Predeployment Screening Survey

Thank you for completing this survey. Your answers will help the Armed Forces to better assess your needs. To help us accurately process your survey please:

1. Use black or blue ink
2. Print **neatly** in CAPITAL letters and stay within the boxes (ABCDEFGHIJKLMNOPQRSTUVWXYZ 0123456789)
3. Mark the check boxes with an "**X**" or a **check mark**.

SOLDIER DATA

1. Enter Today's Date (mm/dd/yy) ..... ☐☐/☐☐/☐☐

2. Last Name

3. First Name

4. SSN ☐☐☐–☐☐–☐☐☐☐

5. Rank (Print the three-letter acronym that corresponds to your rank. For example, Private First Class = PFC; Captain = CPT) ☐☐☐

6. Enlisted Personnel print your PMOS here. Officers print your branch name.

7. If you are an augmentee, print your parent unit name in the boxes below. If you are not an augmentee, leave blank.

8. Religious Preference

- ☐ Atheist
- ☐ Agnostic
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Roman Catholic
- ☐ Protestant
- ☐ Wiccan
- ☐ Other (not listed)

9. Gender ..... M ☐ F ☐

QUESTIONS

10. Have you been deployed in the past 12 months? ..... Y ☐ N ☐

11. If you answered "yes" to question 11, print where you were deployed in the boxes below. If "no" then move to question 14.

12. How many months were you deployed away from home? ..... ☐☐☐

13. Did you experience any problems during or after your last deployment? ..... Y ☐ N ☐