

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER

Public Law 104-191, Section 1178; Executive Order 9397; Section 8103, Title 5, United States Code

2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by the Privacy Act of 1974. The information obtained from this project will be used to determine the best predictors of Ranger School success and the occurrence of injuries/illness. We will need to obtain your social security number in order to link your questionnaire information with other data such as demographic information and information on previous and current injuries and illnesses. We will strictly limit access to your social security number by shredding all paper files after scanning, having all computer files password protected, and removing SSNs and name after data are linked. The questionnaire is to obtain information on physical fitness activities, tobacco use, motivation to attend Ranger School and previous or current injuries/illness.

3. ROUTINE USES

The primary use of this information is to improve success rates at Ranger School, successfully identify barriers to integration and the health and fitness of Soldiers. The data obtained from the questionnaires will be included in a database that contains the same information for all Soldiers participating in this project. The only personnel having access to this information will be the project officials who will analyze the information. You will not be personally identified in any report or any output of any type since the interest is in the health, fitness, and motivations of the group and not of any single individual. No identifiable information will be supplied to anyone, your name will be replaced with a subject number and data will be presented as a group and not as individuals.

The database that is established will identify fitness levels, injury/illness trends, and factors that lower Soldiers' risk of injury/illness and increase the Soldier's probability of successfully completing Ranger School. The database will be used to make recommendations to decision makers regarding programs and policies that might reduce the incidence of injury/illness, improve integration of Army schools, and increase success rates.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Disclosure of the requested information is voluntary. If you do not disclose the information you will not be included in the database and you will not participate in the project designed to reduce injuries and improve the health and fitness of Ranger Candidates.

SIGNATURE OF PARTICIPANT

DATE

ARMY RANGER SCHOOL QUESTIONNAIRE

Please write legibly for fill-in questions and color in the bubbles to pick your multiple choice answer.

1) What is your...

SSN: _____	
First Name: _____	Age (years): _____
Middle Initial: _____	Time in Army (years): _____
Last Name: _____	

2) Gender: Female Male

3) Are you branch detailed to the Infantry? Yes No

4) How long do you want your Army career to be (AD, ARNG, and USAR)?

- 1 to 3 years 11 to 15 years
 4 to 6 years 16 to 20 years
 7 to 10 years Over 20 years

5) What is your marital status?

- Single/Never Married Separated Widowed
 Married Divorced

6) How many dependent children do you have living at home with you?

- 0 1 2 3 4 5 6

7) What is the highest level of education you have completed?

- High School/GED Bachelors' Degree
 Associates Degree Masters' Degree or Higher

8) Do you smoke? Yes No

a) If yes, on average, how many cigarettes do you smoke in a day? _____

9) When did you take your most recent APFT? Month _____ Year _____

10) What was your most recent APFT score?

Number of Sit-Ups _____ Number of Push-Ups _____

Run Time (min:sec) _____

Overall APFT Score _____

11) How many months (total) have you spent deployed? _____

12) When did you return from your last deployment? (Month/Year) _____

13) Approximately, how many people are there in your Company? _____

14) Approximately, how many of the personnel in your current Company have a Ranger tab? _____

15) Have you attended any of the following schools? (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> ① Sapper | <input type="checkbox"/> ⑤ Air Assault |
| <input type="checkbox"/> ② Airborne | <input type="checkbox"/> ⑥ SF Selection |
| <input type="checkbox"/> ③ RSLC | <input type="checkbox"/> ⑦ Delta Selection |
| <input type="checkbox"/> ④ SERE School | <input type="checkbox"/> ⑧ Sniper School |

16) Which of the following reasons best explains why you are attending Ranger School?

(Please select only one option)

- ① I want to or currently serve in the 75th Ranger Regiment.
- ② I want to be able to serve in Ranger coded positions.
- ③ A Ranger tab will help me advance my Army career.
- ④ I was ordered to attend Ranger School
- ⑤ I want to challenge myself.
- ⑥ I work with Rangers and want to have a better understanding of their experience.
- ⑦ Other (Please explain) _____

17) How do you view the decision to integrate women into this Ranger Class?

