



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
WASHINGTON, DC 20301-1200

APR 08 2010

HEALTH AFFAIRS

The Honorable Carl Levin  
Chairman, Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to Senate Report 111-20, accompanying S. 1054, the Supplemental Appropriations for Fiscal Year 2009, that requests the Secretary of Defense report on the number of Guard and Reserve personnel who are eligible for Wounded Warrior services. In addition, the report asks the Department of Defense to describe the measures that have been put into place, or are planned, to address the unique requirements of wounded Guard and Reserve personnel and their families.

The Department provided an interim response in September 2009. The final report is enclosed.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink that reads "Charles L. Rice".

Charles L. Rice, M.D.  
President, Uniformed Services University of the  
Health Sciences  
Performing the Duties of the  
Assistant Secretary of Defense  
(Health Affairs)

Enclosure:  
As stated

cc:  
The Honorable John McCain  
Ranking Member



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HEALTH AFFAIRS

The Honorable Ike Skelton  
Chairman, Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

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The Honorable Howard P. "Buck" McKeon  
Ranking Member



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APR 08 2010

The Honorable James H. Webb  
Chairman, Subcommittee on Personnel  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

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The Honorable Lindsey O. Graham  
Ranking Member



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HEALTH AFFAIRS

APR 08 2010

The Honorable Susan Davis  
Chairwoman, Subcommittee on Military Personnel  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Madam Chairwoman:

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The Honorable Joe Wilson  
Ranking Member



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The Honorable Daniel K. Inouye  
Chairman, Committee on Appropriations  
United States Senate  
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The Honorable Thad Cochran  
Vice Chairman



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Ranking Member



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The Honorable David R. Obey  
Chairman, Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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The Honorable Jerry Lewis  
Ranking Member



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HEALTH AFFAIRS

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The Honorable Norm Dicks  
Chairman, Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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cc:  
The Honorable C. W. Bill Young  
Ranking Member

**Report to Congress Regarding**  
**Wounded Warrior Support Services for**  
**National Guard**  
**and**  
**Reserve Personnel**



April 2010

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# Warrior Support Services for National Guard and Reserve Personnel

## Introduction

The nature of the current conflict and the Nation's reliance on National Guard (NG) and Reserve Service members, collectively known as the Reserve components (RC), has brought national attention to the unique issues they face. Unlike the wounded, ill, and injured Service members from our Active Component who predominantly return to functional and supportive military bases, our wounded RC Service members sometimes cannot return home due to the lack of a military medical infrastructure near their homes. This delay can magnify the pain of physical recovery due to separation from family. The Department of Defense (DoD) now focuses treatment, care, and support for our RC Service members within their communities. The authority under which the member is retained on active duty is considered to ensure the member and family, receive the benefits to which they are entitled. Examples of these authorities include 10 USC 12302 involuntary activation under partial mobilization, 10 USC 12301(d), voluntary activation or 10 USC 12301(h) voluntary activation to receive authorized medical care, receive medical evaluation or to participate in a required study. The type of orders under which the member is retained is considered, ensuring the member and family receives the benefits to which they are entitled. This new approach to care allows them to return to their homes and families without compromising the quality of care they would receive on an active installation and without imposing a preventable financial burden. DoD has established several programs for those RC Service members to facilitate transition from the military back into their communities.

**Table 1: Number of RC Service Members OIF and OEF  
Wounded in Action<sup>1</sup>**

Army Reserve	1,375
Army National Guard	4,676
Air Force Reserve	18
Air National Guard	67
Navy Reserve	104
Marine Corps Reserve	1,055
<b>Total</b>	<b>7,295</b>

According to Defense Manpower Data Center, as of December 12, 2009, 565,572 RC Service members are participating or have participated in Operation Enduring

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<sup>1</sup> Data is from the Defense Manpower Data Center (DMDC) for NG and RC OIF/OEF Wounded in Action from October 7, 2001 through December 12, 2009.  
[http://siadapp.dmdc.osd.mil/personnel/CASUALTY/gwot\\_component.pdf](http://siadapp.dmdc.osd.mil/personnel/CASUALTY/gwot_component.pdf)

Freedom (OEF) and Operation Iraqi Freedom (OIF). Table 1 shows the number of RC Service members who have been wounded in action since the beginning of those operations through December 12, 2009. It is important to note that many of the Service specific programs benefit active duty, RC personnel. While those programs are not specific to the RC, RC members participate. The data in table 1 reflect the physical wounds from war and not necessarily the unseen wounds like post traumatic stress disorder (PTSD) or traumatic brain injury (TBI). It is important to know that Service members with PTSD or TBI and no visible wounds are not included in the data, but are also eligible for wounded warrior benefits.

**Table 2: Number of National Guard and Reserve Service members participating in DoD Wounded Warrior Programs<sup>2</sup>**

Army Reserve	1,348
Army National Guard	2,606
Air Force Reserve	77
Air National Guard	82
Navy Reserve	70
Marine Corps Reserve	1,234
<b>Total</b>	<b>5,417</b>

The goals of the wounded warrior programs are to deliver effective, timely, and uniform support to Service members and their families after the Service member is wounded in action. The Department developed a number of wounded warrior programs to assist all Service components with completing Post-Deployment Health Assessments and transition to veteran status.

### **DoD Programs that Benefit Wounded Warriors**

1. Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Reassessment (PDHRA)
2. Yellow Ribbon Reintegration Program
3. The Services' Wounded Warrior Programs
  - Army Wounded Warrior Program (AW2)
  - Air Force Wounded Warrior (AFW2)
  - Navy Safe Harbor
  - Marine Corps Wounded Warrior Regiment
4. Psychological Health Program
5. Transition Assistance
  - Army Comprehensive Transition Plan
  - Transition Assistance Management Program (TAMP)

---

<sup>2</sup> Data accurate through October 31, 2009 and was obtained through personal interviews with each Services' wounded warrior program manager.

## **1. Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Reassessment (PDHRA)**

### **Applies to: All Services, Active Duty, Guard, and Reserves**

Health status (how you are at a point in time) and maintenance are an integral part of the Warrior Support programs. The Assistant Secretary of Defense for Health Affairs through DoD Instruction (DoDI) 6490.03, "Deployment Health," August 11, 2006, mandated PDHA and PDHRA for all who have deployed for more than 30 days to locations without a fixed military medical treatment facility. Each individual regardless of Service or component, who participates in OIF or OEF is required to complete a PDHA with a health assessment by a trained health care provider within 30 days of returning home or a centralized processing station. This post-deployment assessment includes the Service member's current health, psychological issues (that are commonly associated with deployments), deployment specific medication, possible deployment-related occupational or environmental exposures, and deployment-related health concerns. Based on the responses of the Service member, the health care provider may refer the member for a more specialized evaluation.

From June 1, 2005, to August 31, 2009, 88,134 National Guard and Reserve Service members completed a PDHA form (Appendix A) and responded with a 'yes' answer to question #5. Each Service member then met with a health care provider and, when appropriate, was referred for further medical consultation.

The PDHRA (Appendix B) is completed by all Service members regardless of component between three and six months after returning from a qualifying deployment. From June 1, 2008, to August 31, 2009, a total of 27,480 National Guard and Reserve Service members responded 'yes' to PDHRA questions 9a and 9b. Each Service member, met with a health care provider, and, when appropriate, was referred for further medical consultation.

Both of these numbers are higher than the documented number of wounded warriors from the RC who currently receive care; however, not all positive responses require follow-up care. The results of these PDHA and PDHRA processes help DoD reach out to all NG and Reserve Service members who may need additional care, in order to identify and treat all war related injuries and illnesses.

## **2. Yellow Ribbon Program (YRP)**

The DoD Yellow Program was established by section 582 of Public Law 110-81, National Defense Authorization Act for Fiscal Year 2008. The legislation directed the Secretary of Defense to establish a national combat veteran reintegration program to

provide NG and Reserve members with sufficient information, services, referral, and proactive outreach opportunities throughout the deployment cycle. The Secretary of Defense designated the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) as the DoD executive agent for the Program and Chair of the Advisory Board. The Assistant Secretary of Defense for Reserve Affairs (ASD(RA)) under the authority, direction and control of the USD(P&R) was assigned the responsibility for program management and policy oversight. The ASD(RA) was also directed to establish the Office for Reintegration Programs within the Office of the Secretary of Defense (OSD).

