

**DEPARTMENT OF DEFENSE  
SURVEY OF HEALTH RELATED BEHAVIORS  
AMONG ACTIVE DUTY MILITARY PERSONNEL  
2008 SURVEY Q&A**

**MILITARY HEALTH SYSTEM  
DECEMBER 2009**



# HEALTH RELATED BEHAVIORS SURVEY QUESTIONS AND ANSWERS

Listed below are questions and answers about the survey findings, organized by key finding area:

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## ABOUT THE 2008 SURVEY

### **Q1: What is the background/ history/ purpose of the survey?**

The 2008 Department of Defense (DoD) Survey of Health Related Behaviors Among Active Duty Military Personnel assesses substance abuse, mental well-being, deployment issues, fitness, nutrition and weight management, and compares this data to select national health status goals. Health status goals are from the Department of Health and Human Services' (HHS) Healthy People 2010 objectives identified as important factors for leading healthy lifestyles.

This is the 10th in the series of confidential, anonymous and standardized surveys that ask active duty service members about various health behaviors. The survey has been monitoring military health behaviors for 28 years. The first survey was conducted in 1980. Additional surveys were conducted in 1982, 1985, 1988, 1992, 1995, 1998, 2002 and 2005.

It is important to remember that this is self reported data from randomly selected participants who are not necessarily the same individuals who participated in previous surveys. The results may differ from information in official records or more objective data sources. The results do not represent a formal clinical diagnostic evaluation. However, the findings provide a progressive comparison of self-reported findings and are reviewed to identify areas to create or enhance training and education programs for troops and commanders.

### **Q2: What is the authority for this research?**

This research is authorized by the Under Secretary of Defense for Personnel and Readiness and the Office of the Assistant Secretary of Defense for Health Affairs and is supported by the Office of Drug Enforcement Policy and Support.



RTI, a nonprofit research organization, conducted the 2008 study through a contract with the TRICARE Management Activity, The Health Program Analysis & Evaluation (HPA&E) Division.

**Q3: How are the results used? What purpose do they have? Why does the DoD see this as an important use of resources?**

Survey findings are used to monitor health trends and to detect emerging health risks. The survey helps examine program effectiveness and determine level of emphasis to be placed on various programs moving forward. The findings are reviewed to identify areas to create or enhance training and education programs for troops and commanders.

For example, following the 2005 survey that showed an increase in heavy alcohol use, the DoD developed and launched the “That Guy” campaign to educate service members on the dangers of alcohol abuse. In part because of the 2005 survey results, which showed increases in mental health issues, the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) was established. In 2007, in response to the U.S. Armed Services use of tobacco products as reported in the 2005 survey, TRICARE and the Department of Defense created the “Quit Tobacco. Make Everyone Proud” campaign ([www.ucanquit2.org](http://www.ucanquit2.org)).

With these survey results, the DoD, MHS and U.S. Armed Services gain additional insight into behaviors that can be targeted to improve the physical and mental well being of our troops so that ultimately, service members can attain and maintain healthy lifestyles.

**Q4: What are the survey demographics? Who/ How many were involved in the survey?**

Individuals were randomly selected to represent men and women in all pay grades of the active force throughout the world.

More than 28,500 service members participated from the Air Force, Army, Coast Guard, Marine Corps and Navy.

**Q5: What will MHS and the overall DoD do with the survey information?**

The Military Health System will continue to evaluate current programs and partner with the broader Department of Defense and the U.S. Armed Services to develop new initiatives, policies and programs to address arising issues. In partnership with the broader Department of Defense, we are carefully looking at the survey results and ways to continue to encourage positive areas and address challenges that affect the well being of our service members.

**Q6: Why is this data being released so late? What happened between the completion of the survey and December 2009?**

The Health Related Behaviors Survey is an important tool that the Department of Defense, the Military Health System, and all of its entities take very seriously. The sheer volume of raw data produced takes months to compile and analyze. The DoD, the MHS and its entities wanted to be sure that once the data was analyzed, the findings were briefed to senior leaders and the services for their awareness.



**ALCOHOL, CIGARETTES/ SMOKELESS TOBACCO, DRUG USE****Q1: What are the survey key findings about alcohol use/ abuse?**

When compared to civilian data, adjusted to mirror military demographic characteristics, the 2008 survey showed that military rates of heavy drinking were higher than civilians among those age 18 to 35, but lower among individuals age 46 to 64.

