.M="Missing" 0="No" 1="Yes"
pha_dep_past	Total number of deployments in the PAST 5 YEARS	Question A.II.1. "Total number of deployments in the PAST 5 YEARS."	Numeric .M="Missing" .N="Not Applicable" 5="5 or more"

Section 4: Medical History and Readiness

Variable	Label	Description	Format Text
Days_LOD	Calculated Date LOD from reference		Numeric .M="Missing"
pha_acknowledge	Individual Medical Readiness Policy Acknowledgement	<p>"I acknowledge I am responsible to report medical (including mental health) and health issues that may affect my readiness to deploy or fitness to continue serving in an active status in accordance with Department of Defense Instruction 6025.19, Individual Medical Readiness. As a condition of continued participation in military service, I must report significant health information to my chain of command. In addition, I will authorize and facilitate disclosures of all health information by any non-DoD health care provider(s) to the Military Health System (MHS) and/or to my respective Reserve Component."</p> <p>Question A.X.6 on 2016 PHA. Question A.X.5 on 2021 PHA.</p>	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_aspirin	Allergic to Aspirin	Question A.V.2. "What are your allergies? Mark all that apply. [Aspirin]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_bees	Allergic to Bees	Question A.V.2. "What are your allergies? Mark all that apply. [Bee Stings]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_codeine	Allergic to Codeine	Question A.V.2. "What are your allergies? Mark all that apply. [Codeine]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_eggs	Allergic to Eggs	Question A.V.2. "What are your allergies? Mark all that apply. [Eggs]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_iodine	Allergic to Iodine	Question A.V.2. "What are your allergies? Mark all that apply. [Iodine]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_latex	Allergic to Latex	Question A.V.2. "What are your allergies? Mark all that apply. [Latex]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_milk	Allergic to Milk	Question A.V.2. "What are your allergies? Mark all that apply. [Milk]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_nickel	Allergic to Nickel	Question A.V.2. "What are your allergies? Mark all that apply. [Nickel]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_nuts	Allergic to Nuts	Question A.V.2. "What are your allergies? Mark all that apply. [Nuts]"	.M="Missing" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
pha_all_other	Allergic to Other	Question A.V.2. "What are your allergies? Mark all that apply. [Other]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_penicillin	Allergic to Penicillin	Question A.V.2. "What are your allergies? Mark all that apply. [Penicillin]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_shellfish	Allergic to Shellfish	Question A.V.2. "What are your allergies? Mark all that apply. [Shellfish]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_sulfa	Allergic to Sulfa	Question A.V.2. "What are your allergies? Mark all that apply. [Sulfa Drugs]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_tape	Allergic to Tape	Question A.V.2. "What are your allergies? Mark all that apply. [Adhesive Tape]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_all_vaccines	Allergic to Vaccines	Question A.V.2. "What are your allergies? Mark all that apply. [Vaccines]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_allergies	Any allergies not including seasonal or pet allergies?	Question A.V.1. "Do you have any allergies (not including seasonal or pet allergies)?"	.M="Missing" 0="No" 1="Yes" 9="Don't know"
pha_cholesterol	Cholesterol checked within the PAST 5 YEARS?	Question A.VII.12. "Have you had a cholesterol check by a doctor, nurse, or other health care professional within the PAST 5 YEARS?" Question applies to Traditional Guardsman and Reservists on 2016 PHA and Traditional Guardsman or Drilling Reservist (TPU/IMA), Individual Ready Reserve (IRR), and Inactive National Guard on 2021 PHA.	.M="Missing" 0="No" 1="Yes" 9="Don't know"
pha_civ_care	Since your last PHA, have you received care or treatment for any medical/mental health condition(s) from a CIVILIAN or NON-MILITARY facility?	"Since your last PHA, have you received care or treatment for any medical and/or mental health condition(s) from CIVILIAN or NON-MILITARY facility? This includes privately paid elective surgeries." Question A.X.4 on 2016 PHA. Question A.X.3 on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_dlc_asthma	Asthma	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Asthma]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_blood	Blood problems	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [Blood problems (for example: hemophilia, sickle cell disease)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"

Variable	Label	Description	Format Text
pha_dlc_cancer	Cancer or history of cancer	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Cancer or history of cancer]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_chest	Chest pain/angina	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Chest pain (angina)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_chf	Congestive heart failure	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Congestive Heart Failure]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_chol	High or bad cholesterol	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [High or bad cholesterol]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_diabetes	Diabetes	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Diabetes]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_dizzy	Periods of dizziness, fainting, or loss of consciousness	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Periods of dizziness, fainting, or loss of consciousness]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_headache	Recurring headaches/migraines	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [Recurring headaches/migraines]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_hearing	Change in hearing that impacts duty performance	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Change in your hearing that impacts duty performance]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_heart	Abnormal heart beat	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Abnormal heart beat (arrhythmia)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_htn	High Blood Pressure	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [High blood pressure]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"

Variable	Label	Description	Format Text
pha_dlc_immune	Immune system problems	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [Immune system problems (for example: HIV, chemotherapy, radiation)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_kidney	Kidney problem	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [Kidney problems (for example: stones, infection)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_liver	Liver problems	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [Liver problems (for example: hepatitis, cirrhosis)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_lung	Other Lung problems	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Other lung problems (for example: Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, pneumonia, emphysema)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_muscle	Recurring muscle, joint, or low back pain	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [Recurring muscle, joint, or low back pain]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_neuro	Neurological problems	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Neurological problems (for example: stroke, seizures)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_noises	Noises in head or ears	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Persistent or recurring noises in your head or ears (for example: ringing, buzzing, humming)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_rash	New skin condition	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [New skin condition]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"

Variable	Label	Description	Format Text
pha_dlc_stomach	Stomach problems (for example: ulcer, reflux)	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [Stomach problems (for example: ulcer, reflux)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_tb	Tuberculosis	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Tuberculosis]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_tbi	Head injury/Traumatic Brain Injury (TBI)	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Head injury/concussion/Traumatic Brain Injury (TBI)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_tooth	Tooth or gum problems/pain	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [Tooth or gum problems/pain]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_vision	Change in vision that impacts duty performance	Question A.IV.1. "Since your last PHA/health assessment, have you experienced any of the following health conditions, and if so what is your status? [Change in your vision]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_dlc_wheezing	Wheezing, shortness of breath, or difficulty breathing	Question A.IV.2. "Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status? [Wheezing, shortness of breath, or difficulty breathing (other than asthma)]"	.M="Missing" 0="No" 1="Yes, no care" 2="Yes, but not under treatment" 3="Yes and under treatment"
pha_equip_prob	Problem wearing protective equipment?	"Do you have any problems wearing a gas mask, ballistic helmet, body armor, and/or chemical/biological protective garments?" Question A.IV.9a on 2016 PHA. Question A.IV.13a on 2021 PHA.	.M="Missing" 0="No" 1="Yes" 2="Never had to wear"
pha_glasses	Wear corrective lenses?	Question A.V.4. "Do you wear corrective lenses (glasses or contacts)?"	.M="Missing" 0="No" 1="Yes"
pha_glasses_num	How many pairs of corrective lenses?	2016 PHA question A.V.5. "How many pairs of glasses do you have?" 2021 PHA question A.V.5. "How many pairs of serviceable glasses do you have with a current prescription (verified within last 2 years)?"	.M="Missing" 0="0" 1="1" 2="2 or more"

Variable	Label	Description	Format Text
pha_health_assessment	Self Health Assessment	Question A.VII.1. "Overall, how would you rate your health during the PAST MONTH?"	.M="Missing" 1="Poor" 2="Fair" 3="Good" 4="Very good" 5="Excellent"
pha_imm_exempt	Ever advised by HCP against receiving a vaccine/immunization?	"Have you ever been told by a health care provider that you SHOULD NOT receive a vaccine/immunization for medical reasons?" Question A.IV.10a on 2016 PHA. Question A.IV.14a on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_imr_den	IMR Status: DEN	Question C.VI.0. "IMR (Individual Medical Readiness) STATUS: DEN (Dental Readiness)"	.M="Missing" 1="Ready" 2="Not Ready"
pha_imr_dlc	IMR Status: DLC	Question C.VI.0. "IMR (Individual Medical Readiness) STATUS: DLC/DLMC (Duty Limiting Conditions/Deployment-Limiting Medical Conditions)"	.M="Missing" 1="Ready" 2="Not Ready"
pha_imr_imm	IMR Status: IMM	Question C.VI.0. "IMR (Individual Medical Readiness) STATUS: IMM (Immunization)"	.M="Missing" 1="Ready" 2="Not Ready"
pha_imr_lab	IMR Status: LAB	Question C.VI.0. "IMR (Individual Medical Readiness) STATUS: LAB"	.M="Missing" 1="Ready" 2="Not Ready"
pha_imr_me	IMR Status: ME	Question C.VI.0. "IMR (Individual Medical Readiness) STATUS: ME (Medical Equipment)"	.M="Missing" 1="Ready" 2="Not Ready"
pha_imr_ready	Readiness Disposition	Question C.VI.0. "Individual Medical Readiness Disposition"	.M="Missing" 1="Fully" 2="Partially" 3="Not ready" 4="Indeterminate" 5="N/A"
pha_inserts	Have gas mask inserts?	2016 PHA question A.V.6. "Do you have gas mask inserts?" 2021 PHA question A.V.6. "Do you have gas mask inserts with a current prescription (verified within last 2 years)?"	.M="Missing" 0="No" 1="Yes"
pha_med_disp	Final Medical Disposition		.M="Missing" .V="Not on Form Version" 1="Deployable" 2="Deployable with conditions" 3="Not deployable-potential conditions"
pha_medical_dog_tag	Have red medical warning tags?	Question A.V.3. "Do you have red medical warning "dog tags," and are they current?"	.M="Missing" 1="Yes (current)" 2="Yes (not current)" 3="No (need one)" 4="No"

Variable	Label	Description	Format Text
pha_perm_profile	Permanent Profile or Assignment Limitation Code C	2016 PHA question A.IV.11a. "Do you have a permanent profile (Army) or an Assignment Limitation Code C (Air Force)?" 2021 PHA question A.IV.15a. "Are you CURRENTLY on a permanent profile, permanent limited duty (PLD), waiting on a MOS/Medical Retention Board (MMRB) decision, or being referred to a Medical Evaluation Board (MEB), or Physical Evaluation Board (PEB) (Army, Navy, Marine Corps, Coast Guard) or Do you CURRENTLY have an Assignment Limitation Code C (Air Force)?"	.M="Missing" 0="No" 1="Yes" 9="Don't know"
pha_prof_asthma	Any profile or limited duty for asthma?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Asthma]"	.M="Missing" 0="No" 1="Yes"
pha_prof_blood	Any profile or limited duty for blood problems?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Blood problems (for example: hemophilia, sickle cell disease)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_cancer	Any profile or limited duty for cancer or history of cancer?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Cancer or history of cancer]"	.M="Missing" 0="No" 1="Yes"
pha_prof_chest	Any profile or limited duty for chest pain/angina?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Chest pain (angina)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_chf	Any profile or limited duty for congestive heart failure?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Congestive Heart Failure]"	.M="Missing" 0="No" 1="Yes"
pha_prof_chol	Any profile or limited duty for high or bad cholesterol?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [High or bad cholesterol]"	.M="Missing" 0="No" 1="Yes"
pha_prof_diabetes	Any profile or limited duty for diabetes?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Diabetes]"	.M="Missing" 0="No" 1="Yes"
pha_prof_dizzy	Any profile or limited duty for periods of dizziness, fainting, or loss of consciousness?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Periods of dizziness, fainting, or loss of consciousness]"	.M="Missing" 0="No" 1="Yes"
pha_prof_headache	Any profile or limited duty for chronic headaches/migraines?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Recurring headaches/migraines]"	.M="Missing" 0="No" 1="Yes"
pha_prof_hearing	Any profile or limited duty for change in hearing that impacts duty performance?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Change in your hearing that impacts duty performance]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_prof_heart	Any profile or limited duty for abnormal heart beat?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Abnormal heart beat (arrhythmia)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_htn	Any profile or limited duty for high blood pressure?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [High blood pressure]"	.M="Missing" 0="No" 1="Yes"
pha_prof_immune	Any profile or limited duty for immune system problems?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Immune system problems (for example: HIV, chemotherapy, radiation)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_kidney	Any profile or limited duty for kidney problem?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Kidney problems (for example: stones, infection)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_liver	Any profile or limited duty for liver problems?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Liver problems (for example: hepatitis, cirrhosis)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_lung	Any profile or limited duty for other lung problems?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Other lung problems (for example: Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, pneumonia, emphysema)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_muscle	Any profile or limited duty for chronic muscle, joint, or low back pain?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Recurring muscle, joint, or low back pain]"	.M="Missing" 0="No" 1="Yes"
pha_prof_neuro	Any profile or limited duty for neurological problems?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Neurological problems (for example: stroke, seizures)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_noises	Any profile or limited duty for noises in head or ears?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Persistent or recurring noises in your head or ears (for example: ringing, buzzing, humming)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_rash	Any profile or limited duty for new skin condition?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [New skin condition]"	.M="Missing" 0="No" 1="Yes"
pha_prof_stomach	Any profile or limited duty for stomach problems (for example: ulcer, reflux)?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Stomach problems (for example: ulcer, reflux)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_tb	Any profile or limited duty for tuberculosis?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Tuberculosis]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_prof_tbi	Any profile or limited duty for head injury/traumatic brain injury (tbi)?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Head injury/concussion/Traumatic Brain Injury (TBI)]"	.M="Missing" 0="No" 1="Yes"
pha_prof_tooth	Any profile or limited duty for tooth or gum problems/pain?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Tooth or gum problems/pain]"	.M="Missing" 0="No" 1="Yes"
pha_prof_vision	Any profile or limited duty for change in vision that impacts duty performance?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Change in your vision]"	.M="Missing" 0="No" 1="Yes"
pha_prof_wheezing	Any profile or limited duty for wheezing, shortness of breath, or difficulty breathing?	Question A.IV.3. "For each condition, are you currently on any profile or limited duty (LIMDU) for that condition? [Wheezing, shortness of breath, or difficulty breathing (other than asthma)]"	.M="Missing" 0="No" 1="Yes"
pha_reftime_audiology	Referral indicated - Audiology	Question C.IV.3e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Audiology"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_special	Require special equipment or accommodations?	"Do you currently require hearing aids, special medical supplies, CPAP, adaptive equipment, assistive technology devices, and/or other special accommodations?" Question A.IV.7a. on 2016 PHA. Question A.IV.11a. on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_surg_rec	Surgery recommended but not performed?	"Since your last PHA, has a health care provider recommended surgery(s) that you have not had (whether you are planning to have it or not)?" Question A.IV.6a. on 2016 PHA. Question A.IV.10a. on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_surgery	Surgery since last PHA?	"Have you had any surgery since your last PHA?" Question A.IV.4. on 2016 PHA. Question A.IV.8. on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_temp_profile	Temporary Profile or Temporary Limited Duty	2016 PHA question A.IV.12a. "Are you on a temporary profile or limited duty (LIMDU/Light Limited Duty (LLD))?" 2021 PHA question A.IV.16a. "Are you on a temporary profile or temporary limited duty (LIMDU/TLD)?"	.M="Missing" 0="No" 1="Yes" 2="Yes, but feels ready for full duty"
pha_temp_profile_times	Times placed on a temporary profile or on limited duty in PAST 2 YEARS	2016 PHA question A.IV.13. "During the PAST 2 YEARS, how many times have you been placed on a temporary profile or on limited duty?" 2021 PHA question A.IV.17. "During the PAST 2 YEARS, how many times have you been placed on a temporary profile or on temporary limited duty (LIMDU/TLD)?"	Numeric .M="Missing"