The Yellow Ribbon Program provides prevention education (stress, suicide, etc.), a range of resilience training and access to services (e.g. relationship or financial counseling) as well as referrals for other relevant services through Military OneSource, VA Medical Centers, VA Vet Centers, TRICARE, Employer Support of the Guard and Reserve (ESGR), and other programs. The program is comprised of four elements. Each is responsible for key roles in executing the programs and supporting Commanders at various levels. The elements are:

- The Advisory Board
- The OSD Yellow Ribbon Program (YRP) Office
- The Center for Excellence; and
- Outreach Services

The Advisory Board consists of those members required by law and is charged to evaluate the implementation of the Program by NG and Reserve organizations. The evaluation includes an assessment of any unmet resource requirements and recommendations regarding closer coordination between the Office of Reintegration and State NG and Reserve organizations.

The Yellow Ribbon Office administers all reintegration programs in coordination with State NG organizations and is responsible for coordination with existing NG and Reserve family and support programs. The Office works in conjunction with Federal partners, including the Department of Veterans Affairs, the Department of Labor, and the Small Business Administration to provide up-to-date and relevant information to Service members and their loved ones.

The Yellow Ribbon Center for Excellence is the analytical element of the Program office. The Center will maintain a repository of programs and services that provide consistently excellent, results-oriented, programs and information. The Center for Excellence will leverage the expertise from across DoD, Department of Veterans Affairs, other federal agencies, and non-governmental organizations (NGOs). It will also perform an operational function by assisting, as required, in the development of training aids, briefing material, required reports, and training field representatives. The Center will also collect event After Action Reports (AARs) to gain information to continuously

improve the Yellow Ribbon Program. The collection of event After Action Reports will allow the Guard and Reserve event coordinators to better capture successes and identify the areas for continuous improvement.

Outreach Services is responsible for developing programs for commanders at various levels, program managers, and event planners about the assistance and services available to them under the Yellow Ribbon Program. Such assistance and services may include the following:

- (1) Marriage counseling.
- (2) Services for children.
- (3) Suicide prevention.
- (4) Substance abuse awareness and treatment.
- (5) Mental health awareness and treatment.
- (6) Financial counseling.
- (7) Anger management counseling.
- (8) Domestic violence awareness and prevention.
- (9) Employment assistance.
- (10) Preparing and updating family care plans.
- (11) Development of strategies for living with a member of the Armed Forces with post-traumatic stress disorder or traumatic brain injury.
- (12) Other services that may be appropriate to address the unique needs of members of the Armed Forces and their families who live in rural or remote areas with respect to family readiness and service member reintegration.
- (13) Assisting members of the Armed Forces and their families find and receive assistance with military family readiness and service member reintegration, including referral services.
- (14) Development of strategies and programs that recognize the need for long-term follow-up services for reintegrating members of the Armed Forces and their families for extended periods following deployments, including between deployments.
- (15) Assisting members of the Armed Forces and their families in receiving services and assistance from the Department of Veterans Affairs, including referral services.

### **3. Services' Wounded Warrior Programs**

Each Service developed Wounded Warrior Programs specific to their Service member needs for all active duty, NG, and Reserve Service members. These programs assist the Service members and their families as well as act as advocates for those who are severely wounded, ill, and injured while forward-deployed through their transition to

veteran status. These programs include healthcare case management and administrative support that is tailored to each individual Service and geographic region. Additionally, each Service increased the RC personnel available to assist returning wounded RC Service members at the major military medical centers like Walter Reed Army Medical Center or the National Naval Medical Center.

### **Army Wounded Warrior Program: Army Active Duty, Guard, and Reserves**

The Army combined the management of active and reserve wounded Service members into one organization to reduce administrative problems and to ensure proper access to care for all soldiers. The Army Wounded Warrior Program is a key component of the Army's commitment (contained in the Army Family Covenant) to wounded Service members and their families. All wounded, ill, and injured soldiers who are expected to require six months of rehabilitative care or have the need for complex medical management are assigned to a Warrior Transition Unit to assist with a focus on healing before returning to duty or transitioning to veteran status. Those eligible are simultaneously assigned to the Army Wounded Warrior Program and receive a local Army advocate to personally assist them long-term. They provide individualized support to this unique population of soldiers who were injured or became ill during their deployments. The Army advocates assist the severely wounded, ill, and injured soldiers, veterans, and their families, wherever they are located, for as long as it takes.

Army wounded soldiers are eligible for a wide array of benefits to help them recover physically, prepare financially, and build their skills for a career. Advocates will ensure that soldiers, veterans, and their families are connected with these benefits and services, which include:

- Career and Education;
- Finance;
- Healthcare;
- Human Resources;
- Insurance;
- Retirement and Transition; and
- Services for Families.

Army Wounded Warrior Program soldiers are not limited by physical location or constrained by recovery or rehabilitation timelines. Nor is there a difference in care among soldiers of the active Army, Army Reserve, or Army NG. The Army is committed to ensuring that this unique population is given the best possible care and successfully return to duty or transition to civilian life.

### **Air Force Wounded Warrior: Air Force Active Duty, Air National Guard, and Reserves**

The Air Force Wounded Warrior Program fully supports the Office of the Secretary of Defense's desire to keep highly skilled men and women on active duty. The Air Force will ensure those Airmen who are not retained on active duty will receive enhanced assistance through the Air Force Wounded Warrior program. All Service members receive the same level of care regardless of component. The Air Force expedites the medical evaluation process if a wounded Service member chooses to separate from active duty. The Air Force ensures extraordinary care, service, and assistance before and after wounded Service members separate or retire. Strong emphasis is placed on ensuring wounded airmen receive professional, individualized guidance and support to help them successfully navigate through the complex process of transition out of the Air Force and return to civilian life.

### **Navy Safe Harbor: Navy Active Duty and Reserves**

Safe Harbor is the Navy's lead organization for coordinating the non-medical care of wounded, ill, and injured sailors, coastguardsmen, and their families. It provides a lifetime of individually tailored assistance designed to optimize the success of sailor's recovery, rehabilitation, and reintegration activities. Sailors who participated in OIF or OEF, involved in a shipboard and/or liberty accident, and those who suffer from serious illnesses either physical or psychological are eligible for the Safe Harbor program.

Non-medical care managers are assigned to all major Navy military treatment facilities, Department of Veterans Affairs Polytrauma Centers, and the Brooke Army Medical Center. Non-medical care management is tailored to support Safe Harbor members with pay/personnel issues, invitational travel orders, lodging and housing adaptation, child and youth programs, transportation needs, legal and guardianship issues, financial and compensation issues, education and training benefits, commissary and exchange access, respite care, traumatic brain injury/post-traumatic stress disorder support services, transition to support to VA and other continuing care support, and much more.

### **Marine Corps Wounded Warrior Regiment: Marine Corps Active Duty and Reserves**

The Wounded Warrior Regiment provides and facilitates assistance to wounded, injured, and ill Marines, sailors attached to or in support of the Marine Corps units, and their family members throughout the phases of recovery. Service members are supported through a unity of effort, culture of trust and credibility and the effort to impart esprit de corps. The Wounded Warrior Regiments assist Marine wounded, ill, and/or injured in their journey to return to their unit, transition to another military occupational specialty,

or transition to productive environment outside of the military. The support staff encourages the recovery of our Service members as well as assists each member and his/her family or caregiver from the time of arrival at the hospital through recovery and reintegration. The process of taking care of Marines creates a special relationship with the Service member, the family, and assists them with the continuity of care that is needed to assist the warrior with processing the changes and challenges they must face while on the path to recovery. The Wounded Warrior Regiment supports active, reserve, and former Marines wherever they are.

#### **4. Psychological Health Program**

Both DoD and VA implemented multiple programs targeted at the RC in an effort to provide access to services across the continuum of care. There has been much progress over the last few years in terms of overall access and improved eligibility to TRICARE as well as Family Support Programs. In particular, a number of psychological health programs have been implemented that enhance access for RC members. The main objective is to better provide psychological health support to RC members.