Heavy drinking (five or more drinks per occasion at least once a week) remained at about the same level as 2005 (19%), with 2008 at 20%. Increases in heavy drinking between 2005 and 2008 were most pronounced for the Marine Corps (25% to 29%) and the Air Force (10% to 14%).

Over the past 28 years (1980-2008), in peace and war time, the rates of alcohol use have stayed fairly consistent. The DoD and MHS takes any increase in heavy alcohol use seriously. In response to the 2005 survey results, the Department of Defense launched the “That Guy” campaign in 2007 specifically to address the rising rate of binge drinking among junior enlisted personnel. More information is available at [www.thatguy.com](http://www.thatguy.com). Because the campaign was launched so close to the 2008 survey data collection, we expect to see the impact of the “That Guy” campaign in the following survey.

Heavy drinking and binge drinking are of concern because they are associated with higher rates of serious consequences within the military, such as being passed over for promotion, loss of one or more weeks from duty because of drinking-related illness or arrest/ injury from driving under the influence of alcohol.

**Q2: What does the survey say about cigarette use? What are the results of the survey? What are the significant findings about cigarette use?**

Military rates were slightly higher than civilian rates of cigarette use among persons aged 18 to 35, but the difference was not statistically significant. Military rates were significantly lower for persons aged 36 and older.

Since 2002, when cigarette use was 34% there has been a slight, but continual decline in usage with 2008 usage at 31%. Cigarette smoking was higher among those deployed to operational theater (OIF/OEF or other theaters) than those who were not deployed (32% vs. 28%). Cigarette smoking was lower for women than men in all age groups, with men at 32% and women at 22%. Across all services, 28% of current smokers surveyed planned to quit in the following month, and 38% planned to quit in the following six months. Heavy cigarette smoking (1 or more packs/day) showed a steady decline over the years. 2008 results of 10% are a dramatic drop since the first survey in 1980 (34%).

**Q3: What does the survey say about smokeless tobacco use? What are the results of the survey? What are the significant findings?**

Smokeless tobacco use showed a slight decrease from 2005 (15%) to 2008 (14%).

Military who are deployed in either non-combat or combat theaters showed a 3% increase in smokeless tobacco use in comparison to those not deployed within the last year. Those not deployed were at 12% whereas those who were deployed for both non-combat and combat were at 15%. The highest usage rate was seen in



the Marine Corps: 21% not deployed; 24% non-combat deployed; and 23% combat deployed. The lowest usage rates were for the Navy and Air Force. 9%, 8% not deployed respectively; 10%, 11% for both non-combat and combat deployed respectively.

**Q4: What does the survey say about illicit drug use? What are the results of the survey regarding illicit drug use? What are the significant findings about illicit drug use in the military?**

Due to wording changes, the drug use questions in the 2008 survey are not comparable to prior years' estimates. In 2008, the rephrased question added prescription medication to the list of questions regarding drug use for non-medical reasons.

The 2008 rate for illicit drug use in the past month, including prescription drugs, was 12%. The 2005 rate for illicit drug use was 5%. The 2008 rate for illicit drug use, excluding prescription drugs, was 2%.

The overall percentage increase is primarily attributed to the addition of questions that specifically ask for usage of prescription medication for non-medical reasons.

## EXERCISE, WEIGHT MANAGEMENT AND OBESITY

**Q1: What does the survey say about exercise? What are the results of the survey regarding the exercise routines of service members? What are the significant findings about exercise in the military?**

The survey indicates that there are improvements since 2005 in preventive health measures, including increases in moderate or vigorous exercise and a decline in those overweight among personnel under age 20.

2008 results indicated that 63% of those polled engaged in 20 minutes or more of vigorous exercise at least three times a week. 2008 shows a 5 percentage point increase from 2005 (58%). In 2005 and 2008 vigorous exercise was defined as: jogging, mowing lawn with push mower, chopping wood, high impact aerobic dancing, swimming continuous laps, or bicycling uphill.

**Q2: What does the survey say about military obesity? What are the survey results around obesity? What are the significant findings about military obesity?**

Following the trend in the U.S. population, the percentage of overweight DoD personnel aged 20 and older increased between 1995 (51%) and 2005 (62%), but remained at 2005 levels in 2008 (62%).

"Overweight" was determined through a non-clinical Body Mass Index calculation.