Variable	Label	Description	Format Text
pha_waiver	Have a waiver/profile for any part of Physical Fitness test?	"Do you currently have a waiver or profile for any part of your Service's physical fitness test?" Question A.IV.8a on 2016 PHA. Question A.IV.12a on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_waiver_body	Waived/profiled: Body Composition Analysis	"Which component(s) of your physical fitness test are waived/profiled? Mark all that apply. [Body Composition Analysis (BCA) / Abdominal Circumference (not Army)]" Question A.IV.8b on 2016 PHA. Question A.IV.12b on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_waiver_cardio	Waived/profiled: Cardio Event	"Which component(s) of your physical fitness test are waived/profiled? Mark all that apply. [Cardio Event (for example: walk, run, bike, elliptical, swim)]" Question A.IV.8b on 2016 PHA. Question A.IV.12b on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_waiver_other	Waived/profiled: Other	"Which component(s) of your physical fitness test are waived/profiled? Mark all that apply. [Other]" Question A.IV.8b on 2016 PHA. Question A.IV.12b on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_waiver_pullups	Waived/profiled: Pull-Ups or Flexed Arm Hang	"Which component(s) of your physical fitness test are waived/profiled? Mark all that apply. [(Marine Corps only) Pull-Ups or Flexed Arm Hang]" Question A.IV.8b on 2016 PHA. Question A.IV.12b on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_waiver_pushups	Waived/profiled: Push-Ups	"Which component(s) of your physical fitness test are waived/profiled? Mark all that apply. [(non Marine Corps) Push-Ups]" Question A.IV.8b on 2016 PHA. Question A.IV.12b on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_waiver_situps	Waived/profiled: Crunches / Sit-Ups	"Which component(s) of your physical fitness test are waived/profiled? Mark all that apply. [Crunches / Sit-Ups]" Question A.IV.8b on 2016 PHA. Question A.IV.12b on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_weight_change	Had unexplained weight loss or gain in the LAST YEAR?	Question A.VII.19. "Have you had any unexplained weight loss or gain since your last PHA?"	.M="Missing" 0="No" 1="Yes"

Section 5: Overall Behavioral Health

Variable	Label	Description	Format Text
pha_gamble	Ever gambled in the past year?	2021 PHA question A.VI.4a. "In the past 12 months, have you gambled?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_gamble_hide	Tried to hide gambling habits from family or friends in the past year?	2021 PHA question A.VI.4c. "During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_gamble_money	Needed help with living expenses in the past year because of gambling?	2021 PHA question A.VI.4d. "During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_gamble_stop	Became restless, irritable, or anxious when trying to stop/limit gambling in the past year?	2021 PHA question A.VI.4b. "During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_reftime_abuse	Referral indicated - Substance abuse program	Question C.IV.3g. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Substance Abuse Program"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"

Section 6: PTSD

Variable	Label	Description	Format Text
pha_alert	Felt jumpy or easily startled in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Feeling jumpy or easily startled?]" Question A.VI.5u on 2016 PHA. Question A.VI.6v on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_angry_outbursts	Felt irritable or had angry outbursts in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Feeling irritable or having angry outbursts?]" Question A.VI.5r on 2016 PHA. Question A.VI.6s on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_avoid_activities	Avoided activities or situations that remind you of a stressful past experience in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Avoid activities or situations because the remind you of a stressful experience from the past?]" Question A.VI.5k on 2016 PHA. Question A.VI.6l on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_avoid_situations	Avoided thinking about or being reminded of any past experience in the past month?	"Have you ever had any experience that was so frightening, horrible, or upsetting that, in the PAST MONTH, you: [Tried hard not to think about it or went out of your way to avoid situations that remind you of it?]" Question A.VI.5b on 2016 PHA. Question A.VI.6b on 2021 PHA.	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_avoid_think	Avoided thinking, talking, or feeling about a stressful past experience in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?]" Question A.VI.5j on 2016 PHA. Question A.VI.6k on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_blame	Felt guilt or were unable to stop blaming self or others in the past month for any past experience or any problems the experience may have caused?	2021 PHA question A.VI.6e. "Have you ever had any experience that was so frightening, horrible, or upsetting that, in the PAST MONTH, you: [Felt guilt or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?]"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_con_ptsd	Provider identified PTSD symptoms concerns?	Question C.IV.2e. "Summary of Provider's identified concerns (Mark all that apply): PTSD Symptoms"	.M="Missing" 0="No" 1="Yes"
pha_concentrate	Had difficulty concentrating in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Having difficulty concentrating?]" Question A.VI.5s on 2016 PHA. Question A.VI.6t on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_detached	Felt numb or detached in the past month because of any past experience?	"Have you ever had any experience that was so frightening, horrible, or upsetting that, in the PAST MONTH, you: [Felt numb or detached from others, activities, or your surroundings?]" Question A.VI.5d on 2016 PHA. Question A.VI.6d on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_disinterest	Had loss of interest in things you used to enjoy in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Loss of interest in things that you used to enjoy?]" Question A.VI.5m on 2016 PHA. Question A.VI.6n on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"

Variable	Label	Description	Format Text
pha_distant	Felt distant or cut off from other people in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Feeling distant or cut off from other people?]" Question A.VI.5n on 2016 PHA. Question A.VI.6o on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_doom	Felt as if your future will somehow be cut short in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Feeling as if your future will somehow be cut short?]" Question A.VI.5p on 2016 PHA. Question A.VI.6q on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_dreams	Had repeated, disturbing dreams of a stressful past experience in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Repeated, disturbing dreams of a stressful experience from the past?]" Question A.VI.5f on 2016 PHA. Question A.VI.6g on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_insomnia	Had trouble falling or staying asleep in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Trouble falling or staying asleep?]" Question A.VI.5q on 2016 PHA. Question A.VI.6r on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_life_difficult	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	"How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?" Question A.VI.5v on 2016 PHA. "Problems" refers to questions 5e through 5u. Question A.VI.6w on 2021 PHA. "Problems" refers to questions 6f through 6v.	.M="Missing" 0="Not difficult at all" 1="Somewhat difficult" 2="Very difficult" 3="Extremely difficult"

Variable	Label	Description	Format Text
pha_memories	Had repeated, disturbing memories, thoughts, or images of a stressful past experience in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?]" Question A.VI.5e on 2016 PHA. Question A.VI.6f on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_nightmares	Had nightmares or unwanted thoughts about any past experience in the past month?	"Have you ever had any experience that was so frightening, horrible, or upsetting that, in the PAST MONTH, you: [Have had nightmares about it or thought about it when you did not want to?]" Question A.VI.5a on 2016 PHA. Question A.VI.6a on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_numb	Felt emotionally numb or unable to have loving feelings for those close to you in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Feeling emotionally numb or being unable to have loving feelings for those close to you?]" Question A.VI.5o on 2016 PHA. Question A.VI.6p on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_on_guard	Were constantly on guard, watchful or easily startled in the past month because of any past experience?	"Have you ever had any experience that was so frightening, horrible, or upsetting that, in the PAST MONTH, you: [Were constantly on guard, watchful, or easily startled?]" Question A.VI.5c on 2016 PHA. Question A.VI.6c on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_pcllc_incomplete	Deployer PTSD questions were not answered or are incomplete?		.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_pcllc_matrix	PTSD Intervention Matrix, Self-Reported Level of Functioning	Question C.II.4b. "If yes, Service members responses to questions resulted in a PCL-C score of (X), and the Service member's response to level of impairment with life events is indicated in the table below. Self-Reported Level of Functioning:"	.M="Missing" 1="Not difficult at all or somewhat difficult" 2="Very difficult to extremely difficult"
pha_pcllc_score	Total PCLC Score	Question C.II.4b. "If yes, Service members responses to questions resulted in a PCL-C score of (X), and the Service member's response to level of impairment with life events is indicated in the table below. Enter PCL-C Score:"	Numeric .M="Missing" 999="Not answered by deployer"

Variable	Label	Description	Format Text
pha_phys_reaction	Had physical reactions when reminded of a stressful past experience in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?]" Question A.VI.5i on 2016 PHA. Question A.VI.6j on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_ptsd_reported	Did deployer report PTSD on leading questions?	2016 PHA question C.II.4a. "Did Service member mark yes on two or more of questions?" 2021 PHA question C.II.4a. "Did Service member mark yes on three or more of questions?"	.M="Missing" 0="No" 1="Yes" 9="Not answered by deployer"
pha_ref_ptsd	Referral indicated for PTSD?	Question C.II.4c. "Referral indicated?"	.M="Missing" 0="No" 1="Yes"
pha_ref_ptsd_neg	Reason for no PTSD referral	Question C.II.4c. "Referral indicated? [No:]"	.M="Missing" 1="Already under care" 2="Already has referral" 3="No significant impairment" 4="Other reason"
pha_refer_ptsd	Provider identified PTSD concerns needing referral?	Question C.II.9f. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): PTSD Symptoms"	.M="Missing" 0="No" 1="Yes"
pha_reliving	Suddenly acted or felt as if a stressful past experience were happening again in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?]" Question A.VI.5g on 2016 PHA. Question A.VI.6h on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"
pha_trouble_memory	Had trouble remembering important parts of a stressful past experience in the past month?	"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Trouble remembering important parts of a stressful experience from the past?]" Question A.VI.5l on 2016 PHA. Question A.VI.6m on 2021 PHA.	.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"

Variable	Label	Description	Format Text
pha_upset	Felt very upset when reminded of a stressful past experience in the past month?	<p>"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Feeling very upset when something reminded you of a stressful experience from the past?]"</p> <p>Question A.VI.5h on 2016 PHA. Question A.VI.6i on 2021 PHA.</p>	<p>.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"</p>
pha_watchful	Felt "super alert," watchful, or on guard in the past month?	<p>"Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. [Being "super alert" or watchful, on guard?]"</p> <p>Question A.VI.5t on 2016 PHA. Question A.VI.6u on 2021 PHA.</p>	<p>.M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely"</p>