The National Center for Telehealth and Technology, a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), is a national TeleHealth network of systems delivering psychological healthcare to areas that lack specialized care providers, including underserved areas where many RC members reside. We are evaluating a program to deliver psychological health care through mobile platforms. This program has promise as an effective way to provide needed psychological care to Service members and their families who might not otherwise have access to care. The benefits of the Mobile TeleHealth Unit project include the ability to reach RC beneficiaries.

The National Guard Psychological Health Program (NGPHP) is intended to build the capabilities of the line's response to building a culture that is supportive of psychological health. This program advocates, promotes, and guides NG members and their families by supporting psychological fitness for operational readiness. NGPHP promotes readjustment and readiness while offering consultation and support designed to address organizational and individual health care. National Guard members and their families in every State and U.S. territories are eligible to participate. Resources are available to help with the resolution of personal problems, enhance the ability to balance and manage both work and other life responsibilities and improve both operational readiness and civilian work performance. These programs are individually specific and supply behavioral health assessments and guidance on a variety of psychological health issues or concerns, clinical resources and quality counseling services within local communities, state, and military systems.

In September 2008, the position of State Director of Psychological Health was created and a national contract awarded to implement the DoD Mental Health Task Force Report recommendation to ensure a full continuum of excellent care for Service members and their families. As part of this effort, State Directors of Psychological Health (DPH) have been assigned to each of the 54 Joint Force Headquarters to serve all in the Army NG and Air NG. Each DPH is the focal point for coordinating psychological support for NG members and their families.

Each State DPH will initiate an evidence-based comprehensive program for all NG members. These programs will:

- Develop a community-based needs assessment.
- Assess and refer NG members (and family members) who may have behavioral health issues; from a variety of sources, including PDHRA, self-referral, informal commander-related referrals, family member requests and J-1 team colleague referrals.
- Assist with care transition and coordination (i.e., transition from a Warrior Transition Unit back to the local community).
- Educate NG members and their families on how to access quality behavioral health services.
- Conduct leadership education and training.
- Build psychological fitness and resilience while dispelling stigma.
- Improve access to care through coordination with state agencies and community-based behavioral health services.
- Coordinate with other RCs within the State.
- Document and track data to provide quality services and identify future needs/trends.

Additionally, each State DPH will participate in regional and national workgroups and become a member of a NG Psychological Health Steering Committee, which works to develop and implement strategic plans, policies, practices and guidance for NG psychological services in support of the relevant DoD initiatives.

To date, 50 states/territories currently have a State DPH on board working to fulfill the goals and mission of the program.

Implemented programs include general medical support such as:

- Military Medical Support Office: (authorizes and manages care (including Line of Duty (LOD) care) for remotely located Service members);
- Early eligibility: TRICARE coverage up to 90 days prior to being on mobilization orders (soon to be 180 days prior to activation);

- Transitional Assistance Management Program (TAMP) which includes TRICARE coverage for 180 days after coming off mobilization orders;
- TRICARE Reserve Select (TRS) “Opt in” program for all RC Service members; and
- PDHRA (usually done in conjunction with VA).

There are a number of online psychological health programs available for all Service members and their families. Programs include, but are not limited to:

**AfterDeployment.org:** a mental wellness resource for Service members, veterans, and military families that offer multimedia assistance to address after-deployment concerns.

**Air Force Crossroads:** an online community network offering a broad range of information and services that include sections dedicated to the Service member’s family, teens and youth, as well as education and deployment.

**Battlemind II:** in concert with the PDHRA, Battlemind II assists OEF and OIF veterans with relating combat skills to feelings they may have after deployment.

**Coast Guard Employee Assistance Program (EAP):** a support system for all employees of the United States Coast Guard (military, civilian and their families) with personal, family or job-related problems. The Coast Guard has adopted the EAP to help members proactively address their concerns and manage problems throughout their careers. The EAP counseling services provides a confidential means to improve life skills or obtain help before a concern becomes a crisis to uniformed members and civilians and their families.

**Courage to Care:** an electronic health campaign for military and civilian professionals serving the military community, as well as for military men, women and families. Courage to Care consists of electronic fact sheets on timely health topics relevant to military life that provide actionable information to the Service members and their families.

**HealthyMinds.org:** the American Psychiatric Association's online resource is for anyone seeking mental health information. Here you will find information on many common mental health concerns, including warning signs of mental disorders, treatment options and preventative measures.

**Hooah 4 Health:** the United States Army health promotion and wellness web site. Unlike other health-related web sites, this one is specifically targeted for the Reserve Components. Hooah 4 Health is a health promotion partnership that allows individuals to

assume the responsibility to explore options and take charge of their health and well being.

**Mental Health Self-Assessment Program:** is a mental health self-assessment tool designed for individuals to review their situations with regard to some of the more common mental health issues. The screening does not provide a diagnosis, but it will tell whether symptoms are consistent with a condition or concern that would benefit from further evaluation or treatment. It will also give guidance on where to seek assistance.

**Military and Family Life Consultants (MFLCs):** direct, face-to-face, non-medical counseling and education regarding daily life stressors related to deployment and reintegration. MFLCs address concerns of stress, relationships, family problems, financial issues, grief and loss, conflict resolution, and the emotional challenges of transitioning from combat back to civilian life.

**Military OneSource:** provides free help and information, by phone with a professionally trained consultant or online, on a wide range of issues that affect the Service member and their family from budgeting and investing to relationships and deployment. It is available 24 hours a day, 365 days a year. Whether single or married, a parent or not, Military OneSource can help with the issues that are important to all. For Service members and families who live far from military installations, Military OneSource is especially useful. Military OneSource also provides free counseling services (up to 12 sessions per person, per issue), face-to-face in the local community, by telephone, and online.

**Navy and Marine Corps Public Health Center:** a web site containing healthy living information with resource documents for Service members and leaders on psychological health topics including: suicide prevention, resilience, operational stress control and stress and anger management.

**Operation Healthy Reunions:** a program that provides education and helps to address the stigma of mental health issues among soldiers, their families, and medical staff to ensure that military families receive prompt and high-quality care. In partnership with the leading military organizations, Mental Health America distributes educational materials on such topics as reuniting with your spouse and children, adjusting after war, depression, and PTSD.

**Our Survivors:** helps Soldiers (Active Duty, Army NG and Army Reserve), Army Family Members, Department of the Army civilians, veterans and retirees improve their lives and careers with news, information and actionable recourses, focusing on five life domains: standard of living, health, career, community life, and personal/family life.

## **Psychological Health *inTransition* Program**

During transition, Service members' mental health needs are often not met adequately, particularly in underserved areas, and this can lead to their disengagement from treatment. DoD developed the *inTransition* program to maintain continuity of care across transitions between military medical treatment facilities (MTFs) and affiliated healthcare systems (e.g., VA, TRICARE).

- The *inTransition* is a specialized psychosocial service component that provides a bridge of support for Service members while they are transitioning between healthcare systems or providers.
- The primary objective of the program is to support our Service members' efforts to achieve and maintain wellness and to assure the continuity of needed services are readily available.
- The *inTransition* program fills such potential gaps between health service use by assigning Transitional Support Coaches who provide specialized coaching, present information, offer patient support and education, and otherwise encourage the utilization of behavioral health services.

This network of contracted behavioral "super coaches" is dedicated to empowering Service members to keep them engaged in their own health care, prevent mental health deterioration and inpatient hospitalization, and avert suicidal or homicidal behaviors.

The *inTransition* program is a free, voluntary, and confidential coaching and assistance program available to support Service members, whether they are relocating to another assignment, transitioning from Active Duty to veteran, veteran to Active Duty, or returning to civilian life.

All Service members with mental health conditions or concerns will be eligible for assistance under this program. Subsets of the patient population to be served may include, but are not limited to:

- Active or RC Service members returning home from an MTF;
- Service members receiving care in an MTF and scheduled for a permanent change of station (PCS) or an extended temporary duty station;
- Service members who are transitioning from an MTF to a VA or TRICARE provider; and
- RC members who are transitioning from a VA facility back to active duty where they will receive treatment from an MTF or TRICARE provider.

DoD and VA have worked together on PDHRA and Yellow Ribbon Reintegration, and the VA has been moving aggressively to meet the psychological health needs of our

returning reserve component veterans with programs such as enhanced Veteran Centers, including Mobile Veteran Centers.