- | | |
|---|---|
| <input type="radio"/> ① Very Positively | <input type="radio"/> ④ Somewhat Negatively |
| <input type="radio"/> ② Somewhat Positively | <input type="radio"/> ⑤ Very Negatively |
| <input type="radio"/> ③ Neutral | |

18) How confident are you in your ability to succeed in Ranger School?

- | | |
|--|--|
| <input type="radio"/> ① Extremely Confident | <input type="radio"/> ③ Minimally Confident |
| <input type="radio"/> ② Moderately Confident | <input type="radio"/> ④ Not at all Confident |

19) How many months have you been preparing to attend Ranger School?

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7 ⑨ 8 ⑩ 9 ⑪ 10 ⑫ 11
- ⑬ 12 ⑭ More than 12

20) Please indicate how much each of the following statements sounds like you.

	Very much like me	Mostly like me	Somewhat like me	Not much like me	Not like me at all
New ideas and projects sometimes distract me from previous ones.	①	②	③	④	⑤
Setbacks don't discourage me.	①	②	③	④	⑤
I have been obsessed with a certain idea or project for a short time but later lost interest.	①	②	③	④	⑤
I am a hard worker.	①	②	③	④	⑤
I often set a goal but later choose to pursue a different one.	①	②	③	④	⑤
I have difficulty maintaining my focus on projects that take more than a few months to complete.	①	②	③	④	⑤
I finish whatever I begin.	①	②	③	④	⑤
I am diligent.	①	②	③	④	⑤

21) How confident are you in your ability to succeed at the following aspects of Ranger School?

	Extremely Confident	Confident	Somewhat Confident	Not Very Confident	Not at all Confident
Ranger Physical Assessment (RAP Week)	①	②	③	④	⑤
Combat Water Survival	①	②	③	④	⑤
Land Navigation	①	②	③	④	⑤
Obstacle Course (Malvesti)	①	②	③	④	⑤
12 Mile Foot March	①	②	③	④	⑤
Ruck Marching	①	②	③	④	⑤
Graded Patrols	①	②	③	④	⑤
Peering	①	②	③	④	⑤

22) Did you attend the Ranger Training Assessment Course (RTAC) at the National Guard Warrior Training Center prior to arriving at Ranger School? (check all that apply)

- ① No, I haven't attended RTAC
- ② Yes, RTAC 004 (Jan 16-31)
- ③ Yes, RTAC 005 (Feb 6-21)
- ④ Yes, RTAC 006 (Apr 3-18)
- ⑤ Yes, RTAC 105 (MAR 6-21)

31) Have you had a respiratory illness in the past 3 months (cold/cough, sinusitis, bronchitis, or pneumonia)? Yes No

32) Have you had a gastrointestinal illness in the past 3 months (nausea, vomiting, frequent diarrhea)? Yes No

33) Have you had a urinary tract infection in the past 3 months? Yes No

34) Please list any orthopedic surgeries you have had and the YEAR you had it
(for example ACL {knee} surgery 2010)

35) During the last 3 years, how many musculoskeletal injuries did you have (injury to muscle, bone, joint, or nerve) for which you were issued a profile for MORE than 1 MONTH.

- | | | |
|----------------------------|-------------------------|--------------------------|
| <input type="radio"/> None | <input type="radio"/> 4 | <input type="radio"/> 8 |
| <input type="radio"/> 1 | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 2 | <input type="radio"/> 6 | <input type="radio"/> 10 |
| <input type="radio"/> 3 | <input type="radio"/> 7 | |

If you indicated you have had one or more musculoskeletal injuries, please provide the following information about the injuries. If you've had more than three injuries, please focus on the three **MOST SERIOUS INJURIES** (longest lasting, most re-injuries) and fill out the following pages, 1 page per injury.



Injury 1

1) In what year did you first have this injury?

- 2015 2014 2013 2012

2) What body area did you injure (pick only 1)?