Section 7: Alcohol

Variable	Label	Description	Format Text
pha_alcohol_binge	Alcohol Binge Frequency	"How often do you have six or more drinks on one occasion?" Question A.VI.4c on 2016 PHA. Question A.VI.5c on 2021 PHA.	.M="Missing" 0="Never" 1="Less than monthly" 2="Monthly" 3="Weekly" 4="Daily or almost daily"
pha_alcohol_day	Alcohol Drinks Per Day	"How many drinks containing alcohol do you have on a typical day when you are drinking?" Question A.VI.4b on 2016 PHA. Question A.VI.5b on 2021 PHA.	.M="Missing" 1="1 or 2" 2="3 or 4" 3="5 or 6" 4="7 to 9" 5="10 or more"
pha_alcohol_often	Alcohol Frequency	"How often do you have a drink containing alcohol?" Question A.VI.4a on 2016 PHA. Question A.VI.5a on 2021 PHA.	.M="Missing" 0="Never" 1="Monthly" 2="2-4 times a month" 3="2-3 times per week" 4="4 or more times a week"
pha_alcohol_total_provider	Reported number of drinks per occasion	Question C.II.3a. "Alcohol use as reported in Service member question. Maximum number of drinks per occasion:"	Numeric .M="Missing"
pha_alcohol_week_provider	Reported number of drinks per week	Question C.II.3a. "Alcohol use as reported in Service member question. Number of drinks per week:"	Numeric .M="Missing"
pha_con_alcohol	Provider identified alcohol use concerns?	Question C.IV.2d. "Summary of Provider's identified concerns (Mark all that apply): Alcohol Use"	.M="Missing" 0="No" 1="Yes"
pha_ref_alcohol	Referral indicated for evaluation ETOH	Question C.II.3b. "Referral indicated for evaluation:"	.M="Missing" 0="No" 1="Yes"
pha_ref_alcohol_neg	Reason for no alcohol referral	Question C.II.3b. "Referral indicated for evaluation: [No (Provide education/awareness as needed) State reason if AUDIT-C Score was 8+:]"	.M="Missing" 1="Already under care" 2="Already has referral" 3="No significant impairment" 4="Other reason"
pha_refer_alcohol	Provider identified alcohol use concerns needing referral?	Question C.II.9e. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): Alcohol Use"	.M="Missing" 0="No" 1="Yes"

Section 8: Depression

Variable	Label	Description	Format Text
pha_con_depression	Provider identified depression symptoms concerns?	Question C.IV.2f. "Summary of Provider's identified concerns (Mark all that apply): Depression Symptoms"	.M="Missing" 0="No" 1="Yes"
pha_depression_reported	Did deployer report depression?	Question C.II.5a. "Did Service member mark "More than half the days," or "Nearly every day" on questions?"	.M="Missing" 0="No" 1="Yes" 9="Not answered by deployer"
pha_phq8_incomplete	Deployer depression questions were not answered or incomplete?		.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_phq8_matrix	Depression Intervention Matrix, Self-Reported Level of Functioning	Question C.II.5b. "If yes, Service member's responses to questions resulted in a PHQ-8 score of (X), and the Service member's response level of impairment with life events is indicated in the table below. Self-Reported Level of Functioning:"	.M="Missing" 1="Not difficult at all or somewhat difficult" 2="Very difficult to extremely difficult"
pha_phq8_score	Total PHQ-8 score	Question C.II.5b. "If yes, Service member's responses to questions resulted in a PHQ-8 score of (X), and the Service member's response level of impairment with life events is indicated in the table below. Enter PHQ-8 Score:"	Numeric .M="Missing" 999="Not answered by deployer"
pha_ref_depression	Referral for depression education?	Question C.II.5c. "Referral indicated?"	.M="Missing" 0="No" 1="Yes"
pha_ref_depression_neg	Reason for no depression referral	Question C.II.5c. "Referral indicated? [No:]"	.M="Missing" 1="Already under care" 2="Already has referral" 3="No significant impairment" 4="Other reason"
pha_refer_depression	Provider identified depression concerns needing referral?	Question C.II.9g. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): Depression Symptoms"	.M="Missing" 0="No" 1="Yes"
pha_weeks_appetite	How often has poor appetite or overeating bothered you in the last 2 weeks?	"Over the LAST 2 WEEKS, how often have you been bothered by the following problems? [Poor appetite or overeating.]" Question A.VI.6e on the 2016 PHA. Question A.VI.7e on the 2021 PHA.	.M="Missing" 0="Not at all" 1="Few or several days" 2="More than half the days" 3="Nearly every day"
pha_weeks_concentrate	How often has trouble concentrating on things bothered you in the last 2 weeks?	"Over the LAST 2 WEEKS, how often have you been bothered by the following problems? [Trouble concentrating on things, such as reading the newspaper or watching television.]" Question A.VI.6g on the 2016 PHA. Question A.VI.7g on the 2021 PHA.	.M="Missing" 0="Not at all" 1="Few or several days" 2="More than half the days" 3="Nearly every day"

Variable	Label	Description	Format Text
pha_weeks_depressed	How often has feeling down, depressed, or hopeless bothered you in the last 2 weeks?	"Over the LAST 2 WEEKS, how often have you been bothered by the following problems? [Feeling down, depressed, or hopeless.]" Question A.VI.6b on the 2016 PHA. Question A.VI.7b on the 2021 PHA.	.M="Missing" 0="Not at all" 1="Few or several days" 2="More than half the days" 3="Nearly every day"
pha_weeks_failure	How often have feelings of failure bothered you in the last 2 weeks?	"Over the LAST 2 WEEKS, how often have you been bothered by the following problems? [Feeling bad about yourself - or that you are a failure or have let yourself or your family down.]" Question A.VI.6f on the 2016 PHA. Question A.VI.7f on the 2021 PHA.	.M="Missing" 0="Not at all" 1="Few or several days" 2="More than half the days" 3="Nearly every day"
pha_weeks_lethargic_jumpy	How often has moving or speaking slowly or being overly fidgety bothered you in the last 2 weeks?	"Over the LAST 2 WEEKS, how often have you been bothered by the following problems? [Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety that you have been moving around a lot more than usual.]" Question A.VI.6h on the 2016 PHA. Question A.VI.7h on the 2021 PHA.	.M="Missing" 0="Not at all" 1="Few or several days" 2="More than half the days" 3="Nearly every day"
pha_weeks_little_interest	How often has having little interest or pleasure in doing things bothered you in the last 2 weeks?	"Over the LAST 2 WEEKS, how often have you been bothered by the following problems? [Little interest or pleasure in doing things.]" Question A.VI.6a on the 2016 PHA. Question A.VI.7a on the 2021 PHA.	.M="Missing" 0="Not at all" 1="Few or several days" 2="More than half the days" 3="Nearly every day"
pha_weeks_problems	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	"Over the LAST 2 WEEKS, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?" Question A.VI.6i on the 2016 PHA. "Problems" refers to questions 6a-6h. Question A.VI.7i on the 2021 PHA. "Problems" refers to questions 7a-7h.	.M="Missing" 0="Not difficult at all" 1="Somewhat difficult" 2="Very difficult" 3="Extremely difficult"
pha_weeks_sleep	How often has trouble falling/staying asleep or sleeping too much bothered you in the last 2 weeks?	"Over the LAST 2 WEEKS, how often have you been bothered by the following problems? [Trouble falling/staying asleep, sleep too much.]" Question A.VI.6c on the 2016 PHA. Question A.VI.7c on the 2021 PHA.	.M="Missing" 0="Not at all" 1="Few or several days" 2="More than half the days" 3="Nearly every day"
pha_weeks_tired	How often has feeling tired or having little energy bothered you in the last 2 weeks?	"Over the LAST 2 WEEKS, how often have you been bothered by the following problems? [Feeling tired or having little energy.]" Question A.VI.6d on the 2016 PHA. Question A.VI.7d on the 2021 PHA.	.M="Missing" 0="Not at all" 1="Few or several days" 2="More than half the days" 3="Nearly every day"

Section 9: Exposures

Variable	Label	Description	Format Text
pha_airborne	Have you been exposed to toxic airborne chemicals or other airborne contaminants?	2021 PHA question A.IV.5. "Have you been exposed to toxic airborne chemicals or other airborne contaminants?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes" 9="Not sure"
pha_burn_pit	Have you been based or stationed at a location where an open burn pit was used?	2021 PHA question A.IV.4. "Have you been based or stationed at a location where an open burn pit was used?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes" 9="Not sure"
pha_burn_pit_reg_elect	Do you elect to enroll in the Airborne Hazards and Open Burn Pit Registry?	2021 PHA question A.IV.7. "If you are eligible, do you elect to enroll in the Airborne Hazards and Open Burn Pit Registry?"	.M="Missing" .V="Not on Form Version" 0="No / Not eligible" 1="Yes"
pha_burn_pit_reg_enroll	Are you enrolled in the Airborne Hazards and Open Burn Pit Registry?	2021 PHA question A.IV.6. "(If "Yes" or "Not Sure" marked in 4 or 5) Are you enrolled in the Airborne Hazards and Open Burn Pit Registry?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_con_enviro	Provider identified environment/work exposure concerns?	Question C.IV.2c. "Summary of Provider's identified concerns (Mark all that apply): Environmental/Work Exposure"	.M="Missing" 0="No" 1="Yes"

Section 10: Suicide

Variable	Label	Description	Format Text
pha_con_harm	Provider identified risk of self-harm concerns?	Question C.IV.2h. "Summary of Provider's identified concerns (Mark all that apply): Risk of Self-Harm"	.M="Missing" 0="No" 1="Yes"
pha_suicide_a_2016	Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?	2016 PHA question C.II.6a. "Ask "Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_a_2021	Over the PAST MONTH, have you wished you were dead or wished you could go to sleep and not wake up?	2021 PHA question C.II.6a. "Ask "Over the PAST MONTH, have you wished you were dead or wished you could go to sleep and not wake up?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_b_2016	How often have you been bothered by these thoughts?	2016 PHA question C.II.6b. "If 6.a. was yes, ask: "How often have you been bothered by these thoughts?"	.M="Missing" .V="Not on Form Version" 1="Very few days" 2="More than half of the time" 3="Nearly every day"
pha_suicide_b_2021	Have you actually had any thoughts of killing yourself?	2021 PHA question C.II.6b. "Ask "Have you actually had any thoughts of killing yourself?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_c_2016	Have you had thoughts of hurting yourself?	2016 PHA question C.II.6c. "If 6.a. was yes, ask: "Have you had thoughts of hurting yourself?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_c_2021	Over the PAST MONTH, have you been thinking about how you might do this?	2021 PHA question C.II.6c. "Ask "Over the PAST MONTH, have you been thinking about how you might do this?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_d_2016	Have you thought about how you might actually hurt yourself?	2016 PHA question C.II.6d. "Ask: "Have you thought about how you might actually hurt yourself?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_d_2021	Over the PAST MONTH, have you had these thoughts and had some intention of acting on them?	2021 PHA question C.II.6d. "Ask "Over the PAST MONTH, have you had these thoughts and had some intention of acting on them?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_e1	Over the PAST MONTH, have you started to work out or worked out the details of how to kill yourself?	2021 PHA question C.II.6e.1. "Ask "Over the PAST MONTH, have you started to work out or worked out the details of how to kill yourself?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_e2	At any time in the PAST MONTH, did you intend to carry out this plan?	2021 PHA question C.II.6e.2. "Ask "At any time in the PAST MONTH, did you intend to carry out this plan?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_suicide_f1	In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?	2021 PHA question C.II.6f.1. "Ask "In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_f2	Was this within the past three months?	2021 PHA question C.II.6f.2. "Ask "Was this within the past three months?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_suicide_risk	Does deployer pose a current risk for harm to self?	"Does Service member pose a current risk of harm to self?" Question C.II.6i on 2016 PHA. Question C.II.6h on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_violence	Had thoughts or concerns of violence in past month?	Question C.II.7a. "Ask "Over the past month have you had thoughts or concerns that you might hurt or lose control with someone?"	.M="Missing" 0="No" 1="Yes"
pha_violence_risk	Does member pose a current risk to others?	Question C.II.7b. "Does the member pose a current risk to others?"	.M="Missing" 0="No" 1="Yes"