### **National Guard Initiative on Blast Tracking**

The Army National Guard (ARNG) developed a reporting process to identify and track uninjured, blast-exposed, or contaminant-exposed soldiers who may be at risk for future medical problems after return from deployment. The personnel blast or contaminant tracker (PBCT) is a new module, and the very existence of the tracker has helped to raise awareness about traumatic brain injury (TBI).

The ARNG has implemented data collection as a routine part of deployment. Incident reporting is handled in a professional manner with sensitivity to the risks of stigma. All deployed ARNG units collect and report data on all soldiers exposed to a blast or contaminant. ARNG units can input this data into the new PBCT sub-module of the LOD module in the Medical Operational Data System (MODS). The LOD module is an ARNG personnel and medical application used by all States and territories.

The intent is to serve as a personnel recording system for all ARNG members involved in a blast incident or contaminant occurrence, even in the absence of immediate physical symptoms. If the exposure to a blast or contaminant has long-term impacts to the Service member, data will be used for LOD determinations and benefits.

This program includes a record of those who were nearby but do not appear to be injured. People who leave the military may not have the same easy access to treatment and care as their Active Duty counterparts can get through military facilities that have personnel familiar with blast-related problems, especially those that show up as post-traumatic injuries.

## **5. Transition Assistance**

### **Army Comprehensive Transition Plan**

The Army Comprehensive Transition Plan (CTP) is a personal goal setting process implemented for wounded, ill, and injured Active Duty, NG, and RC soldiers who are assigned to one of the Army's Warrior Transition Units or Community-Based Warrior Transition Units. The CTP provides a focused, goal-oriented roadmap for recovery and transition, that speeds healing and sets the soldier and family up for future success after the clinical aspects of the rehabilitation are complete. Established individually by each soldier and family with the full support of the Warrior Transition Unit leadership and health care providers, the CTP helps soldier and family members take ownership of the recovery and transition process to achieve a future that they themselves define – not one defined by the injury or illness.

The Army Medical Command established policy and guidance for the implementation of the CTP, and directed that soldiers assigned or attached to a Warrior Transition Unit to begin their CTP within the first 30 days of assignment. Each CTP should include all dimensions of the Soldier's life: health, profession, education, personal, spiritual, and family. The soldier is supported by the chain of command, including the squad leader, and a medical team composed of a nurse case manager, the primary care physician, and the unit's occupational therapy and social worker staff. Together they establish realistic goals and milestones that reflect the soldier's aspirations and abilities. While support from the chain of command is critical, the policy stresses that the CTP is the soldier's plan, and that soldiers are accountable for developing their goals.

The command is developing an automated, web-based platform for the CTP process, and is staffing force structure changes to add personnel to Warrior Transition Units headquarters to manage CTP administrative requirements. A family support module is also being incorporated into the CTP design to address the specific needs of families and caregivers.

The CTP will assist with motivating wounded, ill and injured soldiers and their families to take ownership of their recovery process by charting a course of personal goals culminating in a successful transition-either back to duty or into the civilian community.

### **Transition Assistance Management Program**

The TAMP provides 180 days of transitional health care benefits to help eligible Active Duty, NG, and RC Service members and their families transition to civilian life. Generally, TAMP coverage is available to Service members who are:

- Involuntarily separated from active duty under honorable conditions;
- Separated from the NG or RC after a period of active duty that was more than 30 consecutive days in support of a contingency operation;
- Separating from active duty following involuntary retention or stop-loss in support of a contingency operation; and
- Separating from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation.

For those eligible, the 180-day TAMP begins upon the Service member's separation from the military. They and their family members are eligible to use one of the following health plan options with no enrollment fees for TAMP coverage:

- TRICARE Prime;
- TRICARE Standard and Extra;

- TRICARE Prime Overseas; or
- TRICARE Standard Overseas.

Service members are not eligible for the TAMP while they are on transition leave. During this period, they continue to receive active duty benefits and their family members remain covered under TRICARE Prime, TRICARE Standard and Extra, TRICARE Prime Remote, or TRICARE Standard and Extra Remote.

### **TRICARE Reserve Select**

TRS is a premium-based health plan that qualified RC members may purchase. TRS requires a monthly premium and offers coverage similar to TRICARE Standard and Extra.

Key features of TRS include:

- Available worldwide to most Selected Reserve members (and families) when not on active duty orders or covered under the TAMP;
- Must qualify for and purchase TRS to participate;
- Must pay monthly premiums. Failure to pay monthly premiums on time may result in disenrollment and an enrollment lockout;
- Freedom to manage your own health care; no assigned primary care manager;
- May visit any TRICARE-authorized provider or, if located overseas, visit a qualified host nation provider;
- Pay fewer out-of-pocket costs when choosing a provider in the TRICARE network;
- Network providers not available overseas;
- No referrals are required, but some care may require prior authorization;
- May have to pay for services when they are received and then seek reimbursement;
- May have to submit health care claims;
- May receive care in an MTF on a space-available basis only; and
- Offers comprehensive health care coverage including TRICARE's prescription drug coverage.

### **Military Medical Support Office**

The Military Medical Support Office (MMSO) was established to serve as the centralized multi-Service point of contact for customer service to medical support and dental case management; and to coordinate civilian health care services outside of the cognizance of a MTF for TRICARE Prime Remote (TPR) eligible active duty military

and RC Service members within the 50 United States and District of Columbia. MMSO provides:

- Pre-authorization for civilian medical and dental care;
- Authorizations for payment of civilian medical and dental bills;
- Coordinates civilian health care services for remotely located Service members; and
- Collaborates with unit representatives regarding LOD cases.

MMSO serves the following population:

- Active Duty Service members enrolled in TPR;
- Non-enrolled active duty Service members not managed by an MTF;
- RC and NG with LOD injuries or diseases; and
- Active Duty Service members receiving dental care outside the Military Dental Treatment Facilities.

### **Demobilization Enrollment Initiative**

When RC Service members return from the deployment, they undergo a short period of demobilization at one of the 23 Army, Navy, Marine Corps, or Air Force sites across the country. VA experts lead discussions on the new health care and dental benefits that they earned as well as assist with completing the VA application for enrollment before departing the transition or mobilization site.

Service members will receive official notification of VA enrollment within two weeks. During this time, they are eligible to receive care at any one of 153 VA medical centers.

#### **Assistance Advisors (National Guard and Veterans Affairs Collaboration)**

After returning home, each NG or RC Service member or veteran has the opportunity to contact any of the 60 State RC coordinators trained by VA to assist accessing VA services. Each State has one or two Transition Assistance Advisors (TAA) to address concerns and can connect them with the right VA service and locations as well as provide assistance with State benefits.

## Results of TAA efforts (NG members in 2008)

6,254 VHA Enrollments  
6,363 VHA Referrals  
12,120 VBA Referrals  
4,037 Vet Center Referrals

Total: 38,000+ VA Enrollments and Referrals

During the period that they remain in Warrior Transition Units, Community-Based Warrior Transition Units or the Wounded Warrior Regiments, they receive information from VA staff on services and benefits and assist them with enrollment into VA health care at any selected location to receive care at home; as well as receive information about rehabilitation programs from VA Vocational Rehabilitation and Employment Program. Case managers in the Warrior Transition Units and Wounded Warrior Regiments can link to local VA staff to answer specific questions about VA services, provide a tour of the local VA medical center, and enroll returning veterans into VA sponsored rehabilitation and employment programs.

## Summary

The Department has made significant progress to ensure that wounded, injured, or seriously ill NG and Reserve Component Service members and their families are supported. The programs mentioned in this report provide support to those unique requirements of our wounded RC Service members and their families as they transition from Active Military Service, back into their local communities and civilian lives, and assist them with all aspects of reintegration and family life adjustments. DoD is able to provide the best care possible for our wounded RC Service members through these programs and extended services at home and within the military MTFs.

# APPENDIX A

**This form must be completed electronically. Handwritten forms will not be accepted.**

## POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA)

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, 1074f, 3013, 5013, 8013 and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To assess your state of health after deployment in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care you may need. The information you provide may result in a referral for additional healthcare that may include medical, dental or behavioral healthcare or diverse community support services.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, to other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment. Responses may be used to guide possible referrals.