The 2008 survey showed a notable decline (down 11%) in obesity for service members age of 20 and under. There was an increase in obesity from 1995 (28%) to 2005 (46%), but 2008 shows a notable decline (35%).

## STRESS AND RESILIENCE



**Q1: What does the survey say about stress and stress management? What are the results of the survey? What are the significant findings?**

Being away from family (23%), deployment (16%), and increases in work load (15%) remain key sources of stress since 2002 with the highest rates in 2008. Rates in 2005 were being away from family (16.6%), deployment (13.4%), and increases in work load (12.9%).

Positive coping strategies were the most common methods of dealing with stress. Unhealthy behaviors to deal with stress were also identified, however the percentage of positive methods for dealing with stress were more than double the percentages for the negative methods.

Rates of reported high stress at work were lower in 2008 (27%) than in 2005 (32%) and high stress in the family was about the same in 2008 (18%) as in 2005 (19%). Job satisfaction is at 70%, which is about the same as it was in 1995, pre-Global War on Terrorism.

**TRAUMATIC BRAIN INJURY (TBI)****Q1: What does the survey say about TBI? What are the results of the survey regarding TBI? What are the significant findings around TBI?**

The Health Related Behaviors Survey asks questions that may support the diagnosis of TBI, but it is not a diagnostic tool.

Of the service members surveyed, 49% had been deployed without being exposed to a blast, accident or head wound. The Navy had the highest percentage of its service members deployed without experiencing the kind of exposure that could result in TBI (72%).

The percentage of people with exposure suggesting the need for further TBI evaluation was significantly lower (8%) than those who had been deployed without being exposed (49%). The survey recommends further TBI evaluation for those who have been exposed and dazed without memory loss or exposed with memory loss (4% each). The Army had the highest rate of service members exposed and dazed without memory loss or exposed with memory loss (7% and 8% respectively). The Navy had only 1% each of its service members respond that they had been either exposed and dazed without memory loss or exposed with memory loss (1% each).

For more information on TBI, please visit: [www.health.mil](http://www.health.mil).

**POST TRAUMATIC STRESS DISORDER (PTSD)****Q1: What does the survey say about PTSD? What are the results of the survey? What are the significant findings?**

A self-reported screener of symptoms, which is not a formal evaluation, suggested the need for further evaluation of Post Traumatic Stress Disorder (PTSD).

Self-reported results showed that rates of current (1 month) symptoms in the DoD population increased from 7% in 2005 to 11% in 2008; the largest increases were in the Army (9% to 13%) and Marine Corps (8% to 15%)



Persons deployed to OIF/OEF or to other operational theaters showed, through the self-reported symptoms, a higher need for further evaluation of PTSD symptoms. The results showed persons deployed to OIF/OEF (12%) and other operational theaters (13%) were higher compared to those not deployed (8%). The highest rates occurred for those serving in other operational theaters among service members in the Army (20%) and Marines (25%).

This screening does not represent a formal clinical diagnostic evaluation. All information from the survey regarding symptoms of PTSD is self-reported data.

## SUICIDE

### **Q1: What does the survey say about military suicidal thoughts and actions? What are the results of the survey? What are the significant findings?**

The highest rates of suicidal ideation were observed in personnel who served in theaters other than OIF/OEF. This rate averaged 7% across the Armed Forces, with 9% in the Marine Corps and 8% in the Army.

Rates of personnel reporting that they had seriously considered suicide were higher among those serving in other theaters (7%) vs. those serving in OIF/OEF or those not deployed (4% for each).

Reports of attempted suicide in the past year, although still lower than the civilian population, doubled from 1% in 2005 to 2% in 2008. Navy personnel reported the highest rate of 3%.

## SEXUAL ASSAULT

### **Q1: What does the survey say about sexual assault? What are the results of the survey? What are the significant findings?**

Of the service members reporting sexual assault (14%), the majority (79%) indicate that the assault happened under the age of 18, prior to joining the military. Since entering the services, 18% of service members surveyed report physical or sexual assault. Males and females reported similar experiences with physical punishment in their lifetime and varied experiences with the other types of abuse surveyed (attacked, beaten, or mugged; unwanted sexual contact; any abuse experience).

The DoD has been aggressively pursuing efforts to educate service members about sexual assault, increase reporting and convince more victims to seek care and support services.

