Assessing the Health Readiness of Army Reservists

Results from Army Reserve Respondents to the HRBS

### Weight and Sleep Issues

- **63.1%** were overweight or obese, according to body mass index
- **44.6%** met age-appropriate sleep quantity requirements
- **19.6%** were moderately or severely bothered by sleep-related lack of energy
- **7.2%** took sleep medications to help them sleep at least three times weekly

### Mental and Emotional Health

- **6.8%** met criteria for serious psychological distress in the past 30 days
- **11.4%** met criteria for serious psychological distress in the past 12 months
- **10.7%** met criteria for probable posttraumatic stress disorder (PTSD) in the past 30 days
- **6.2%** had thought about attempting suicide in the past 12 months
- **1.4%** reported a suicide attempt in the past 12 months
- **4.7%** needed mental health services in the past 12 months but did not receive them
- **22.5%** reported mental health service use in the past 12 months
- **28.9%** said that seeking mental health treatment damages one’s military career

### Physical and Functional Limitations

- **40.2%** reported one or more chronic medical conditions (e.g., high blood pressure) in the past 12 months
- **24.0%** reported that pain (including headaches) had bothered them at least once in the past 30 days
- **5.2%** screened positive for mild traumatic brain injury

### Substance Use

- **Alcohol, Tobacco, Illicit Drugs, and Prescription Drugs**
  - **26.5%** had engaged in binge drinking in the past 30 days (five or more drinks for men or four or more for women on one occasion)
  - **6.9%** were heavy drinkers (binge drinking at least one or two days a week in the past 30 days)
  - **15.9%** viewed military culture as supportive of drinking
  - **29.2%** reported any current tobacco or nicotine use
  - **14.0%** were current cigarette smokers
  - **8.9%** were current smokeless tobacco users
  - **9.4%** were current e-cigarette users
  - **1.8%** reported illicit drug use (mostly marijuana or synthetic cannabinoids) in the past 12 months
  - **1.4%** reported prescription drug misuse in the past 12 months (use without a prescription or use in greater amounts, more frequently, or for longer than prescribed)

### Sexual Behavior and Health

- **14.5%** had more than one sexual partner in the past 12 months
- **32.9%** had sex with a new partner without using a condom in the past 12 months
- **2.0%** reported contracting a sexually transmitted infection in the past 12 months
- **16.5%** were at high risk for human immunodeficiency virus (HIV) infection in the past 12 months
- **20.3%** of those not expecting or trying to conceive a child did not use birth control during their most recent vaginal sex in the past 12 months
- **2.2%** reported having or causing an unintended pregnancy in the past 12 months

### Sexual Orientation, Identity, and Health

- **6.1%** identified as lesbian, gay, or bisexual (LGB)

- **52.2%** reported at least one prior combat or noncombat deployment

- **68.2%** reported at least one lifetime combat deployment

- **9.4%** reported past exposure to combat trauma (e.g., knowing someone wounded in combat)

- **31.4%** reported a deployment in the past 12 months

- **Significantly greater percentages of LGB personnel than non-LGB personnel reported serious psychological distress and probable PTSD; suicidal thoughts and attempts; binge and heavy drinking; cigarette, e-cigarette, and smokeless tobacco use; illicit drug use; unwanted sexual contact;* and having been physically assaulted. These results are not specific to the Army Reserve.**

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* Unwanted sexual contact in the HRBS is a broader construct than sexual assault, and these survey responses do not represent official reports of sexual assault.

**Fatigue, depression, and psychological distress were also higher among LGB respondents.**

**Limitations**

- A low overall response rate (8.4 percent for the Army Reserve and 9.4 percent across all services) suggests that the results should be interpreted with caution and in conjunction with other existing data. Use of targeted incentives, modules administered to subsets of respondents, or a service member panel survey could help improve response rates and representation. The above comparisons with the general adult population do not control for demographic differences between the two populations.