- | | | | |
|----------------------------------|--|----------------------------------|----------------------------------|
| <input type="radio"/> Head | <input type="radio"/> Lower Back | <input type="radio"/> Arm | <input type="radio"/> Knee |
| <input type="radio"/> Neck | <input type="radio"/> Abdomen | <input type="radio"/> Wrist/Hand | <input type="radio"/> Calf/Shin |
| <input type="radio"/> Chest | <input type="radio"/> Shoulders | <input type="radio"/> Hip | <input type="radio"/> Ankle/Foot |
| <input type="radio"/> Upper Back | <input type="radio"/> Elbow | <input type="radio"/> Thigh | |
| | <input type="radio"/> Other (list) _____ | | |

3) What type of injury was it?

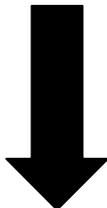
- | | |
|-------------------------------------|--|
| <input type="radio"/> Fracture | <input type="radio"/> Tendonitis |
| <input type="radio"/> Muscle Strain | <input type="radio"/> Nerve Pain |
| <input type="radio"/> Joint Sprain | <input type="radio"/> Other (list) _____ |

4) Specifically, what was the injury? If you know the diagnosis please list it here, if you do not know the diagnosis please explain the injury in your own words.

5) How long did this condition limit your ability to do your job or physical training?

_____ months

6) Did you completely recover from this injury (you have no pain and no limitations to your exercising or work capabilities)? Yes No



Injury 2

1) In what year did you first have this injury?

- 2015 2014 2013 2012

2) What body area did you injure (pick only 1)?

- | | | | |
|----------------------------------|--|----------------------------------|----------------------------------|
| <input type="radio"/> Head | <input type="radio"/> Lower Back | <input type="radio"/> Arm | <input type="radio"/> Knee |
| <input type="radio"/> Neck | <input type="radio"/> Abdomen | <input type="radio"/> Wrist/Hand | <input type="radio"/> Calf/Shin |
| <input type="radio"/> Chest | <input type="radio"/> Shoulders | <input type="radio"/> Hip | <input type="radio"/> Ankle/Foot |
| <input type="radio"/> Upper Back | <input type="radio"/> Elbow | <input type="radio"/> Thigh | |
| | <input type="radio"/> Other (list) _____ | | |

3) What type of injury was it?

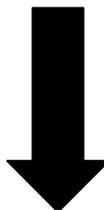
- | | |
|-------------------------------------|--|
| <input type="radio"/> Fracture | <input type="radio"/> Tendonitis |
| <input type="radio"/> Muscle Strain | <input type="radio"/> Nerve Pain |
| <input type="radio"/> Joint Sprain | <input type="radio"/> Other (list) _____ |

4) Specifically, what was the injury? If you know the diagnosis please list it here, if you do not know the diagnosis please explain the injury in your own words.

5) How long did this condition limit your ability to do your job or physical training?

_____ months

6) Did you completely recover from this injury (you have no pain and no limitations to your exercising or work capabilities)? Yes No



Injury 3

1) In what year did you first have this injury?

- ① 2015 ② 2014 ③ 2013 ④ 2012

2) What body area did you injure (pick only 1)?

- ① Head ⑤ Lower Back ⑨ Arm ⑬ Knee
② Neck ⑥ Abdomen ⑩ Wrist/Hand ⑭ Calf/Shin
③ Chest ⑦ Shoulders ⑪ Hip ⑮ Ankle/Foot
④ Upper Back ⑧ Elbow ⑫ Thigh
⑯ Other (list) _____

3) What type of injury was it?

- ① Fracture ④ Tendonitis
② Muscle Strain ⑤ Nerve Pain
③ Joint Sprain ⑥ Other (list) _____

4) Specifically, what was the injury? If you know the diagnosis please list it here, if you do not know the diagnosis please explain the injury in your own words.

5) How long did this condition limit your ability to do your job or physical training?

_____ months

6) Did you completely recover from this injury (you have no pain and no limitations to your exercising or work capabilities)? ① Yes ② No