**DISCLOSURE:** Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

**INSTRUCTIONS:** Please read each question completely and carefully before entering your response or marking your selection. **YOU ARE ENCOURAGED TO ANSWER EACH QUESTION. ANSWERING THESE QUESTIONS WILL NOT DELAY YOUR RETURN HOME.** Withholding or providing inaccurate information may impair a healthcare provider's ability to identify health problems and refer you to appropriate sources for additional evaluation or treatment. If you do not understand a question, please ask for help.

### DEMOGRAPHICS

S A M P L E

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Today's Date (dd/mmm/yyyy) \_\_\_\_\_

Name of Your Unit during this Deployment \_\_\_\_\_ Date of Birth (dd/mmm/yyyy) \_\_\_\_\_ Gender  
 Male  Female

<b>Service Branch</b>	<b>Component</b>	<b>Pay Grade</b>
<input type="radio"/> Air Force	<input type="radio"/> Active Duty	<input type="radio"/> E1 <input type="radio"/> O1 <input type="radio"/> W1
<input type="radio"/> Army	<input type="radio"/> National Guard	<input type="radio"/> E2 <input type="radio"/> O2 <input type="radio"/> W2
<input type="radio"/> Coast Guard	<input type="radio"/> Reserves	<input type="radio"/> E3 <input type="radio"/> O3 <input type="radio"/> W3
<input type="radio"/> Marine Corps	<input type="radio"/> Civilian Government Employee	<input type="radio"/> E4 <input type="radio"/> O4 <input type="radio"/> W4
<input type="radio"/> Navy	<input type="radio"/> Other	<input type="radio"/> E5 <input type="radio"/> O5 <input type="radio"/> W5
<input type="radio"/> GS Employee		<input type="radio"/> E6 <input type="radio"/> O6 <input type="radio"/> Other
<input type="radio"/> Other		<input type="radio"/> E7 <input type="radio"/> O7
		<input type="radio"/> E8 <input type="radio"/> O8
		<input type="radio"/> E9 <input type="radio"/> O9
		<input type="radio"/> O10

Date of arrival in theater (dd/mmm/yyyy) \_\_\_\_\_

Date of departure from theater (dd/mmm/yyyy) \_\_\_\_\_ Name of Operation: \_\_\_\_\_

**Location of Operation.** To what areas were you mainly deployed (land-based operations for more than 30 days)?  
 (Please mark all that apply, including the number of months spent at each location.)

<input type="radio"/> Country 1 _____	Time at location (months) _____
<input type="radio"/> Country 2 _____	Time at location (months) _____
<input type="radio"/> Country 3 _____	Time at location (months) _____
<input type="radio"/> Country 4 _____	Time at location (months) _____
<input type="radio"/> Country 5 _____	Time at location (months) _____

Occupational specialty during this deployment (MOS/AOC, NEC/NOBC, or AFSC): \_\_\_\_\_

Combat specialty: \_\_\_\_\_

**Current Contact Information:**

Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 DSN: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Point of Contact who can always reach you:**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**This form must be completed electronically. Handwritten forms will not be accepted.**

Service Member's Social Security Number: \_\_\_\_\_

1. Overall, how would you rate your health during the PAST MONTH?

- Excellent
- Very Good
- Good
- Fair
- Poor

2. Compared to before this deployment, how would you rate your health in general now?

- Much better now than before I deployed
- Somewhat better now than before I deployed
- About the same as before I deployed
- Somewhat worse now than before I deployed
- Much worse now than before I deployed

3. During the past 4 weeks, how difficult have physical health problems (illness or injury) made it for you to do your work or other regular daily activities?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

4. During the past 4 weeks, how difficult have emotional problems (such as feeling depressed or anxious) made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

5. How many times were you seen by a healthcare provider (physician, PA, medic, corpsman, etc.) for a medical problem or concern during this deployment?

6. Did you have to spend one or more nights in a hospital as a patient during this deployment?

- No
- Yes. Reason/dates: \_\_\_\_\_

S A M P L E

7. Were you wounded, injured, assaulted or otherwise hurt during this deployment?

- No
- Yes

7a. IF YES, are you still having problems related to this event?

- No
- Yes
- Unsure

8. For any of the following symptoms, please indicate whether you went to see a healthcare provider (physician, PA, medic, corpsman, etc.), were placed on quarters (Qtrs) or given light/limited duty (Profile), and whether you are still bothered by the symptom now.

Symptom	Sick Call?		Qtrs/Profile?		Still Bothered?		Symptom	Sick Call?		Qtrs/Profile?		Still Bothered?	
	No	Yes	No	Yes	No	Yes		No	Yes	No	Yes	No	Yes
Fever	<input type="radio"/>	Dizzy, light headed, passed out	<input type="radio"/>										
Cough lasting more than 3 weeks	<input type="radio"/>	Diarrhea	<input type="radio"/>										
Trouble breathing	<input type="radio"/>	Vomiting	<input type="radio"/>										
Bad headaches	<input type="radio"/>	Frequent indigestion/heartburn	<input type="radio"/>										
Generally feeling weak	<input type="radio"/>	Problems sleeping or still feeling tired after sleeping	<input type="radio"/>										
Muscle aches	<input type="radio"/>	Trouble concentrating, easily distracted	<input type="radio"/>										
Swollen, stiff or painful joints	<input type="radio"/>	Forgetful or trouble remembering things	<input type="radio"/>										
Back pain	<input type="radio"/>	Hard to make up your mind or make decisions	<input type="radio"/>										
Numbness or tingling in hands or feet	<input type="radio"/>	Increased irritability	<input type="radio"/>										
Trouble hearing	<input type="radio"/>	Skin diseases or rashes	<input type="radio"/>										
Ringing in the ears	<input type="radio"/>	Other (please list):	<input type="radio"/>										
Watery, red eyes	<input type="radio"/>		<input type="radio"/>										
Dimming of vision, like the lights were going out	<input type="radio"/>		<input type="radio"/>										
Chest pain or pressure	<input type="radio"/>		<input type="radio"/>										

**This form must be completed electronically. Handwritten forms will not be accepted.**

Service Member's Social Security Number: \_\_\_\_\_

**9.a. During this deployment, did you experience any of the following events? (Mark all that apply)**

- (1) Blast or explosion (IED, RPG, land mine, grenade, etc.)  No  Yes
- (2) Vehicular accident/crash (any vehicle, including aircraft)  No  Yes
- (3) Fragment wound or bullet wound above your shoulders  No  Yes
- (4) Fall  No  Yes
- (5) Other event (for example, a sports injury to your head). Describe:  No  Yes

**9.b. Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the event(s) you just noted in question 9.a.? (Mark all that apply)**

- (1) Lost consciousness or got "knocked out"  No  Yes
- (2) Felt dazed, confused, or "saw stars"  No  Yes
- (3) Didn't remember the event  No  Yes
- (4) Had a concussion  No  Yes
- (5) Had a head injury  No  Yes

**9.c. Did any of the following problems begin or get worse after the event(s) you noted in question 9.a.? (Mark all that apply)**

- (1) Memory problems or lapses  No  Yes
- (2) Balance problems or dizziness  No  Yes
- (3) Ringing in the ears  No  Yes
- (4) Sensitivity to bright light  No  Yes
- (5) Irritability  No  Yes
- (6) Headaches  No  Yes
- (7) Sleep problems  No  Yes

**9.d. In the past week, have you had any of the symptoms you indicated in 9.c.? (Mark all that apply)**

- (1) Memory problems or lapses  No  Yes
- (2) Balance problems or dizziness  No  Yes
- (3) Ringing in the ears  No  Yes
- (4) Sensitivity to bright light  No  Yes
- (5) Irritability  No  Yes
- (6) Headaches  No  Yes
- (7) Sleep problems  No  Yes

**10. Did you encounter dead bodies or see people killed or wounded during this deployment? (Mark all that apply)**

- No  Yes (  Enemy  Coalition  Civilian )

**11. Were you engaged in direct combat where you discharged a weapon?**

- No  Yes (  land  sea  air )

**12. During this deployment, did you ever feel that you were in great danger of being killed?**

- No  Yes

**13. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....**

- a. Have had nightmares about it or thought about it when you did not want to?  No  Yes
- b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?  No  Yes
- c. Were constantly on guard, watchful, or easily startled?  No  Yes
- d. Felt numb or detached from others, activities, or your surroundings?  No  Yes