Section 11: Mental Health

Variable	Label	Description	Format Text
pha_care_mental	Received care for any mental health condition or concern in the past year?	Question A.VI.2a. "In the PAST YEAR did you receive care for any mental health condition or concern such as, but not limited to, post-traumatic stress disorder (PTSD), depression, anxiety disorder, alcohol abuse, or substance abuse?"	.M="Missing" 0="No" 1="Yes"
pha_con_mh	Provider identified mental health symptoms concerns?	Question C.IV.2g. "Summary of Provider's identified concerns (Mark all that apply): Mental Health Symptoms"	.M="Missing" 0="No" 1="Yes"
pha_refer_mh	Provider identified mental health concerns needing referral?	Question C.II.9d. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): Mental Health Symptoms"	.M="Missing" 0="No" 1="Yes"
pha_reftime_mental_primary	Referral indicated - Behavioral Health in Primary Care	Question C.IV.3b. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Behavioral Health in Primary Care"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_reftime_mental_special	Referral indicated - Mental Health	Question C.IV.3c. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Mental Health Specialty Care"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_stressor_fam	Major life stressors over the PAST MONTH: Family/Relationship	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [Family/Relationship]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_stressor_legal	Major life stressors over the PAST MONTH: Legal	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [Legal]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_stressor_mh	Major life stressors over the PAST MONTH: Behavioral Health	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [Behavioral Health]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_stressor_money	Major life stressors over the PAST MONTH: Financial	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [Financial]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
pha_stressor_none	Major life stressors over the PAST MONTH: None	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [None]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_stressor_oth	Major life stressors over the PAST MONTH: Other	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [Other, explain:]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_stressor_sleep	Major life stressors over the PAST MONTH: Sleep	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [Sleep]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_stressor_spirit	Major life stressors over the PAST MONTH: Spiritual	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [Spiritual]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_stressor_sub	Major life stressors over the PAST MONTH: Substance abuse (including alcohol)	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [Substance abuse (including alcohol)]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_stressor_work	Major life stressors over the PAST MONTH: Employment	2021 PHA question A.VI.1a. "Over the PAST MONTH, which major life stressors, if any, have experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? Mark all that apply. [Employment]"	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"

Section 12: Smoking and Tobacco

Variable	Label	Description	Format Text
pha_tob_bidis	Used in last 30 days: Bidis	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Bidis (small brown cigarettes wrapped in a leaf)]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_chew	Used in last 30 days: Chewing Tobacco	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Chewing Tobacco, Snuff, or Dip]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_cigars	Used in last 30 days: Cigars	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Cigars, Cigarillos, or Little Cigars]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_cigs	Used in last 30 days: Cigarettes	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Cigarettes]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_diss	Used in last 30 days: Dissolvable tobacco	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Dissolvable Tobacco Products]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_e_cigs	Used in last 30 days: Electronic Cigarettes	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Electronic Cigarettes, E-Cigarettes, or Vape Pens]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_hook	Used in last 30 days: Hookahs	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Hookahs or Waterpipes]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_long	How long have you been using tobacco products?	Question A.VII.13b. "How long have you been using tobacco products?"	.M="Missing" 1="Less than 1 year" 2="1-5 years" 3="6-10 years" 4="11-15 years" 5="More than 15 years"
pha_tob_none	No tobacco products used in last 30 days	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [None]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_often	How often do you smoke tobacco?	Question A.VII.13c. "How often do you smoke tobacco?" Question is only on 2021 PHA.	.M="Missing" .V="Not on Form Version" 1="Just about every day" 2="Some days"

Variable	Label	Description	Format Text
pha_tob_other	Used in last 30 days: Other	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Other]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_packs	How many packs per day do you smoke?	"How many packs per day do you smoke?" Question A.VII.13c on 2016 PHA. Question A.VII.13d on 2021 PHA.	.M="Missing" 1="Less than 0.5 pack/day" 2="0.5-1 pack/day" 3="1.5-2 packs/day" 4="2.5-3 packs/day" 5="More than 3 packs/day"
pha_tob_past	Past use of tobacco?	Question A.VII.15. "Which of the following best describes your past tobacco use?"	.M="Missing" 0="Never used tobacco products" 1="Used tobacco in the past"
pha_tob_past_year	Year quit using tobacco	Question A.VII.15. "Which of the following best describes your past tobacco use? [I used tobacco in the past, but quit in ____ (year)]"	Numeric .M="Missing"
pha_tob_pipe	Used in last 30 days: Pipes	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Pipes filled with tobacco (not Waterpipes)]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tob_quit	Interested in quitting tobacco?	Question A.VII.14. "Are you interested in quitting tobacco?"	.M="Missing" 0="No" 1="Yes, wants referral" 2="Yes, no referral"
pha_tob_smoke	Regularly exposed to secondhand smoke	Question A.VII.16. "Are you regularly exposed to secondhand smoke, a mixture of smoke that comes from the burning end of a cigarette, cigar, or pipe, and the smoke breathed out by the smoker (housemate, carpool, work environment)?"	.M="Missing" 0="No" 1="Yes"
pha_tob_snus	Used in last 30 days: Snus	Question A.VII.13a. "In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply. [Snus (moist tobacco powder placed under the lip)]"	.M="Missing" 0="Not Checked" 1="Checked"

Section 13: Sexual Health

Variable	Label	Description	Format Text
pha_preg_bcp	Method to avoid pregnancy: BCP's	<p>2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Birth control pills/contraceptive patch/vaginal ring/injectable]"</p> <p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am actively taking steps to prevent pregnancy, including: [Daily - Birth control pills]"</p>	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_chaste	Method to avoid pregnancy: N/A, Not sexually active	<p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am not actively taking steps to prevent pregnancy as: [I am not sexually active]"</p> <p>Chastity response only appears on 2021 PHA. 2016 PHA groups non-sexually active under N/A.</p>	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_preg_condom	Method to avoid pregnancy: CONDOM	<p>2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Condoms]"</p> <p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. With intercourse (mark all that apply): [Condoms]"</p>	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_cur	Method to avoid pregnancy: N/A, Currently pregnant	<p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am not actively taking steps to prevent pregnancy as: [I am, or my partner is, currently pregnant]"</p> <p>Response appears on 2021 PHA and not on 2016 PHA.</p>	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
pha_preg_diaphragm	Method to avoid pregnancy: DIAPHRAGM	2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Cervical cap/diaphragm]" 2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. With intercourse (mark all that apply): [Cervical cap/diaphragm]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_implant	Method to avoid pregnancy: IMPLANT	2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Implant]" Implant-only response only appears on 2016 PHA. 2021 PHA groups implant with IUD.	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_preg_inject	Method to avoid pregnancy: Injectable	2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am actively taking steps to prevent pregnancy, including: [Injectable - Every 3 months]" Injectable-only response only appears on 2021 PHA. 2016 PHA groups injectables with birth control pills, contraceptive patches, and vaginal rings.	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_preg_iud	Method to avoid pregnancy: IUD	2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [IUD]" 2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am actively taking steps to prevent pregnancy, including: [Long Term - IUD or implant]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_na	Method to avoid pregnancy: N/A	2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [N/A: Was not sexually active with a member of the opposite sex or was not sexually active]" Response only appears on 2016 PHA and not on 2021 PHA.	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
pha_preg_none	Method to avoid pregnancy: NONE	<p>2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Not trying to become pregnant, but did not use anything]"</p> <p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am not actively taking steps to prevent pregnancy as: [My partner(s) or I do not use any contraception]"</p>	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_none_trying	Method to avoid pregnancy: None, but trying to become pregnant	<p>2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Trying to become pregnant so did not use anything]"</p> <p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am not actively taking steps to prevent pregnancy as: [My partner(s) or I intend to get pregnant in the next year]"</p>	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_other	Method to avoid pregnancy: OTHER	<p>2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Other]"</p> <p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am actively taking steps to prevent pregnancy, including: [Other contraceptive method]"</p>	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_patch	Method to avoid pregnancy: Patch or Ring	<p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am actively taking steps to prevent pregnancy, including: [Monthly - Contraceptive patch/vaginal ring]"</p> <p>This response only appears on 2021 PHA. 2016 PHA groups contraceptive patches and vaginal rings with birth control pills and injectables.</p>	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
pha_preg_planb	Method to avoid pregnancy: Emergency Contraception	<p>2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Emergency contraception (such as Plan B)]"</p> <p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am actively taking steps to prevent pregnancy, including: [Emergency contraception (such as Plan B)]"</p>	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_rhythm	Method to avoid pregnancy: RHYTHM	<p>2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Rhythm by calendar/temperature/cervical mucus test]"</p> <p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. With intercourse (mark all that apply): [Rhythm by calendar/temperature/cervical mucus test]"</p>	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_same	Method to avoid pregnancy: N/A, Same sex partner(s)	<p>2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am not actively taking steps to prevent pregnancy as: [I have a same sex partner(s)]"</p> <p>Same-sex response only appears on 2021 PHA. 2016 PHA groups only same-sex partners under N/A.</p>	.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_preg_scare	Had a pregnancy scare in last year?	<p>Question A.VII.23. "In the last year, have you or your partner had a pregnancy scare, where you were not trying to get pregnant but were worried enough to use a home pregnancy test?"</p> <p>Question only appears on 2021 PHA.</p>	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_preg_sterilization	Method to avoid pregnancy: STERILIZATION	2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Sterilization]" 2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. I am actively taking steps to prevent pregnancy, including: [Sterilization]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_preg_withdrawl	Method to avoid pregnancy: WITHDRAWAL	2016 PHA question A.VII.22. "Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply. [Withdrawal or "pulling out"]" 2021 PHA question A.VII.22. "Since your last PHA, what contraceptive methods, if any, have you and your partner(s) been using to prevent pregnancy? Mark all that apply. With intercourse (mark all that apply): [Withdrawal or "pulling out"]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_sti_test_f	[Females] Record of receiving syphilis/chlamydia/gonorrhea test?	"(If Service member is or may be pregnant, and/or is a female who identifies as "At Risk [for STIs/STDs]") Is there a record of the Service member receiving a syphilis, chlamydia, and gonorrhea test since her last PHA?" Question B.V.5 on 2016 PHA. Question B.V.6 on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_rr_sti_test_m	[Males] Record of receiving syphilis/chlamydia/gonorrhea test?	Question B.IV.2. "(For males who identified as being at risk for STIs/STDs) Is there a record of the Service member receiving a syphilis, chlamydia and gonorrhea test since their last PHA?"	.M="Missing" 0="No" 1="Yes"
pha_sti_risk	Risk of STI/STD	Question A.VII.20. "Sexually transmitted infections or diseases (STIs/STDs) are common. Risk factors for these include, but are not limited to (choose an answer based on your risk): 1. A new sex partner in the past 3 months 2. More than one sex partner in the last 12 months 3. Sexually active women less than 25 years of age 4. Inconsistent use of latex condoms (not using latex condoms every time) 5. Men who have sex with men 6. Sexual contact with person(s) with known STIs/STDs or know risk of STIs/STDs 7. Exchanged money or drugs for sex 8. Injection drug use"	.M="Missing" 0="Not at risk" 1="At risk"

Variable	Label	Description	Format Text
pha_sti_test	[Males] Had a syphilis, chlamydia, and gonorrhea test since last PHA?	<p>Question A.VII.21. "Have you had a syphilis, chlamydia, and gonorrhea test since your last PHA?"</p> <p>Question applies to males who identify as at-risk for STIs/STDs on one or more risk factors in question A.VII.20.</p>	.M="Missing" 0="No" 1="Yes"
pha_wom_sti	Had a chlamydia and/or gonorrhea test in the PAST 12 MONTHS?	<p>"Have you had a syphilis, chlamydia, and gonorrhea test since your last PHA?"</p> <p>Question A.VIII.9 on 2016 PHA. Question A.VIII.12 on 2021 PHA.</p> <p>Question applies to females who identified as pregnant or may be pregnant and/or at-risk for STIs/STDs on one or more risk factors in question A.VII.20.</p>	.M="Missing" 0="No" 1="Yes"

