

## Personnel Reliability Program (PRP) Questionnaire and Processing Guide

**AUTHORITY:** SI 227-2, *Nuclear Weapons Personnel Reliability Program (PRP)*, 11Feb 09.

**PRINCIPAL PURPOSE:** To assist in the Administrative Qualification (some steps may be NA for Admin Qual) and Certification processes.

**ROUTINE USES:** Use of this questionnaire and guide is mandatory for PRP Certification. The **individual** completes SECTION 1. The Directorate/Command PRP **monitor** completes SECTION 2 while screening the Service Record (if available), PIF, UIF, or equivalent service/civilian/contractor personnel records. **Medical Treatment Facility** (MTF) personnel (or the CMA for contractor personnel) complete SECTION 3 while screening all health records. **Directorate CO** completes SECTION 4. SECTION 5 is reserved for appropriate or additional comments from SECTIONS 1, 2, 3, or 4. The information will only be disclosed to the appropriate PRP monitor, MTF/contracted CMA, Command PRP Manager, CO, and reviewing official. Sensitive medical information will only be maintained in health records. The completed questionnaire is provided to the CO prior to the spirit and intent interview for PRP. The questionnaire/guide will be turned in to the Command PRP Manager along with completed certification paperwork for disposition. The questionnaire is for certification screening only and will be destroyed upon receipt by the Command PRP Manager.

### PRIVACY ACT OF 1974 APPLIES

**DISCLOSURE:** Refusal to answer questions or provide information may result in not meeting the spirit and intent of the PRP, as determined by the Certifying Official.

\_\_\_\_\_  
(LAST NAME, FIRST, M.I.) (GRADE)

\_\_\_\_\_  
(DATE)

### PRP CERTIFICATION QUESTIONNAIRE

#### SECTION 1

**Individual:** Answer all questions truthfully and to the best of your knowledge. Circle at least one response for each question. Do not leave any questions unanswered. All questions apply to both pre-service and in-service time periods.

**1. Have you ever had any of the following legal and financial problems?**

A-no legal or financial problems / B-wages garnished/C-property repossessed/ D-lien placed upon property for failing to pay taxes/ E-judgment against you, which you have not paid/ F-delinquent debts  
G-filed for bankruptcy (including Ch 13)/ H-other (explain)

**2. Have you ever been involved in the unauthorized trafficking, cultivating, processing, manufacturing, or sale of any controlled or illegal drugs? (including cannabis-based products)**

A-never / B-yes; when, how often, and which drug(s)

**Personnel Reliability Program (PRP)  
Questionnaire and Processing Guide**

**3. Have you ever been arrested or do you have charges pending against you?**

A-never / B-yes, explain each arrest:

**4. Have you ever received Non-Judicial Punishment to include an Article 15?**

A-never / B-yes, explain when, where, why:

**5. Have you ever been ticketed for a traffic violation?**

A-never / B-yes, how many, when, type, and circumstances:

**6. Have you ever been in trouble with the police for something other than a traffic violation?**

A-never / B-yes; how many times, when, circumstances:

**7. Has a restraining order ever been placed against you (so that you could not have contact with a person)?**

A-no / B-yes; explain:

**8. Have you ever been investigated for child abuse or neglect?**

A-no / B-yes; explain:

**9. Do you have juvenile offenses that have been sealed by the court?**

A-no / B-yes; explain:

**10. Have you ever used a weapon in a fight?**

A-never / B-yes; explain:

**11. Have you ever had checks returned for insufficient funds?**

A-never / B-yes; when, how many, explain circumstances:

**12. Have you ever been charged/convicted of a firearm violation or unauthorized use or possession of explosive material?**

A-never / B-yes; explain:

**Personnel Reliability Program (PRP)  
Questionnaire and Processing Guide**

**13. Have you ever had a DUI, DWI, underage drinking incident, or any other alcohol related incident?**  
A-never / B-yes; explain each incident:

**14. Have you ever needed, but not received, help for drug, alcohol, emotional or behavioral problems?**  
A-never / B-yes; explain:

**15. Have you ever been counseled, evaluated, or hospitalized for alcohol or drug incident, abuse or dependence?**  
A-never / B-yes; explain:

**16. Have you ever smoked marijuana or hashish?**  
A-never / B-yes; when, how often, and which substance(s)

**17. Have you ever used hard illicit drugs such as cocaine, heroin, crack, LSD, mescaline, PCP, ecstasy, methamphetamines, barbiturates, peyote?**  
A-never / B-yes; when, how often, and which substance(s)

**18. Have you have ever used non-prescription steroids?**  
A-never / B-yes; when, how often, and which steroid(s)

**19. Have you ever sniffed or used substances such as aerosol sprays, lighter fluid, petrol-chemicals, or adhesives (including glue) to cause the same feelings as a stimulant, depressant, or hallucinogen (alter perceptions or mental faculties)?**  
A-never / B-yes; when, how often, and which substance(s)

**20. Have you ever used more medication (yours or someone else) than prescribed or recommended by manufacturer?**  
A-never / B-yes; when, how often, which drug(s), and circumstances

**21. Have you ever been treated or hospitalized for an emotional, mental, behavioral, or personality disorder, condition, or problem?**  
A-never / B-yes; explain situation:

**Personnel Reliability Program (PRP)  
Questionnaire and Processing Guide**

**22. Have you ever been prescribed any medication for an emotional, mental, behavioral or personality disorder condition or problem?**

A-never / B-yes; explain and list medication(s)

**23. Have you ever seriously thought, planned or attempted to take your own life?**

A-never / B-yes; how often, when, and circumstances:

**24. Have you ever hurt yourself on purpose, for example, by burning or cutting?**

A-never / B-yes; how often, when, and circumstances:

**25. Have you ever had emotional problem(s) that caused you to miss school or work?**

A-never / B-yes; how often, when, and circumstances:

**26. Do you frequently have difficulty sleeping?**

A-never / B-yes; how often, explain:

**27. Do you often break or hit things when frustrated or angry?**

A-never / B-yes; how often, explain:

**28. Do you often lose your temper?**

A-never / B-yes; how often, explain:

**29. Have you ever experienced any significant health condition/problem for which you did not seek treatment?**

A-never / B-yes; explain:

**30. Have you ever had any of the following: loss of consciousness, history of dizziness, sleepwalking, head injury, snoring?**

A-never / B-yes; explain:

**31. Are you currently taking any medications or supplements (prescription, nonprescription, herbal)?**

A-no / B-yes; type and purpose:

**Personnel Reliability Program (PRP)  
Questionnaire and Processing Guide**

**32. Did you ever have a break in service lasting over 2 years?**

A-no / B-yes, AFROTC / C-yes, delayed enlistment program / D-yes, other, explain:

**33. Have you ever left a job under other than favorable conditions (fired, terminated)?**

A-never / B-yes; explain:

**34. Have you ever been decertified from PRP?**

A-never / B-yes; explain:

**35. Have you ever been hypnotized?**

A-never / B-yes; how often, reason, circumstances:

**36. Do you have any other information that should be considered prior to placing you in a PRP position?**

A-no / B-yes; explain:

**37. Have you ever been PRP certified? When? Where?**

A-no / B-yes; provide date(s)/location(s):

**I certify that I have answered all the above questions accurately and to the best of my knowledge.**

---

**(MEMBER'S SIGNATURE)**

**(DATE)**