

Annual Health Form Data Dictionary

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Document Summary

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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" 0="Missing" 1="Checked" |
| pha_acknowledge | Individual Medical Readiness Policy Acknowledgement | "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." Question A.X.6 on 2016 PHA. Question A.X.5 on 2021 PHA. | .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 |
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| 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 |
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| 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 |
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| 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 |
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| 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 |
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| 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 |
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| 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 |
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| pha_alert | Felt jumpy or easily startled 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 jumpy or easily startled?]"</p> <p>Question A.VI.5u on 2016 PHA. Question A.VI.6v on 2021 PHA.</p> | .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? | <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 irritable or having angry outbursts?]"</p> <p>Question A.VI.5r on 2016 PHA. Question A.VI.6s on 2021 PHA.</p> | .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? | <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. [Avoid activities or situations because the remind you of a stressful experience from the past?]"</p> <p>Question A.VI.5k on 2016 PHA. Question A.VI.6l on 2021 PHA.</p> | .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? | <p>"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?]"</p> <p>Question A.VI.5b on 2016 PHA. Question A.VI.6b on 2021 PHA.</p> | .M="Missing" 0="No" 1="Yes" |

| Variable | Label | Description | Format Text |
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| 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 |
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| 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 |
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| 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_pcic_incomplete | Deployer PTSD questions were not answered or are incomplete? | | .M="Missing" .V="Not on Form Version" 0="Not Checked" 1="Checked" |
| pha_pcic_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_pcic_score | Total PCIC 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 |
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| 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 |
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| 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> | .M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely" |
| 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> | .M="Missing" 0="Not at all" 1="A little bit" 2="Moderately" 3="Quite a bit" 4="Extremely" |

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_provid er | 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_provi der | 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 |
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| 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 |
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| 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 |
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| 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 |
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| 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" |

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

Section 14: Interview/Record Reviewer

| Variable | Label | Description | Format Text |
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| 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 |
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| 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 |
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| 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 |
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| 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 |
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| 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 operational 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 operational 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 |
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| 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" |

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| 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" |

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| pha_rr_surg2 | Documentation for surgery from DLC: Cond2 | <p>"(If Service member reported having surgery since their last PHA) Is there documentation in the record for each surgery listed below?"</p> <p>Question B.II.13 on 2016 PHA. Question B.II.14 on 2021 PHA.</p> | .M="Missing" 0="No" 1="Yes" 9="Record Unavailable" |
| pha_rr_surg3 | Documentation for surgery from DLC: Cond3 | <p>"(If Service member reported having surgery since their last PHA) Is there documentation in the record for each surgery listed below?"</p> <p>Question B.II.13 on 2016 PHA. Question B.II.14 on 2021 PHA.</p> | .M="Missing" 0="No" 1="Yes" 9="Record Unavailable" |
| pha_rr_temp_mos | Number of months on Temporary Profile in the past year | <p>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?"</p> <p>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?"</p> | Numeric .M="Missing" |
| pha_rr_temp_none | No Record of Temporary Situation? | <p>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]"</p> <p>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]"</p> | .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 |
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| 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_grandfat_her | 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_grandm_other | 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_grandfat_her | 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_grandm other | 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_grandfat her | 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_grandm other | 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_grandfat her | 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 |
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| pha_fh_oth_hr1_grandm other | 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_grandfat her | 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_grandm other | 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 |
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| pha_fh_oth_hr3_grandfat_her | 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_grandm_other | 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_grandfat_her | 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_grandmo_ther | 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 |
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| 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 |
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| 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 processes 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 processes 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 processes 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 processes 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 processes 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 processes 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 processes 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 |
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| 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 |
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| 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 |
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| 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 |
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| 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 |
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| 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 |
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| 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_time_s | 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 |
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| 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 |
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| 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 | <p>"Recommended referral(s) (Mark all that apply even if the Service member does not desire): Other (List):"</p> <p>Question C.IV.3h on 2016 PHA. Question C.IV.3k on 2021 PHA.</p> | .M="Missing" 0="Within 24 hours" 1="Within 7 days" 2="Within 30 days" |

| Variable | Label | Description | Format Text |
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| 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" |

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| 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 |
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| pha_res_illness | Incurred 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)" |