Section 14: Interview/Record Reviewer

Variable	Label	Description	Format Text
pha_appointment_assist	Supplemental services - Appointment Assistance	Question C.II.13. "Supplemental services recommended/information provided. [Appointment Assistance]"	.M="Missing" 0="Not checked" 1="Checked"
pha_appointment_none	No supplemental services required		.M="Missing" .V="Not on Form Version" 0="Not checked" 1="Checked"
pha_cert_provider_mhp	Certify MHA has been completed	"I hereby certify that the Mental Health Assessment process has been completed."	.M="Missing" 0="No" 1="Yes"
pha_certify_icd10	Certify visit is ICD-10 coded by DOD_0225	Question C.VIII.0. "This visit is ICD-10 coded by DOD_0225"	.M="Missing" 0="No" 1="Yes"
pha_chaplain	Supplemental services - Chaplain	Question C.II.13. "Supplemental services recommended/information provided. [Chaplain]"	.M="Missing" 0="Not checked" 1="Checked"
pha_community	Supplemental services - Community Service	Question C.II.13. "Supplemental services recommended/information provided. [Community Service]"	.M="Missing" 0="Not checked" 1="Checked"
pha_con_dental	Provider identified dental health concerns?	Question C.IV.2b. "Summary of Provider's identified concerns (Mark all that apply): Dental Health"	.M="Missing" 0="No" 1="Yes"
pha_con_none	Provider did not identify any concerns?	Question C.IV.2. "Summary of Provider's identified concerns (Mark all that apply): [None Identified]" Response appears on 2021 PHA, but not on 2016 PHA.	.M="Missing" .V="Not on Form Version" 0="Not checked" 1="Checked"
pha_con_other	Provider identified other concerns?	Question C.IV.2j. "Summary of Provider's identified concerns (Mark all that apply): Other (List):"	.M="Missing" 0="No" 1="Yes"
pha_con_ph	Provider identified physical health concerns?	Question C.IV.2a. "Summary of Provider's identified concerns (Mark all that apply): Physical Health"	.M="Missing" 0="No" 1="Yes"
pha_con_violence	Provider identified risk of violence concerns?	Question C.IV.2i. "Summary of Provider's identified concerns (Mark all that apply): Risk of Violence"	.M="Missing" 0="No" 1="Yes"
pha_contract_sup	Supplemental services - Contract support	Question C.II.13. "Supplemental services recommended/information provided. [Contract Support]"	.M="Missing" 0="Not checked" 1="Checked"
pha_dep_dec_assess	Deployer declined to complete interview/assessment?	Question C.II.8. "Service member issues with this assessment (mark as appropriate): [Service member declined to complete interview/assessment]"	.M="Missing" 0="No" 1="Yes"
pha_dep_dec_form	Deployer declined to complete form?	Question C.II.8. "Service member issues with this assessment (mark as appropriate): [Service member declined to complete this form]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fam_support	Supplemental services - Family Support	Question C.II.13. "Supplemental services recommended/information provided. [Family Support]"	.M="Missing" 0="Not checked" 1="Checked"
pha_hcp_assess	Indicate which assessment(s) you are completing:	Question C.I.1. "Indicate which assessment(s) you are completing."	.M="Missing" 1="PHA and MHA" 2="PHA only" 3="MHA only"
pha_hcp_concerns	Provider concerns with this assessment	Question C.IV.1. "Provider concerns with this assessment (mark as appropriate):"	.M="Missing" 0="None" 1="Issues after review" 2="Issues after interview" 3="Requests appointment"
pha_health_ed	Supplemental services - Health Education and Information	Question C.II.13. "Supplemental services recommended/information provided. [Health Education and Information]"	.M="Missing" 0="Not checked" 1="Checked"
pha_health_resources	Supplemental services - Health Care Benefits and Resources Information	Question C.II.13. "Supplemental services recommended/information provided. [Health Care Benefits and Resources Information]"	.M="Missing" 0="Not checked" 1="Checked"
pha_hp_mental_health	Service member reported concern about history of mental health care?	Question C.II.2. "Address concerns as reported in Service member questions. [History of mental health care]"	.M="Missing" 0="Not answered" 1="Yes response"
pha_hp_otc_meds	Service member reported concern about medications?	Question C.II.2. "Address concerns as reported in Service member questions. [Medications]"	.M="Missing" 0="Not answered" 1="Yes response"
pha_hp_stressor	Did deployer mark they have a concern or a difficulty with a major life stressor?	Question C.II.1a. "Did Service member mark they have a concern or a difficulty with a major life stressor?"	.M="Missing" 0="No" 1="Yes" 9="Not answered by deployer"
pha_in_trans	Supplemental services - In Transition	Question C.II.13. "Supplemental services recommended/information provided. [In Transition]"	.M="Missing" 0="Not checked" 1="Checked"
pha_mhp_deploy_times	Number of previous deployments in the past five years.	Question C.II.0. "Service member reports most recent deployment was to (Country): _____, and has deployed: _____ times before in the past five years."	Numeric .M="Missing"
pha_mhp_ref_abuse	Referral recommended: Substance abuse program	Question C.II.10g. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Substance Abuse Program"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_audiology	Referral recommended: Audiology	Question C.II.10e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Audiology"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_care	Referral recommended: Case manager / Care manager	Question C.II.10f. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Case Manager/Care Manager"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_dental	Referral recommended: Dental	Question C.II.10d. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Dental"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"

Variable	Label	Description	Format Text
pha_mhp_ref_derm	Referral recommended: dermatologic	Question C.II.10e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Dermatology"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_gyn	Referral recommended: OB/GYN	Question C.II.10e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: OB/GYN"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_mental_primary	Referral recommended: Behavioral Health in Primary Care	Question C.II.10b. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Behavioral Health in Primary Care"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_mental_special	Referral recommended: Mental Health	Question C.II.10c. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Mental Health Specialty Care"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_other	Referral recommended: Other listed	Question C.II.10h. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other (List):"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_podiatry	Referral recommended: Podiatry	Question C.II.10e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Podiatry"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_primary	Referral recommended: Primary Care, Family Practice, Internal Medicine	Question C.II.10a. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Primary Care, Family Practice, Internal Medicine"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_pt	Referral recommended: PT	Question C.II.10e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Physical Therapy"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_spec_other	Referral recommended: Other specialty care listed	Question C.II.10e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Other"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_mhp_ref_tbi	Referral recommended: TBI/Rehab Med	Question C.II.10e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: TBI/Rehab Med"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_one_source	Supplemental services - Military one source	Question C.II.13. "Supplemental services recommended/information provided. [Military One Source]"	.M="Missing" 0="Not checked" 1="Checked"
pha_other_support	Supplemental services - Other Supplemental services recommended	Question C.II.13. "Supplemental services recommended/information provided. [Other (List):]"	.M="Missing" 0="Not checked" 1="Checked"
pha_req_hp_chaplain	Request chaplain/counselor visit	Question C.II.12. "Address requests as reported on Service member questions: Chaplain/mental health care provider/counselor visit request"	.M="Missing" 0="Not Answered" 1="Yes"
pha_req_hp_family	Family/Relationship concern assistance	Question C.II.12. "Address requests as reported on Service member questions: Family/Relationship concern assistance"	.M="Missing" 0="Not Answered" 1="Yes"

Variable	Label	Description	Format Text
pha_req_hp_med_appt	Request Medical Appointment	Question C.II.12. "Address requests as reported on Service member questions: Request medical appointment"	.M="Missing" 0="Not Answered" 1="Yes"
pha_req_hp_stress	Request info on stress/emotional/alcohol	Question C.II.12. "Address requests as reported on Service member questions: Request Information on stress/emotional/alcohol"	.M="Missing" 0="Not Answered" 1="Yes"
pha_rr_blood_type	Documented Blood Type and Rh?	Question B.VII.6. "Does the Service member have the following laboratory tests documented in their permanent medical record? [Blood type and Rh on file]"	.M="Missing" 0="No" 1="Yes"
pha_rr_bp_abn	History of abnormal blood pressure?	Question B.II.5. "Does the Service member have a history of abnormal blood pressure since their last PHA?"	.M="Missing" 0="No" 1="Yes"
pha_rr_bp_diastolic	Diastolic Blood Pressure	Question B.II.4. "What is the Service member's most recently documented blood pressure reading?"	Numeric .M="Missing"
pha_rr_bp_none	No blood pressure listed?	Question B.II.4. "What is the Service member's most recently documented blood pressure reading? [No Blood Pressure Documented]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_bp_systolic	Systolic Blood Pressure	Question B.II.4. "What is the Service member's most recently documented blood pressure reading?"	Numeric .M="Missing"
pha_rr_chol_none	No documented cholesterol test?	"What is the date of the Service member's most recently documented cholesterol test?" Question B.II.6 on 2016 PHA. Question B.II.7 on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_colon_none	No colon cancer screening documented?	"What is the date of the Service member's most recently documented colon cancer screening?" Question B.II.7 on 2016 PHA. Question B.II.8 on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_com_notified	Command notified	Question B.IX.1. "If the record review indicates the potential need for provider notification or referral, mark below. Consult with a provider as necessary and annotate action(s) taken under "comments" in Question 2. Mark all that apply. [Command Notified]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_dental_class	Classification of most recent dental exam	Question B.VII.3. "When was the Service member's most recently documented dental exam?"	.M="Missing" 0="No Classification code" 1="1" 2="2" 3="3" 4="4"
pha_rr_dental_none	No documented Dental Exam?	Question B.VII.3. "When was the Service member's most recently documented dental exam? [No Dental Exam Documented]"	.M="Missing" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
pha_rr_dna	Documented DNA test?	Question B.VII.6. "Does the Service member have the following laboratory tests documented in their permanent medical record? [DNA test on file]"	.M="Missing" 0="No" 1="Yes"
pha_rr_drha_status	Status of deployment assessments		.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_rr_duty_exam_none	Special operational duty physical exam record unavailable?	Question B.III.1. "(If the Service member indicated they are required to have a special operation al duty physical exam) When was the Service member's most recently documented special operational duty physical exam (e.g., flight, jump, dive, missile, submarine, reliability program, Special Forces, etc.)? [No Documented Exam]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_duty_exam_rec	No documented special operational duty physical exam?	Question B.III.1. "(If the Service member indicated they are required to have a special operation al duty physical exam) When was the Service member's most recently documented special operational duty physical exam (e.g., flight, jump, dive, missile, submarine, reliability program, Special Forces, etc.)? [Record Unavailable]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_fam_hx	Does the DD 2766 reflect reported family history?	Question B.IV.1. "Does the DD 2766 reflect the Service member's reported family history?"	.M="Missing" 0="No" 1="Yes"
pha_rr_g6pd	Documented G6PD results?	Question B.VII.6. "Does the Service member have the following laboratory tests documented in their permanent medical record? [G6PD results on file]"	.M="Missing" 0="No" 1="Yes"
pha_rr_glasses	Is the Service member current with requirements for glasses and gas mask inserts?	Question B.VII.5. "(If Service member reported wearing corrective lenses) Is the Service member current with Service-specific requirements for glasses and gas mask inserts?"	.M="Missing" 0="No" 1="Yes"
pha_rr_height	Height	Question B.II.2. "Service member's most recently documented height:"	Numeric .M="Missing"
pha_rr_height_none	No documented height?	Question B.II.2. "Service member's most recently documented height: [No Height Documented]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_hiv_none	Documented HIV Test in past 2 years?	Question B.VII.6. "Does the Service member have the following laboratory tests documented in their permanent medical record? [Human Immunodeficiency Virus (HIV) test within the PAST 24 MONTHS]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_rr_inside_none	No documented treatment or hospitalization?	"List documented significant care the Service member has received since their last PHA from a provider INSIDE the Military Health System. [No Inside Care Documented]" Question B.II.12 on 2016 PHA. Question B.II.13 on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_med_surv_none	Medical surveillance / occ. health program exam record unavailable?	Question B.III.2. "(If the Service member indicated they are enrolled in a medical surveillance/occupational health program) When was the Service member's most recently documented evaluation (for example: hearing conservation, radiation health, healthcare worker/hospital employee monitoring, etc.)? [No Documented Evaluation]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_med_surv_rec	No documented medical surveillance / occ. health program evaluation?	Question B.III.2. "(If the Service member indicated they are enrolled in a medical surveillance/occupational health program) When was the Service member's most recently documented evaluation (for example: hearing conservation, radiation health, healthcare worker/hospital employee monitoring, etc.)? [Record Unavailable]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_meds_diff	Any medication discrepancies?	"Is there a discrepancy between the active medication record review and the Service member's self-reported list of medications?" Question B.II.9 on 2016 PHA. Question B.II.10 on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_rr_meds_none	No active medications listed?	"List of Service member's active medications listed in their permanent medical record: [No Active Medications Documented]" Question B.II.8 on 2016 PHA. Question B.II.9 on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_no_notification	Notification is NOT required	Question B.IX.1. "If the record review indicates the potential need for provider notification or referral, mark below. Consult with a provider as necessary and annotate action(s) taken under "comments" in Question 2. Mark all that apply. [Notification is NOT required]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_outside_diff	Discrepancy between outside care listed and record?	"Is there a discrepancy between the Service member's list of OUTSIDE care, and the OUTSIDE care found in the record?" Question B.II.11 on 2016 PHA. Question B.II.12 on 2021 PHA.	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_rr_outside_none	No Outside care documented?	"List documented significant care the Service member has received since their last PHA from a provider OUTSIDE the Military Health System (for example a civilian or non-military facility). This includes privately pain elective surgeries. [No Outside Care Documented]" Question B.II.10 on 2016 PHA. Question B.II.11 on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_perm_profile	Permanent Profile	2016 PHA question B.VII.1. "(For Army or Air Force Service Members only) Does the Service member have a permanent profile (if Army), or an Assignment Limitation Code C (if Air Force)?" 2021 PHA question B.VII.1. "Is the Service member currently on a profile, limited duty (LIMDU), temporary limited duty (TLD), waiting on a MOS/Medical Retention Board (MMRB) decision, or being referred to a medical evaluation board (MEB) or physical evaluation board? (PEB), (if Army, Navy, Marine Corps, Coast Guard), or Is the Service member currently on an Assignment Limitation Code C (for Air Force)?"	.M="Missing" 0="No" 1="Yes"
pha_rr_prev_pha_none	No previous PHA documented?	Question B.II.1. "Date of Service member's most recent PHA: [No PHA Documented]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_prov_notified	Provider notified	Question B.IX.1. "If the record review indicates the potential need for provider notification or referral, mark below. Consult with a provider as necessary and annotate action(s) taken under "comments" in Question 2. Mark all that apply. [Provider Notified]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_rec_review	Discrepancies in allergy documentation?	"Review available medical documentation and compare with Service member responses. Document any discrepancies. [Service member's reported allergies:]" Question B.II.15 on 2016 PHA. Question B.II.16 on 2021 PHA.	.M="Missing" 0="No discrepancies" 1="Discrepancies"
pha_rr_sickle_cell	Has sickle cell trait test documented in permanent medical record?	2021 PHA question B.II.6. "Does the Service member have a laboratory test of sickle cell trait documented in their permanent medical record?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_rr_surg1	Documentation for surgery from DLC: Cond1	"(If Service member reported having surgery since their last PHA) Is there documentation in the record for each surgery listed below?" Question B.II.13 on 2016 PHA. Question B.II.14 on 2021 PHA.	.M="Missing" 0="No" 1="Yes" 9="Record Unavailable"