**14. Over the PAST MONTH, have you been bothered by the following problems?**

- |  | Not at all            | Few or several days   | More than half the days | Nearly every day      |
|--|-----------------------|-----------------------|-------------------------|-----------------------|
| a. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| b. Feeling down, depressed, or hopeless        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |

**15. Alcohol is occasionally available during deployments, e.g., R&R, port call, etc. Prior to deploying or during this deployment:**

- a. Did you use alcohol more than you meant to?  No  Yes
- b. Have you felt that you wanted to or needed to cut down on your drinking?  No  Yes
- c. How often do you have a drink containing alcohol?  
 Never  Monthly or less  2 to 4 times a month  2 to 3 times a week  4 or more times a week
- d. How many drinks containing alcohol do you have on a typical day when you are drinking?  
 1 or 2  3 or 4  5 or 6  7 to 9  10 or more
- e. How often do you have six or more drinks on one occasion?  
 Never  Less than monthly  Monthly  Weekly  Daily

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Service Member's Social Security Number:

16. Are you worried about your health because you were exposed to: (Mark all that apply)	No	Yes
Animal bites	<input type="radio"/>	<input type="radio"/>
Animal bodies (dead)	<input type="radio"/>	<input type="radio"/>
Chlorine gas	<input type="radio"/>	<input type="radio"/>
Depleted uranium (if yes, explain)	<input type="radio"/>	<input type="radio"/>
Excessive vibration	<input type="radio"/>	<input type="radio"/>
Fog oils (smoke screen)	<input type="radio"/>	<input type="radio"/>
Garbage	<input type="radio"/>	<input type="radio"/>
Human blood, body fluids, body parts, or dead bodies	<input type="radio"/>	<input type="radio"/>
Industrial pollution	<input type="radio"/>	<input type="radio"/>
Insect bites	<input type="radio"/>	<input type="radio"/>
Ionizing radiation	<input type="radio"/>	<input type="radio"/>
JP8 or other fuels	<input type="radio"/>	<input type="radio"/>
Lasers	<input type="radio"/>	<input type="radio"/>
Loud noises	<input type="radio"/>	<input type="radio"/>
Paints	<input type="radio"/>	<input type="radio"/>
Pesticides	<input type="radio"/>	<input type="radio"/>
Radar/Microwaves	<input type="radio"/>	<input type="radio"/>
Sand/dust	<input type="radio"/>	<input type="radio"/>
Smoke from burning trash or feces	<input type="radio"/>	<input type="radio"/>
Smoke from oil fire	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>
Tent heater smoke	<input type="radio"/>	<input type="radio"/>
Vehicle or truck exhaust fumes	<input type="radio"/>	<input type="radio"/>
Other exposures to toxic chemicals or materials, such as ammonia, nitric acid, etc.: (if yes, explain)	<input type="radio"/>	<input type="radio"/>

S A M P L E

17. Were you exposed to any chemicals or other hazard (industrial, environmental, etc.) that required you to seek immediate medical care?

- No  Yes

18. Did you enter or closely inspect any destroyed military vehicles?

- No  Yes

19. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

- No  Don't know  Yes, explain with date and location \_\_\_\_\_

20. This question assesses your personal risk for exposure to tuberculosis or other local infectious diseases.

Would you say your INDOOR contact with local or 3rd country nationals was:

- None  Minimal (less than 1 hour per week)  Moderate (1 or more hours per week, but not daily)  Extensive (at least 1 hour per day, every day)

21. Force Health Protection Measures. Please indicate which of the following items you used during this deployment and how often you used them.

	Daily	Most days	Some days	Never	Not available	Not required
DEET insect repellent applied to skin	<input type="radio"/>					
Pesticide-treated uniforms	<input type="radio"/>					
Eye protection (not commercial sunglasses or prescription glasses)	<input type="radio"/>					
Hearing protection	<input type="radio"/>					
N-95 or other respirator (not gas mask)	<input type="radio"/>					
Pills to stay awake, like dexedrine	<input type="radio"/>					
Anti-NBC meds	<input type="radio"/>					
Pyridostigmine (nerve agent pill)	<input type="radio"/>					
Nerve agent antidote injector	<input type="radio"/>					
Seizure/convulsion antidote injector	<input type="radio"/>					
NBC gas mask	<input type="radio"/>					
MOPP over garments	<input type="radio"/>					

**This form must be completed electronically. Handwritten forms will not be accepted.**

Service Member's Social Security Number: \_\_\_\_\_

22. Did you receive any vaccinations just before or during this deployment?

- Smallpox (*leaves a scar on the arm*)
- Anthrax
- Botulism
- Typhoid
- Meningococcal
- Yellow Fever
- Other, list: \_\_\_\_\_
- No
- Don't know

23. Were you told to take medicines to prevent malaria?

- No     Yes

If YES, please indicate which medicines you took and whether you missed any doses. (*Mark all that apply*)

Anti-malaria medications	Took All Pills
<input type="radio"/> Chloroquine (Aralen®)	<input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> Doxycycline (Vibramycin®)	<input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> Mefloquine (Lariam®)	<input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> Primaquine	<input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> Other : _____	<input type="radio"/> No <input type="radio"/> Yes

24. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)?     No     Yes
25. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern?     No     Yes
26. Are you currently interested in receiving assistance for a family or relationship concern?     No     Yes
27. Would you like to schedule a visit with a chaplain or a community support counselor?     No     Yes

**S A M P L E**

**This form must be completed electronically. Handwritten forms will not be accepted.**

Service Member's Social Security Number: \_\_\_\_\_

**Health Care Provider Only**  
**Post-Deployment Health Care Provider Review, Interview, and Assessment**

1. Do you have any medical or dental problems that developed during this deployment?  Yes  No  
 If yes, are the problems still bothering you now?  Yes  No

2. Are you currently on a profile (or LIMDU) that restricts your activities (light or limited duty)?  Yes  No  
 If yes: For what reason? \_\_\_\_\_  NA  
 Is your condition due to an injury or illness that occurred during the deployment?  Yes  No  NA  
 Did you have similar problems prior to deployment?  Yes  No  NA  
 If so, did your condition worsen during the deployment?  Yes  No  NA

**3. Ask the following behavioral risk questions. Conduct risk assessment as necessary.**

a. Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?  Yes  No  
 IF YES, about how often have you been bothered by these thoughts?  A few days  More than half of the time  Nearly every day  
 b. Over the PAST MONTH, have you had thoughts or concerns that you might hurt or lose control with someone?  Yes  No  Unsure

**4. If member reports YES or UNSURE responses to 3.a. or 3.b., conduct risk assessment.**

a. Does member pose a current risk for harm to self or others?  No, not a current risk  Yes, poses a current risk  Unsure  
 b. Outcome of assessment  Immediate referral  Routine follow-up referral  Referral not indicated

**5. Alcohol screening result**

No evidence of alcohol-related problems.  
 Potential alcohol problem (positive response to either question 15.a. or 15.b. and/or AUDIT-C (questions 15.c-e) score of 4 or more for men or 3 or more for women).  
 Refer to PCM for evaluation.  Yes  No

6. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health?  Yes  No

**7. Traumatic Brain Injury (TBI) risk assessment**

No evidence of risk based on responses to questions 9.a. - d.  
 Potential TBI with persistent symptoms, based on responses to question 9.d.  
 Refer for additional evaluation.  Yes  No

**8. Tuberculosis risk assessment, based on response to question 20.**

Minimal risk  
 Increased risk  
 Recommend tuberculosis skin testing in 60-90 days  Yes  No

**9. Depleted Uranium (DU) risk assessment, based on responses to question 16 (DU, Yes) or question 18 (Yes).**

No evidence of exposure to depleted uranium  
 Potential exposure to depleted uranium  
 Refer to PCM for completion of DD Form 2872 and possible 24-hour urinalysis.  Yes  No

10. Do you have any other concerns about possible exposures or events during this deployment that you feel may affect your health?  Yes  No

Please list your concerns: \_\_\_\_\_  
 \_\_\_\_\_

11. Do you currently have any questions or concerns about your health?  Yes  No

Please list your concerns: \_\_\_\_\_  
 \_\_\_\_\_

**This form must be completed electronically. Handwritten forms will not be accepted.**

Service Member's Social Security Number: \_\_\_\_\_

**Health Assessment**

After my interview/examination of the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in service member's medical record.)