Variable	Label	Description	Format Text
pha_rr_surg2	Documentation for surgery from DLC: Cond2	"(If Service member reported having surgery since their last PHA) Is there documentation in the record for each surgery listed below?" Question B.II.13 on 2016 PHA. Question B.II.14 on 2021 PHA.	.M="Missing" 0="No" 1="Yes" 9="Record Unavailable"
pha_rr_surg3	Documentation for surgery from DLC: Cond3	"(If Service member reported having surgery since their last PHA) Is there documentation in the record for each surgery listed below?" Question B.II.13 on 2016 PHA. Question B.II.14 on 2021 PHA.	.M="Missing" 0="No" 1="Yes" 9="Record Unavailable"
pha_rr_temp_mos	Number of months on Temporary Profile in the past year	2016 PHA question B.VII.2. "(If answered 'Yes' or 'Yes, but' to A.IV.12a) How many months in the past year has the Service member been in temporary duty / temporary profile / light duty / limited duty / LIMDU / MEDHOLD / NMA / MRR / LOD status?" 2021 PHA question B.VII.2. "(If answered 'Yes' or 'Yes, but' to A.IV.12a) How many months in the past year has the Service member been on temporary duty / temporary profile / temporary limited duty (LIMDU/TLD) / MEDHOLD / NMA / MRR / LOD status?"	Numeric .M="Missing"
pha_rr_temp_none	No Record of Temporary Situation?	2016 PHA question B.VII.2. "(If answered 'Yes' or 'Yes, but' to A.IV.12a) How many months in the past year has the Service member been in temporary duty / temporary profile / light duty / limited duty / LIMDU / MEDHOLD / NMA / MRR / LOD status? [No Record of Temporary Situation]" 2021 PHA question B.VII.2. "(If answered 'Yes' or 'Yes, but' to A.IV.12a) How many months in the past year has the Service member been on temporary duty / temporary profile / temporary limited duty (LIMDU/TLD) / MEDHOLD / NMA / MRR / LOD status? [No Record of Temporary Situation]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_weight	Weight	Question B.II.3. "Service member's most recently documented weight:"	Numeric .M="Missing"
pha_rr_weight_none	No documented weight?	Question B.II.3. "Service member's most recently documented weight: [No Weight Documented]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_tricare	Supplemental services - TRICARE PROVIDER	Question C.II.13. "Supplemental services recommended/information provided. [TRICARE Provider]"	.M="Missing" 0="Not checked" 1="Checked"

Variable	Label	Description	Format Text
pha_va_med	Supplemental services - VA Medical Center or Community Clinic	Question C.II.13. "Supplemental services recommended/information provided. [VA Medical Center or Community Clinic]"	.M="Missing" 0="Not checked" 1="Checked"
pha_vet	Supplemental services - Vet Center	Question C.II.13. "Supplemental services recommended/information provided. [Veteran's Center]"	.M="Missing" 0="Not checked" 1="Checked"

Section 15: Medical Assessments

Variable	Label	Description	Format Text
Days_VA	Calculated Date VA determination from reference		Numeric .M="Missing"
pha_rr_va_none	No documented VA disability rating?	Question B.VIII.1. "(If Service member indicated they have a VA disability rating) What is the Service member's VA disability rating? [No Documented VA Disability Rating (%)]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_va_disability	Have you applied for, or have you received a VA disability rating?	Question A.IX.6. "Have you applied for, or have you received a VA disability rating?"	.M="Missing" 0="No" 1="Yes" 2="Yes (pending)" 3="Yes (denied)"
pha_va_rating	Total VA disability rating (%)	Question A.IX.7. "What is your total disability rating?"	Numeric .A="Ambiguous" .M="Missing"

Section 16: Women's Health

Variable	Label	Description	Format Text
pha_reftime_gyn	Referral indicated - OB/GYN	Question C.IV.3e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: OB/GYN"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_rr_mammo_none	No documented Mammogram?	"(If Service member is age 50 or greater) What is the date of the Service member's most recently documented mammogram? [No Documented Mammogram]" Question B.V.4 on 2016 PHA. Question B.V.5 on 2021 PHA.	.M="Missing" 0="Not Checked" 1="Checked"
pha_rr_pap_result	Results of most recent PAP test	Question B.V.3. "(If Service member reported she has not had a total hysterectomy) What is the date and result of the Service member's most recent Pap test?"	.M="Missing" 1="Normal" 2="Abnormal" 3="No documented PAP"
pha_rr_preg_waiver	Service member has an appropriate profile and/or waiver related to recent pregnancy?	Question B.V.1. "(If Service member reported she is or may be pregnant OR delivered in the past 6 months) The Service member indicated a possible pregnancy, pregnancy, or recent delivery. Does the Service member have an appropriate profile and/or waiver in accordance with Service policy?"	.M="Missing" .N="Not Applicable" 0="No" 1="Yes"
pha_wom_abn_pap	Ever had an abnormal Pap Test?	2021 PHA question A.VIII.9. "Have you ever had an abnormal Pap Test?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes" 9="Don't know"
pha_wom_colp	Ever had a colposcopy, excisional procedure, or cryotherapy on your cervix?	2021 PHA question A.VIII.10. "Have you ever had a colposcopy (test to better look at cervix), excisional procedure (known as LEEP or Cold Knife Cone), or cryotherapy (freezing) on your cervix?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes" 9="Don't know"
pha_wom_contra	Do you wish to receive contraceptive counseling?	2021 PHA question A.VIII.1. "Do you wish to receive contraceptive counseling?"	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_wom_diabetes	Have a history of gestational diabetes?	"Do you have a history of gestational diabetes?" Question A.VIII.10 on 2016 PHA. Question A.VIII.13 on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_wom_folic	Currently taking folic acid or a vitamin containing folic acid?	"Are you currently taking folic acid or a vitamin containing folic acid?" Question A.VIII.4 on 2016 PHA. Question A.VIII.5 on 2021 PHA.	.M="Missing" 0="No" 1="Yes" 9="Don't know"

Variable	Label	Description	Format Text
pha_wom_hyst	Had a total hysterectomy?	"Have you had a total hysterectomy (uterus and cervix removed)?" Question A.VIII.2 on 2016 PHA. Question A.VIII.3 on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_wom_mam	Had a mammogram within the PAST 2 YEARS?	"Have you had a mammogram within the PAST 24 MONTHS?" Question A.VIII.8 on 2016 PHA. Question A.VIII.11 on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_wom_mens	Have heavy and/or irregular menstrual cycles/pain or premenstrual syndrome?	"Do you have heavy and/or irregular menstrual cycles/pain or premenstrual syndrome (PMS)?" Question A.VIII.5 on 2016 PHA. Question A.VIII.6 on 2021 PHA.	.M="Missing" 0="No" 1="Yes, under treatment" 2="Yes, ongoing"
pha_wom_pap	Had a Pap test within the PAST 3 YEARS?	"Have you had a Pap test (cervical cancer screening) within the PAST 3 YEARS?" Question A.VIII.7 on 2016 PHA. Question A.VIII.8 on 2021 PHA.	.M="Missing" 0="No" 1="Yes" 9="Don't know"
pha_wom_post	Postmenopausal and no longer experiencing menstrual cycles?	"Are you postmenopausal and no longer experiencing menstrual cycles?" Question A.VIII.3 on 2016 PHA. Question A.VIII.4 on 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_wom_preg	Pregnancy Status	"Which of the following best describes you?" Pregnancy status. Question A.VIII.1 on 2016 PHA. Question A.VIII.2 on 2021 PHA.	.M="Missing" 0="Not pregnant and was not pregnant or delivered in past 12 months" 1="Currently pregnant or may be pregnant" 2="Was pregnant or delivered within past 6 months" 3="Was pregnant or delivered 6-12 months ago"
pha_wom_uti	Have recurrent urinary tract infections (4+ in the past 12 months)?	"Do you have recurrent urinary tract infections (more than 3 in the past 12 months)?" Question A.VIII.6 on 2016 PHA. Question A.VIII.7 on 2021 PHA.	.M="Missing" 0="No" 1="Yes, under treatment" 2="Yes, ongoing"

Section 17: Family History

Variable	Label	Description	Format Text
pha_fam_hx_cancer	Family History of Cancer	Question A.VII.2. "To the best of your knowledge, do or did any of the following blood relatives - parents, grandparents, brothers, or sisters - ever have any of the following medical problems? Mark all that apply. [Cancer or malignancy of any kind]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_fam_hx_diabetes	Family History of Diabetes	Question A.VII.2. "To the best of your knowledge, do or did any of the following blood relatives - parents, grandparents, brothers, or sisters - ever have any of the following medical problems? Mark all that apply. [Diabetes]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_fam_hx_heart	Family History of Heart Problems	Question A.VII.2. "To the best of your knowledge, do or did any of the following blood relatives - parents, grandparents, brothers, or sisters - ever have any of the following medical problems? Mark all that apply. [Heart-related conditions such as high blood pressure, heart attack, coronary heart disease, cardiac arrhythmia (irregular heartbeat), or sudden death]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_fam_hx_none	No known or Unknown Family History	Question A.VII.2. "To the best of your knowledge, do or did any of the following blood relatives - parents, grandparents, brothers, or sisters - ever have any of the following medical problems? Mark all that apply. [No/Don't Know]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_fh_beat_any	Family History of Arrhythmia	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Cardiac Arrhythmia/Irregular Heartbeat]"	.M="Missing" 0="No" 1="Yes"
pha_fh_beat_brother	Family History of Arrhythmia (Brother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Cardiac Arrhythmia/Irregular Heartbeat] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_beat_father	Family History of Arrhythmia (Father)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Cardiac Arrhythmia/Irregular Heartbeat] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_beat_grandfather	Family History of Arrhythmia (Grandfather)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Cardiac Arrhythmia/Irregular Heartbeat] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_beat_grandmother	Family History of Arrhythmia (Grandmother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Cardiac Arrhythmia/Irregular Heartbeat] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_beat_mother	Family History of Arrhythmia (Mother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Cardiac Arrhythmia/Irregular Heartbeat] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_beat_sister	Family History of Arrhythmia (Sister)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Cardiac Arrhythmia/Irregular Heartbeat] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_breast_any	Family History of Breast Cancer	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Breast]"	.M="Missing" 0="No" 1="Yes"
pha_fh_breast_brother	Family History of Breast Cancer (Brother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Breast] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_breast_father	Family History of Breast Cancer (Father)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Breast] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_breast_grandfather	Family History of Breast Cancer (Grandfather)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Breast] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_breast_grandmother	Family History of Breast Cancer (Grandmother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Breast] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_breast_mother	Family History of Breast Cancer (Mother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Breast] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_breast_sister	Family History of Breast Cancer (Sister)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Breast] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_colon_any	Family History of Colon Cancer	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Colon]"	.M="Missing" 0="No" 1="Yes"
pha_fh_colon_brother	Family History of Colon Cancer (Brother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Colon] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_colon_father	Family History of Colon Cancer (Father)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Colon] [Father]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_colon_grandfather	Family History of Colon Cancer (Grandfather)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Colon] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_colon_grandmother	Family History of Colon Cancer (Grandmother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Colon] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_colon_mother	Family History of Colon Cancer (Mother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Colon] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_colon_sister	Family History of Colon Cancer (Sister)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Colon] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_death_any	Family History of Cardiac Death	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Sudden Cardiac Death]"	.M="Missing" 0="No" 1="Yes"
pha_fh_death_brother	Family History of Cardiac Death (Brother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Sudden Cardiac Death] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_death_father	Family History of Cardiac Death (Father)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Sudden Cardiac Death] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_death_grandfather	Family History of Cardiac Death (Grandfather)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Sudden Cardiac Death] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_death_grandmother	Family History of Cardiac Death (Grandmother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Sudden Cardiac Death] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_death_mother	Family History of Cardiac Death (Mother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Sudden Cardiac Death] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_death_sister	Family History of Cardiac Death (Sister)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Sudden Cardiac Death] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_htn_any	Family History of High Blood Pressure	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [High Blood Pressure]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_htn_brother	Family History of High Blood Pressure (Brother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [High Blood Pressure] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_htn_father	Family History of High Blood Pressure (Father)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [High Blood Pressure] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_htn_grandfather	Family History of High Blood Pressure (Grandfather)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [High Blood Pressure] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_htn_grandmother	Family History of High Blood Pressure (Grandmother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [High Blood Pressure] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_htn_mother	Family History of High Blood Pressure (Mother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [High Blood Pressure] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_htn_sister	Family History of High Blood Pressure (Sister)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [High Blood Pressure] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_mi_any	Family History of Heart Attack	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Heart Attack/Coronary Artery Disease]"	.M="Missing" 0="No" 1="Yes"
pha_fh_mi_brother	Family History of Heart Attack (Brother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Heart Attack/Coronary Artery Disease] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_mi_father	Family History of Heart Attack (Father)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Heart Attack/Coronary Artery Disease] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_mi_grandfather	Family History of Heart Attack (Grandfather)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Heart Attack/Coronary Artery Disease] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_mi_grandmother	Family History of Heart Attack (Grandmother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Heart Attack/Coronary Artery Disease] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_mi_mother	Family History of Heart Attack (Mother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Heart Attack/Coronary Artery Disease] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_mi_sister	Family History of Heart Attack (Sister)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Heart Attack/Coronary Artery Disease] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca1_any	Family History of Other#1 Cancer	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca1_brother	Family History of Other#1 Cancer (Brother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca1_father	Family History of Other#1 Cancer (Father)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca1_grandfather	Family History of Other#1 Cancer (Grandfather)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca1_grandmother	Family History of Other#1 Cancer (Grandmother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca1_mother	Family History of Other#1 Cancer (Mother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca1_sister	Family History of Other#1 Cancer (Sister)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca2_any	Family History of Other#2 Cancer	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca2_brother	Family History of Other#2 Cancer (Brother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca2_father	Family History of Other#2 Cancer (Father)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca2_grandfather	Family History of Other#2 Cancer (Grandfather)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_oth_ca2_grandmother	Family History of Other#2 Cancer (Grandmother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca2_mother	Family History of Other#2 Cancer (Mother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca2_sister	Family History of Other#2 Cancer (Sister)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca3_any	Family History of Other#3 Cancer	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca3_brother	Family History of Other#3 Cancer (Brother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca3_father	Family History of Other#3 Cancer (Father)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca3_grandfather	Family History of Other#3 Cancer (Grandfather)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca3_grandmother	Family History of Other#3 Cancer (Grandmother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca3_mother	Family History of Other#3 Cancer (Mother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_ca3_sister	Family History of Other#3 Cancer (Sister)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Other] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr1_any	Family History of Other#1 Heart	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr1_brother	Family History of Other#1 Heart (Brother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr1_father	Family History of Other#1 Heart (Father)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr1_grandfather	Family History of Other#1 Heart (Grandfather)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_oth_hr1_grandmother	Family History of Other#1 Heart (Grandmother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr1_mother	Family History of Other#1 Heart (Mother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr1_sister	Family History of Other#1 Heart (Sister)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr2_any	Family History of Other#2 Heart	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr2_brother	Family History of Other#2 Heart (Brother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr2_father	Family History of Other#2 Heart (Father)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr2_grandfather	Family History of Other#2 Heart (Grandfather)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr2_grandmother	Family History of Other#2 Heart (Grandmother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr2_mother	Family History of Other#2 Heart (Mother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr2_sister	Family History of Other#2 Heart (Sister)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr3_any	Family History of Other#3 Heart	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr3_brother	Family History of Other#3 Heart (Brother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr3_father	Family History of Other#3 Heart (Father)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Father]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_oth_hr3_grandfather	Family History of Other#3 Heart (Grandfather)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr3_grandmother	Family History of Other#3 Heart (Grandmother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr3_mother	Family History of Other#3 Heart (Mother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_oth_hr3_sister	Family History of Other#3 Heart (Sister)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Other] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_ovarian_any	Family History of Ovarian Cancer	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Ovarian]"	.M="Missing" 0="No" 1="Yes"
pha_fh_ovarian_brother	Family History of Ovarian Cancer (Brother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Ovarian] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_ovarian_father	Family History of Ovarian Cancer (Father)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Ovarian] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_ovarian_grandfather	Family History of Ovarian Cancer (Grandfather)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Ovarian] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_ovarian_grandmother	Family History of Ovarian Cancer (Grandmother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Ovarian] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_ovarian_mother	Family History of Ovarian Cancer (Mother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Ovarian] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_ovarian_sister	Family History of Ovarian Cancer (Sister)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Ovarian] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_prostate_any	Family History of Prostate Cancer	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Prostate]"	.M="Missing" 0="No" 1="Yes"
pha_fh_prostate_brother	Family History of Prostate Cancer (Brother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Prostate] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_prostate_father	Family History of Prostate Cancer (Father)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Prostate] [Father]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_prostate_grandfather	Family History of Prostate Cancer (Grandfather)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Prostate] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_prostate_grandmother	Family History of Prostate Cancer (Grandmother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Prostate] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_prostate_mother	Family History of Prostate Cancer (Mother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Prostate] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_prostate_sister	Family History of Prostate Cancer (Sister)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Prostate] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type1_any	Family History of Type I Diabetes	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type I (body is unable to produce insulin; usually develops before the age of 40)]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type1_brother	Family History of Type I Diabetes (Brother)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type I (body is unable to produce insulin; usually develops before the age of 40)] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type1_father	Family History of Type I Diabetes (Father)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type I (body is unable to produce insulin; usually develops before the age of 40)] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type1_grandfather	Family History of Type I Diabetes (Grandfather)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type I (body is unable to produce insulin; usually develops before the age of 40)] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type1_grandmother	Family History of Type I Diabetes (Grandmother)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type I (body is unable to produce insulin; usually develops before the age of 40)] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type1_mother	Family History of Type I Diabetes (Mother)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type I (body is unable to produce insulin; usually develops before the age of 40)] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type1_sister	Family History of Type I Diabetes (Sister)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type I (body is unable to produce insulin; usually develops before the age of 40)] [Any Sister]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_type2_any	Family History of Type II Diabetes	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type II (a chronic condition that affects the way the body processess blood sugar (glucose); usually appears later in life)]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type2_brother	Family History of Type II Diabetes (Brother)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type II (a chronic condition that affects the way the body processess blood sugar (glucose); usually appears later in life)] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type2_father	Family History of Type II Diabetes (Father)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type II (a chronic condition that affects the way the body processess blood sugar (glucose); usually appears later in life)] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type2_grandfather	Family History of Type II Diabetes (Grandfather)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type II (a chronic condition that affects the way the body processess blood sugar (glucose); usually appears later in life)] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type2_grandmother	Family History of Type II Diabetes (Grandmother)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type II (a chronic condition that affects the way the body processess blood sugar (glucose); usually appears later in life)] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type2_mother	Family History of Type II Diabetes (Mother)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type II (a chronic condition that affects the way the body processess blood sugar (glucose); usually appears later in life)] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_type2_sister	Family History of Type II Diabetes (Sister)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Type II (a chronic condition that affects the way the body processess blood sugar (glucose); usually appears later in life)] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_ca_any	Family History of Unknown Cancer	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Unknown Type of Cancer]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_ca_brother	Family History of Unknown Cancer (Brother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Unknown Type of Cancer] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_ca_father	Family History of Unknown Cancer (Father)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Unknown Type of Cancer] [Father]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_unk_ca_grandfather	Family History of Unknown Cancer (Grandfather)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Unknown Type of Cancer] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_ca_grandmother	Family History of Unknown Cancer (Grandmother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Unknown Type of Cancer] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_ca_mother	Family History of Unknown Cancer (Mother)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Unknown Type of Cancer] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_ca_sister	Family History of Unknown Cancer (Sister)	Question A.VII.3. "Which of the following family members has/had the history of cancer? Mark all that apply. [Unknown Type of Cancer] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_dm_any	Family History of Unknown Diabetes	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Unknown]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_dm_brother	Family History of Unknown Diabetes (Brother)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Unknown] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_dm_father	Family History of Unknown Diabetes (Father)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Unknown] [Father]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_dm_grandfather	Family History of Unknown Diabetes (Grandfather)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Unknown] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_dm_grandmother	Family History of Unknown Diabetes (Grandmother)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Unknown] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_dm_mother	Family History of Unknown Diabetes (Mother)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Unknown] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_dm_sister	Family History of Unknown Diabetes (Sister)	Question A.VII.5. "Which of the following family members has/had the history of diabetes? Mark all that apply. [Unknown] [Any Sister]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_hr_any	Family History of Unknown Cardiac	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Unknown]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_hr_brother	Family History of Unknown Cardiac (Brother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Unknown] [Any Brother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_hr_father	Family History of Unknown Cardiac (Father)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Unknown] [Father]"	.M="Missing" 0="No" 1="Yes"

Variable	Label	Description	Format Text
pha_fh_unk_hr_grandfather	Family History of Unknown Cardiac (Grandfather)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Unknown] [Any Grandfather]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_hr_grandmother	Family History of Unknown Cardiac (Grandmother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Unknown] [Any Grandmother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_hr_mother	Family History of Unknown Cardiac (Mother)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Unknown] [Mother]"	.M="Missing" 0="No" 1="Yes"
pha_fh_unk_hr_sister	Family History of Unknown Cardiac (Sister)	Question A.VII.4. "Which of the following family members has/had the history of heart-related conditions? Mark all that apply. [Unknown] [Any Sister]"	.M="Missing" 0="No" 1="Yes"

Section 18: Lifestyle

Variable	Label	Description	Format Text
pha_eat_dairy	How often eaten in last 30 days: Dairy	2016 PHA question A.VII.11. "Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages? [Dairy]" 2021 PHA question A.VII.11. "Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages? [Dairy and Calcium Containing Foods]"	.M="Missing" 1="Rarely or Never" 2="1 or 2 Servings per Week" 3="3-6 Servings per Week" 4="1 Serving per Day" 5="2 Servings per Day" 6="2-3 Servings per Day" 7="3+ Servings per Day" 8="4+ Servings per Day"
pha_eat_fish	How often eaten in last 30 days: Fish	Question A.VII.11. "Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages? [Fish]"	.M="Missing" 1="Rarely or Never" 2="1 or 2 Servings per Week" 3="3-6 Servings per Week" 4="1 Serving per Day" 5="2 Servings per Day" 6="2-3 Servings per Day" 7="3+ Servings per Day" 8="4+ Servings per Day"
pha_eat_fruits	How often eaten in last 30 days: Fruits	Question A.VII.11. "Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages? [Fruits]"	.M="Missing" 1="Rarely or Never" 2="1 or 2 Servings per Week" 3="3-6 Servings per Week" 4="1 Serving per Day" 5="2 Servings per Day" 6="2-3 Servings per Day" 7="3+ Servings per Day" 8="4+ Servings per Day"
pha_eat_grains	How often eaten in last 30 days: Whole Grains	Question A.VII.11. "Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages? [Whole Grains]"	.M="Missing" 1="Rarely or Never" 2="1 or 2 Servings per Week" 3="3-6 Servings per Week" 4="1 Serving per Day" 5="2 Servings per Day" 6="2-3 Servings per Day" 7="3+ Servings per Day" 8="4+ Servings per Day"
pha_eat_protein	How often eaten in last 30 days: Lean Protein	Question A.VII.11. "Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages? [Lean Protein]"	.M="Missing" 1="Rarely or Never" 2="1 or 2 Servings per Week" 3="3-6 Servings per Week" 4="1 Serving per Day" 5="2 Servings per Day" 6="2-3 Servings per Day" 7="3+ Servings per Day" 8="4+ Servings per Day"
pha_eat_starchy_vegs	How often eaten in last 30 days: Starchy Vegetables	Question A.VII.11. "Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages? [Starchy Vegetables]" This question is only on the 2021 PHA.	.M="Missing" .V="Not on Form Version" 1="Rarely or Never" 2="1 or 2 Servings per Week" 3="3-6 Servings per Week" 4="1 Serving per Day" 5="2 Servings per Day" 7="3+ Servings per Day"