11. Identified Concerns	Minor Concern	Major Concern	Already Under Care		12. Referral Information	Within 24 hours	Within 7 days	Within 30 days
			Yes	No				
<input type="radio"/> Physical Symptom(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a. Primary Care, Family Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Exposure Symptom(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. Behavioral Health in Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Environmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Mental Health Specialty Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Occupational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. Other specialty care:			
<input type="radio"/> Combat or mission-related	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Audiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Depression symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PTSD symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dentistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Anger/Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Suicidal Ideation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Social/Family Conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Internal Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____					OB/GYN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Optometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Orthopedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Pulmonology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					e. Case Manager, Care Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					f. Substance Abuse Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					g. Health Promotion, Health Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					h. Chaplain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					i. Family Support, Community Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					j. Military OneSource	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					k. Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					l. No referral made	<input type="radio"/>		

I certify that this review process has been completed.  
Provider's signature and stamp:

This visit is coded by V70.5\_E

**S A M P L E**

Date (dd/mmm/yyyy)

**Ancillary Staff/Administrative Section**

14. Member was provided the following:	15. Referral was made to the following healthcare or support system:
<input type="radio"/> Medical Threat Debrief	<input type="radio"/> Military Treatment Facility
<input type="radio"/> Health Education and Information	<input type="radio"/> Division/Line-based medical resource
<input type="radio"/> Health Care Benefits and Resources Information	<input type="radio"/> VA Medical Center or Community Clinic
<input type="radio"/> Appointment Assistance	<input type="radio"/> Vet Center
<input type="radio"/> Service member declined to complete form	<input type="radio"/> TRICARE Provider
<input type="radio"/> Service member declined to complete interview/assessment	<input type="radio"/> Contract Support: _____
<input type="radio"/> Service member declined referral for services	<input type="radio"/> Community Service: _____
<input type="radio"/> LOD	<input type="radio"/> Other: _____
<input type="radio"/> Post-deployment blood specimen collected (if required)	<input type="radio"/> None
<input type="radio"/> Other: _____	

# APPENDIX B

**This form must be completed electronically. Handwritten forms will not be accepted.**

## POST-DEPLOYMENT HEALTH RE-ASSESSMENT (PDHRA)

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 138, 1074f, 3013, 5013, 8013 and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To assess your state of health after deployment in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care you may need. The information you provide may result in a referral for additional healthcare that may include medical, dental or behavioral healthcare or diverse community support services.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, to other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

**DISCLOSURE:** Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

**INSTRUCTIONS:** Please read each question completely and carefully before entering your response or marking your selection. **YOU ARE ENCOURAGED TO ANSWER EACH QUESTION.** Withholding or providing inaccurate information may impair a healthcare provider's ability to identify health problems and refer you to appropriate sources for additional evaluation or treatment. If you do not understand a question, please ask for help. Please respond based on your **MOST RECENT DEPLOYMENT.**

### DEMOGRAPHICS

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Social Security Number</b>	<b>Date of Birth (dd/mmm/yyyy)</b>	<b>Today's Date (dd/mmm/yyyy)</b>
S	A	M
P	L	E
<b>Date arrived theater (dd/mmm/yyyy)</b>	<b>Date departed theater (dd/mmm/yyyy)</b>	

<b>Gender</b>	<b>Service Branch</b>	<b>Status Prior to Deployment</b>	<b>Pay Grade</b>
<input type="radio"/> Male	<input type="radio"/> Air Force	<input type="radio"/> Active Duty	<input type="radio"/> E1 <input type="radio"/> O1 <input type="radio"/> W1
<input type="radio"/> Female	<input type="radio"/> Army	<input type="radio"/> Selected Reserves - Reserve - Unit	<input type="radio"/> E2 <input type="radio"/> O2 <input type="radio"/> W2
	<input type="radio"/> Navy	<input type="radio"/> Selected Reserves - Reserve - AGR	<input type="radio"/> E3 <input type="radio"/> O3 <input type="radio"/> W3
	<input type="radio"/> Marine Corps	<input type="radio"/> Selected Reserves - Reserve - IMA	<input type="radio"/> E4 <input type="radio"/> O4 <input type="radio"/> W4
<b>Marital Status</b>	<input type="radio"/> Coast Guard	<input type="radio"/> Selected Reserves - National Guard - Unit	<input type="radio"/> E5 <input type="radio"/> O5 <input type="radio"/> W5
<input type="radio"/> Never Married	<input type="radio"/> Civilian Employee	<input type="radio"/> Selected Reserves - National Guard - AGR	<input type="radio"/> E6 <input type="radio"/> O6
<input type="radio"/> Married	<input type="radio"/> Other	<input type="radio"/> Ready Reserves - IRR	<input type="radio"/> E7 <input type="radio"/> O7 <input type="radio"/> Other
<input type="radio"/> Separated		<input type="radio"/> Ready Reserves - ING	<input type="radio"/> E8 <input type="radio"/> O8
<input type="radio"/> Divorced		<input type="radio"/> Civilian Government Employee	<input type="radio"/> E9 <input type="radio"/> O9
<input type="radio"/> Widowed		<input type="radio"/> Other	<input type="radio"/> O10

**Location of Operation**  
To what areas were you mainly deployed (land-based operations more than 30 days)? Please mark all that apply, including the number of months spent at each location.

<input type="radio"/> Country 1	_____	Months	_____
<input type="radio"/> Country 2	_____	Months	_____
<input type="radio"/> Country 3	_____	Months	_____
<input type="radio"/> Country 4	_____	Months	_____
<input type="radio"/> Country 5	_____	Months	_____

**Since return from deployment I have:**

Maintained/returned to previous status

Transitioned to Selected Reserves

Transitioned to IRR

Transitioned to ING

Retired from Military Service

Separated from Military Service

**Current Contact Information:**

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

DSN: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Deployments in Past 5 Years:**

<b>OIF</b>	<b>OEF</b>	<b>Other</b>
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5 or more	<input type="radio"/> 5 or more	<input type="radio"/> 5 or more

**Current Unit of Assignment**

\_\_\_\_\_

**Current Assignment Location**

\_\_\_\_\_

\_\_\_\_\_

**Point of Contact who can always reach you:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form must be completed electronically. Handwritten forms will not be accepted.**

Service Member's Social Security Number: \_\_\_\_\_

1. Overall, how would you rate your health during the PAST MONTH?  
 Excellent  
 Very Good  
 Good  
 Fair  
 Poor
2. Compared to before your most recent deployment, how would you rate your health in general now?  
 Much better now than before I deployed  
 Somewhat better now than before I deployed  
 About the same as before I deployed  
 Somewhat worse now than before I deployed  
 Much worse now than before I deployed
3. During the past 4 weeks, how difficult have physical health problems (illness or injury) made it for you to do your work or other regular daily activities?  
 Not difficult at all       Very difficult  
 Somewhat difficult       Extremely difficult
4. During the past 4 weeks, how difficult have emotional problems (such as feeling depressed or anxious) made it for you to do your work, take care of things at home, or get along with other people?  
 Not difficult at all       Very difficult  
 Somewhat difficult       Extremely difficult
5. Since you returned from deployment, about how many times have you seen a healthcare provider for any reason, such as in sick call, emergency room, primary care, family doctor, or mental health provider?  
 No visits       1 visit       2-3 visits       4-5 visits       6 or more
6. Since you returned from deployment, have you been hospitalized?       Yes       No
7. During your deployment, were you wounded, injured, assaulted or otherwise physically hurt?       Yes       No  
 If NO, skip to Question 8.
- 7a. If YES, are you still having problems related to this wound, assault, or injury?       Yes       No       Unsure
8. In addition to wounds or injuries you listed in question 7., do you currently have a health concern or condition that you feel is related to your deployment?       Yes       No       Unsure  
 If NO, skip to Question 9.
- 8a. If YES, please mark the item(s) that best describe your deployment-related condition or concern:

<input type="radio"/> Fever	<input type="radio"/> Dimming of vision, like the lights were going out
<input type="radio"/> Cough lasting more than 3 weeks	<input type="radio"/> Chest pain or pressure
<input type="radio"/> Trouble breathing	<input type="radio"/> Dizzy, light headed, passed out
<input type="radio"/> Bad headaches	<input type="radio"/> Diarrhea, vomiting, or frequent indigestion/heartburn
<input type="radio"/> Generally feeling weak	<input type="radio"/> Problems sleeping or still feeling tired after sleeping
<input type="radio"/> Muscle aches	<input type="radio"/> Trouble concentrating, easily distracted
<input type="radio"/> Swollen, stiff or painful joints	<input type="radio"/> Forgetful or trouble remembering things
<input type="radio"/> Back pain	<input type="radio"/> Hard to make up your mind or make decisions
<input type="radio"/> Numbness or tingling in hands or feet	<input type="radio"/> Increased irritability
<input type="radio"/> Trouble hearing	<input type="radio"/> Taking more risks such as driving faster
<input type="radio"/> Ringing in the ears	<input type="radio"/> Skin diseases or rashes
<input type="radio"/> Watery, red eyes	<input type="radio"/> Other (please list): _____

S A M P L E

- 9a. During this deployment, did you experience any of the following events? (Mark all that apply)
- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| (1) Blast or explosion (IED, RPG, land mine, grenade, etc.)                  | <input type="radio"/> | <input type="radio"/> |
| (2) Vehicular accident/crash (any vehicle, including aircraft)               | <input type="radio"/> | <input type="radio"/> |
| (3) Fragment wound or bullet wound above your shoulders                      | <input type="radio"/> | <input type="radio"/> |
| (4) Fall   | <input type="radio"/> | <input type="radio"/> |
| (5) Other event (for example, a sports injury to your head). Describe: _____ | <input type="radio"/> | <input type="radio"/> |
- 9b. Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the event(s) you just noted in question 9a.? (Mark all that apply)
- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| (1) Lost consciousness or got "knocked out" | <input type="radio"/> | <input type="radio"/> |
| (2) Felt dazed, confused, or "saw stars"    | <input type="radio"/> | <input type="radio"/> |
| (3) Didn't remember the event               | <input type="radio"/> | <input type="radio"/> |
| (4) Had a concussion                        | <input type="radio"/> | <input type="radio"/> |
| (5) Had a head injury                       | <input type="radio"/> | <input type="radio"/> |
- c. Did any of the following problems begin or get worse after the event(s) you noted in question 9a.? (Mark all that apply)
- |                                   | Yes                   | No                    |
|-----------------------------------|-----------------------|-----------------------|
| (1) Memory problems or lapses     | <input type="radio"/> | <input type="radio"/> |
| (2) Balance problems or dizziness | <input type="radio"/> | <input type="radio"/> |
| (3) Ringing in the ears           | <input type="radio"/> | <input type="radio"/> |
| (4) Sensitivity to bright light   | <input type="radio"/> | <input type="radio"/> |
| (5) Irritability                  | <input type="radio"/> | <input type="radio"/> |
| (6) Headaches                     | <input type="radio"/> | <input type="radio"/> |
| (7) Sleep problems                | <input type="radio"/> | <input type="radio"/> |
- d. In the past week, have you had any of the symptoms you indicated in 9c.? (Mark all that apply)
- |                                   | Yes                   | No                    |
|-----------------------------------|-----------------------|-----------------------|
| (1) Memory problems or lapses     | <input type="radio"/> | <input type="radio"/> |
| (2) Balance problems or dizziness | <input type="radio"/> | <input type="radio"/> |
| (3) Ringing in the ears           | <input type="radio"/> | <input type="radio"/> |
| (4) Sensitivity to bright light   | <input type="radio"/> | <input type="radio"/> |
| (5) Irritability                  | <input type="radio"/> | <input type="radio"/> |
| (6) Headaches                     | <input type="radio"/> | <input type="radio"/> |
| (7) Sleep problems                | <input type="radio"/> | <input type="radio"/> |

**This form must be completed electronically. Handwritten forms will not be accepted.**

Service Member's Social Security Number: \_\_\_\_\_

10. Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed?  Yes  No  
If NO, skip to question 11.

10a. If YES, please mark the item(s) that best describe your concern:

<input type="radio"/> Animal bites	<input type="radio"/> Loud noises
<input type="radio"/> Animal bodies (dead)	<input type="radio"/> Paints
<input type="radio"/> Chlorine gas	<input type="radio"/> Pesticides
<input type="radio"/> Depleted uranium (if yes, explain)	<input type="radio"/> Radar/Microwaves
<input type="radio"/> Excessive vibration	<input type="radio"/> Sand/dust
<input type="radio"/> Fog oils (smoke screen)	<input type="radio"/> Smoke from burning trash or feces
<input type="radio"/> Garbage	<input type="radio"/> Smoke from oil fire
<input type="radio"/> Human blood, body fluids, body parts, or dead bodies	<input type="radio"/> Solvents
<input type="radio"/> Industrial pollution	<input type="radio"/> Tent heater smoke
<input type="radio"/> Insect bites	<input type="radio"/> Vehicle or truck exhaust fumes
<input type="radio"/> Ionizing radiation	<input type="radio"/> Other exposures to toxic chemicals or materials, such as ammonia, nitric acid, etc.: (if yes, explain)
<input type="radio"/> JP8 or other fuels	
<input type="radio"/> Lasers	

11. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern?  Yes  No  Unsure

S A M P L E

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....

a. Have had nightmares about it or thought about it when you did not want to?  Yes  No

b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?  Yes  No

c. Were constantly on guard, watchful, or easily startled?  Yes  No

d. Felt numb or detached from others, activities, or your surroundings?  Yes  No

13a. In the PAST MONTH, Did you use alcohol more than you meant to?  Yes  No

b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking?  Yes  No

c. How often do you have a drink containing alcohol?  
 Never  Monthly or less  2 to 4 times a month  2 to 3 times a week  4 or more times a week

d. How many drinks containing alcohol do you have on a typical day when you are drinking?  
 1 or 2  3 or 4  5 or 6  7 to 9  10 or more

e. How often do you have six or more drinks on one occasion?  
 Never  Less than monthly  Monthly  Weekly  Daily

14. Over the PAST MONTH, have you been bothered by the following problems?

	Not at all	Few or several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)?  Yes  No

16. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern?  Yes  No

17. Are you currently interested in receiving assistance for a family or relationship concern?  Yes  No

18. Would you like to schedule a visit with a chaplain or a community support counselor?  Yes  No



**This form must be completed electronically. Handwritten forms will not be accepted.**

Service Member's Social Security Number: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

**Assessment and Referral:** After my interview with the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple concerns.)

7. Identified Concerns	Minor Concern	Major Concern	Already Under Care		8. Referral Information	Within 24 hours	Within 7 days	Within 30 days
			Yes	No				
<input type="radio"/> Physical Symptom(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a. Primary Care, Family Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Exposure Symptom(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. Behavioral Health in Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Depression symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Mental Health Specialty Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PTSD symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. Other specialty care:			
<input type="radio"/> Anger/Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Audiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Suicidal Ideation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Social/Family Conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dentistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____					GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Internal Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					OB/GYN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Optometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Orthopedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Pulmonology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					Urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					e. Case Manager, Care Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					f. Substance Abuse Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					g. Health Promotion, Health Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					h. Chaplain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					i. Family Support, Community Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					j. Military OneSource	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				k. Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				l. No referral made	<input type="radio"/>			

I certify that this review process has been completed.

10. Provider's signature and stamp:

S A M P L E

ICD-9 Code for this visit: V70.5 \_ F

**Ancillary Staff/Administrative Section**

11. Member was provided the following:	12. Referral was made to the following healthcare or support system:
<input type="radio"/> Health Education and Information	<input type="radio"/> Military Treatment Facility
<input type="radio"/> Health Care Benefits and Resources Information	<input type="radio"/> Division/Line-based medical resource
<input type="radio"/> Appointment Assistance	<input type="radio"/> VA Medical Center or Community Clinic
<input type="radio"/> Service member declined to complete form	<input type="radio"/> Vet Center
<input type="radio"/> Service member declined to complete interview/assessment	<input type="radio"/> TRICARE Provider
<input type="radio"/> Service member declined referral for services	<input type="radio"/> Contract Support: _____
<input type="radio"/> LOD	<input type="radio"/> Community Service: _____
<input type="radio"/> Other: _____	<input type="radio"/> Other: _____
	<input type="radio"/> None