Variable	Label	Description	Format Text
pha_eat_sugar	How often eaten in last 30 days: Sugar-sweetened Beverages	Question A.VII.11. "Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages? [Sugar-Sweetened Beverages]"	.M="Missing" 1="Rarely or Never" 2="1 or 2 Servings per Week" 3="3-6 Servings per Week" 4="1 Serving per Day" 5="2 Servings per Day" 6="2-3 Servings per Day" 7="3+ Servings per Day" 8="4+ Servings per Day"
pha_eat_vegs	How often eaten in last 30 days: Vegetables	Question A.VII.11. "Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages? [Vegetables]"	.M="Missing" 1="Rarely or Never" 2="1 or 2 Servings per Week" 3="3-6 Servings per Week" 4="1 Serving per Day" 5="2 Servings per Day" 6="2-3 Servings per Day" 7="3+ Servings per Day" 8="4+ Servings per Day"
pha_light_days	Light/Mod activity days per week	2016 PHA question A.VII.7. "In a typical week, I do LIGHT OR MODERATE physical activities: X Day(s) per week."	Numeric .M="Missing" .V="Not on Form Version"
pha_light_mins	Light/Mod activity minutes per day	2016 PHA question A.VII.7. "In a typical week, I do LIGHT OR MODERATE physical activities: X Minutes per day on the day(s) you work out."	Numeric .M="Missing" .V="Not on Form Version"
pha_pain_scale	Average amount of pain over the PAST 24 HOURS.	Question A.X.1. "Rate the amount of pain you have had, on average, over the PAST 24 HOURS."	.M="Missing" 0="No pain" 1="Hardly notice pain" 2="Notice pain, does not interfere with activities" 3="Sometimes distracts me" 4="Distracts me, can do usual activities" 5="Interrupts some activities" 6="Hard to ignore, avoid usual activities" 7="Focus of attention, prevents doing daily activities" 8="Awful, hard to do anything" 9="Can't bear the pain, unable to do anything" 10="As bad as it could be, nothing else matters"
pha_pain_tx	Are you receiving treatment for pain?	Question A.X.2. "Are you receiving treatment for pain?"	.M="Missing" 0="No" 1="Yes"
pha_sleep	Average hours of sleep	Question A.VII.17. "During the LAST 2 WEEKS, how many hours of sleep did you get on most days?"	.M="Missing" 1="Less than 5 hours" 2="5 to less than 7 hours" 3="7 to 9 hours" 4="More than 9 hours"
pha_sleep_poor	Felt impaired or unable to adequately perform due to sleepiness?	Question A.VII.18. "During the LAST 2 WEEKS, have you felt impaired or unable to adequately perform due to sleepiness or poor quality sleep?"	.M="Missing" 0="No" 1="Yes"
pha_strength_days	Strengthen activity days per week		Numeric .M="Missing"

Variable	Label	Description	Format Text
pha_sup_energy	Took energy shot(s) since last PHA?	Question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Energy Shots, NOT including energy drinks]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_energy_times	Energy Shot Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Energy Shots, NOT including energy drinks]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"
pha_sup_herbal	Took herbal or botanical supplement(s) since last PHA?	Question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Herbal or Botanical Supplements in pills, gels, and/or tablet form]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_herbal_times	Herbal and Botanical Supplement Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Herbal or Botanical Supplements in pills, gels, and/or tablet form]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"
pha_sup_joint	Took joint care supplement(s) since last PHA?	Question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Joint Care Supplements]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_joint_times	Joint Care Supplement Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Joint Care Supplements]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"
pha_sup_multi	Took multi-vitamin(s) since last PHA?	Question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Multi-Vitamins]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_multi_times	Multi-Vitamins Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Multi-Vitamins]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"

Variable	Label	Description	Format Text
pha_sup_muscle	Took muscle-building or testosterone-boosting product(s) since last PHA?	2016 PHA question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Muscle Building Products]" 2021 PHA question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? [Muscle Building/Testosterone Boosting Products]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_muscle_times	Muscle-building and Testosterone Booster Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Muscle Building Products]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"
pha_sup_none	Did not take any health supplements since last PHA?	Question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [None of the above]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_omega3	Took omega-3 supplement(s) since last PHA?	Question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Omega-3 Supplements]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_omega3_times	Omega-3 Supplement Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Omega-3 Supplements]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"
pha_sup_perform	Took performance enhancer(s) or pre-workout product(s) since last PHA?	2016 PHA question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Performance Enhancers]" 2021 PHA question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? [Performance Enhancers/Pre-Workout Products]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_perform_times	Performance-enhancer and Pre-Workout Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Performance Enhancers]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"

Variable	Label	Description	Format Text
pha_sup_protein	Took protein supplement(s) or creatine since last PHA?	Question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Protein Supplements/Creatine]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_protein_times	Protein Supplement and Creatine Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Protein Supplements/Creatine]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"
pha_sup_vitamin_d_times	Vitamin D Supplement Frequency		.M="Missing" .V="Not on Form Version" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"
pha_sup_vitamind	Took vitamin D supplement(s) since last PHA?		.M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked"
pha_sup_vitamins	Took individual vitamin(s) or mineral(s) since last PHA?	Question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Individual Vitamins or Minerals]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_vitamins_times	Individual Vitamins and Minerals Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Individual Vitamins or Minerals]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"
pha_sup_weight	Took weight loss product(s) since last PHA?	Question A.VII.9. "Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply. [Weight Loss Products]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_sup_weight_times	Weight Loss Product Frequency	Question A.VII.10. "Since your last PHA, how often did you take: [Weight Lost Products]"	.M="Missing" 1="Less Than Once a Month" 2="Once a Month" 3="Once a Week" 4="Every Other Day" 5="Once a Day" 6="Two or More Times a Day"
pha_vigorous	Participates in moderate or mixed moderate/vigorous physical activity?	2021 PHA question A.VII.6. "I participate in moderate intensity physical activities at least 2.5 hours, or a combination of moderate and vigorous aerobic activities, for at least 75 minutes per week."	.M="Missing" .V="Not on Form Version" 0="No" 1="Yes"
pha_vigorous_days	Vigorous activity days per week	2016 PHA question A.VII.6. "In a typical week, I do VIGOROUS physical activities: X Day(s) per week."	Numeric .M="Missing" .V="Not on Form Version"

Variable	Label	Description	Format Text
pha_vigorous_mins	Vigorous activity minutes per day	2016 PHA question A.VII.6. "In a typical week, I do VIGOROUS physical activities: X Minutes per day on the day(s) you work out."	Numeric .M="Missing" .V="Not on Form Version"

Section 19: Vaccinations and Medications

Variable	Label	Description	Format Text
pha_current_meds	Currently taking any prescription or over-the-counter medications?	Question A.VI.3. "What prescription or over-the-counter medications (including herbals/supplements) for sleep, pain, combat stress, or a mental health concern are you CURRENTLY taking?"	.M="Missing" 0="None" 1="Yes response"
pha_oth_meds	Are you CURRENTLY taking any prescriptions or over-the-counter medications NOT INCLUDING vitamins or nutritional supplements?	2016 PHA question A.X.3. "What prescriptions or over-the-counter medications are you CURRENTLY taking, NOT INCLUDING vitamins, or nutritional supplements? Include ANY medications or over-the-counter products you are ROUTINELY taking such as Tylenol, Advil, Sudafed, and/or aspirin." 2021 PHA question A.VII.8. "What prescriptions or over-the-counter medications (including Tylenol, Advil, Sudafed, and/or aspirin) are you CURRENTLY taking for health problems on a ROUTINE BASIS? Do NOT include vitamins or nutritional supplements."	.M="Missing" 0="None" 1="Medications"
pha_rr_imm_conf	Is the Service member current on all required immunizations?	Question B.VII.4. "Is the Service member current on all required immunizations in the immunization tracking system?"	.M="Missing" 0="No" 1="Yes"
pha_rr_vac_confirm	Confirm that vaccine exemptions are listed and documented	"Confirm that vaccine exemptions are listed in the medical record and that Service member has documented exemption(s) in the appropriate system of record (AHLTA, ASIMS, MEDPROS, MRRS, etc.) for each vaccine listed." Question B.II.14 on 2016 PHA. Question B.II.15 on 2021 PHA.	.M="Missing" 0="Not Confirmed" 1="Confirmed"

Section 20: Referrals

Variable	Label	Description	Format Text
pha_hp_stressor_noref	Reason for no major life stressor referral	Question C.II.1c. "Consider need for referral. Referral indicated? [No:]"	.M="Missing" 1="Already under care" 2="Already has referral" 3="No significant impairment" 4="Other reason"
pha_hp_stressor_ref	Was referral indicated for a major life stressor?	Question C.II.1c. "Consider need for referral. Referral indicated?"	.M="Missing" 0="No" 1="Yes"
pha_refer_dental	Provider identified dental health concerns needing referral?	Question C.II.9c. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): Dental Health"	.M="Missing" 0="No" 1="Yes"
pha_refer_enviro	Provider identified environment/work exposure concerns needing referral?	Question C.II.9h. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): Environmental/Work Exposure"	.M="Missing" 0="No" 1="Yes"
pha_refer_harm	Provider identified risk of self-harm concerns needing referral?	Question C.II.9i. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): Risk of Self-Harm"	.M="Missing" 0="No" 1="Yes"
pha_refer_none	Provider did not identify any concerns needing referral?	Question C.II.9a. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): None Identified"	.M="Missing" 0="No" 1="Yes"
pha_refer_other	Provider identified other concerns needing referral?	Question C.II.9k. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): Other (List):"	.M="Missing" 0="No" 1="Yes"
pha_refer_ph	Provider identified physical health concerns needing referral?	Question C.II.9b. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): Physical Health"	.M="Missing" 0="No" 1="Yes"
pha_refer_violence	Provider identified risk of violence concerns needing referral?	Question C.II.9j. "Summary of Provider's identified concerns needing referral(s) (Mark all that apply): Risk of Violence"	.M="Missing" 0="No" 1="Yes"
pha_reftime_care	Referral indicated - Case manager / Care manager	Question C.IV.3f. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Case Manager/Care Manager"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_reftime_dental	Referral indicated - Dental	Question C.IV.3d. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Dental"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_reftime_derm	Referral indicated - Dermatologic	Question C.IV.3e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Dermatology"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_reftime_other	Referral indicated - Other referral listed	"Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other (List):" Question C.IV.3h on 2016 PHA. Question C.IV.3k on 2021 PHA.	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"

Variable	Label	Description	Format Text
pha_reftime_podiatry	Referral indicated - Podiatry	Question C.IV.3e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Podiatry"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_reftime_primary	Referral indicated - Primary Care, Family Practice, Internal Medicine	Question C.IV.3a. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Primary Care, Family Practice, Internal Medicine"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_reftime_pt	Referral indicated - PT	Question C.IV.3e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Physical Therapy"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_reftime_spec_other	Referral indicated - Other specialty care listed	Question C.IV.3e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: Other (List):"	.M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days"
pha_reftime_tbi	Referral indicated - TBI/Rehab Med	Question C.IV.3e. "Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other Specialty Care: TBI/Rehab Med"	.M="Missing" 1="Within 7 days" 2="Within 30 days"
pha_req_chaplain	Requested visit with a chaplain or a community support counselor?	2016 PHA question A.VI.10. "Would you like to schedule a visit with a chaplain or a community support counselor?" 2021 PHA question A.VI.11. "Would you like to schedule a visit with a chaplain, mental health care provider, or a community support counselor?"	.M="Missing" 0="No" 1="Yes"
pha_req_family	Interested in assistance for a family or relationship concern?	"Are you interested in receiving assistance for a family or relationship concern?" Question A.VI.9 on the 2016 PHA. Question A.VI.10 on the 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_req_provider	Requested appointment with a health care provider to discuss any health concern(s)?	"Would you like to schedule an appointment with a health care provider to discuss any health concerns?" Question A.VI.7 on the 2016 PHA. Question A.VI.8 on the 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_req_stress	Interested in information or assistance for a stress, emotional or alcohol concern?	"Are you interested in receiving information or assistance for a stress, emotional, or alcohol concern?" Question A.VI.8 on the 2016 PHA. Question A.VI.9 on the 2021 PHA.	.M="Missing" 0="No" 1="Yes"
pha_res_ins_none	Covered under a health insurance policy: NONE	Question A.IX.4. "Are you currently covered under a health insurance policy? Mark all that apply. [No]"	.M="Missing" 0="Not Checked" 1="Checked"
pha_res_ins_other	Covered under a health insurance policy: OTHER	Question A.IX.4. "Are you currently covered under a health insurance policy? Mark all that apply. [YES - Other health insurance]"	.M="Missing" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
pha_res_ins_tricare	Covered under a health insurance policy: TRICARE	Question A.IX.4. "Are you currently covered under a health insurance policy? Mark all that apply. [YES - TRICARE]"	.M="Missing" 0="Not Checked" 1="Checked"

Section 21: Reserve Component

Variable	Label	Description	Format Text
pha_res_illness	Incurring or aggravated an injury, illness, or disease while in a duty status since last PHA?	Question A.IX.1. "Do you have an injury, illness, or disease which was incurred or aggravated while in a duty status since your last PHA?"	.M="Missing" 0="No" 1="Yes"
pha_res_lod	Have you completed or are you pending a Line of Duty (LOD) for that injury, illness, or disease?	Question A.IX.2. "Have you completed or are you pending a Line of Duty (LOD) for that injury, illness, or disease to receive healthcare within the Military Health System (MTF or TRICARE referral from Defense Health Agency Great Lakes) or the VA?"	.M="Missing" 0="No" 1="Yes (initiated)" 2="Yes (completed)"
pha_work_comp	Do you have any current physical or mental health limitations related to a Workers' Compensation claim?	Question A.IX.5a. "Do you have any current physical or mental health limitations related to a Workers' Compensation claim (regardless of whether the claim was approved)?"	.M="Missing" 1="Yes" 2="No (never)" 3="No (applied)"