POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)

33348

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment in support of military operations and to assist military healthcare providers, including behavioral health providers, in identifying present and future medical care needs you may have. The information you provide may result in a referral for additional healthcare that may include behavioral healthcare.

Routine Use: 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: Disclosure is voluntary.

INSTRUCTIONS: Please read each question completely and carefully before making your selections. Provide a response for each question. If you do not understand a question, ask the administrator. Please respond based on your MOST RECENT DEPLOYMENT.

Demographics

Last Name

First Name **MI**

Today's Date (dd/mm/yyyy) / /

DOB (dd/mm/yyyy) / /

Date arrived theater (mm/yyyy) /

Date departed theater (mm/yyyy) /

Social Security Number — —

Gender
- ○ Male
- ○ Female

Service Branch
- ○ Air Force
- ○ Army
- ○ Navy
- ○ Marine Corps
- ○ Coast Guard
- ○ Other

Marital Status
- ○ Never Married
- ○ Married
- ○ Separated
- ○ Divorced
- ○ Widowed

Status Prior to Deployment
- ○ Active Duty
- ○ Selected Reserves - Reserve - Unit
- ○ Selected Reserves - Reserve - AGR
- ○ Selected Reserves - Reserve - IMA
- ○ Selected Reserves - National Guard - Unit
- ○ Selected Reserves - National Guard - AGR
- ○ Ready Reserves - IRR
- ○ Ready Reserves - ING
- ○ Civilian Government Employee
- ○ Other

Pay Grade
- ○ E1
- ○ E2
- ○ E3
- ○ E4
- ○ E5
- ○ E6
- ○ E7
- ○ E8
- ○ E9
- ○ O01
- ○ O02
- ○ O03
- ○ O04
- ○ O05
- ○ O06
- ○ O07
- ○ O08
- ○ O09
- ○ O10
- ○ W1
- ○ W2
- ○ W3
- ○ W4
- ○ W5
- ○ Other

Location of Operation
- ○ Iraq
- ○ Afghanistan
- ○ Kuwait
- ○ Qatar
- ○ Bosnia/Kosovo
- ○ SW Asia - other
- ○ Africa
- ○ South America
- ○ North America
- ○ Australia
- ○ Europe
- ○ On a ship
- ○ Other: _____

Since return from deployment I have:
- ○ Maintained/returned to previous status
- ○ Transitioned to Selected Reserves: _____
- ○ Transitioned to Ready Reserves: _____
- ○ Retired from Military Service
- ○ Separated from Military Service

Current Contact Information:

Phone: _____
Cell: _____
DSN: _____
Email: _____
Address: _____

Total Deployments in Past 5 Years:

OIF	OEF	Other
○ 1	○ 1	○ 1
○ 2	○ 2	○ 2
○ 3	○ 3	○ 3
○ 4	○ 4	○ 4
○ 5 or more	○ 5 or more	○ 5 or more

Current Unit of Assignment

_____

Current Assignment Location

_____

_____

Point of Contact who can always reach you:

Name: _____
Phone: _____
Email: _____
Mailing Address: _____

Reset

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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. 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 ○ Over 6 visits

4. Since you returned from deployment, have you been hospitalized? ○ Yes ○ No

5. During your deployment, were you wounded, injured, assaulted or otherwise physically hurt? ○ Yes ○ No

If NO, skip to Question 6.

5a. **IF YES**, are you still having problems related to this wound, assault, or injury? ○ Yes ○ No ○ Unsure

6. Other than wounds or injuries, 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 7.

6a. **IF YES**, please mark the item(s) that best describe your deployment-related condition or concern:

○ Chronic cough
○ Runny nose
○ Fever
○ Weakness
○ Headaches
○ Swollen, stiff or painful joints
○ Back pain
○ Muscle aches
○ Numbness or tingling in hands or feet
○ Skin diseases or rashes
○ Ringing of the ears
○ Redness of eyes with tearing
○ Dimming of vision, like the lights were going out
○ Chest pain or pressure
○ Dizziness, fainting, light headedness
○ Difficulty breathing
○ Diarrhea, vomiting, or frequent indigestion
○ Problems sleeping or still feeling tired after sleeping
○ Difficulty remembering
○ Increased irritability
○ Taking more risks such as driving faster
○ Other: _____

7. 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 8.

7a. **IF YES**, please mark the item(s) that best describe your concern:

○ DEET insect repellent applied to skin
○ Pesticide-treated uniforms
○ Environmental pesticides (like area fogging)
○ Flea or tick collars
○ Pesticide strips
○ Smoke from oil fire
○ Smoke from burning trash or feces
○ Vehicle or truck exhaust fumes
○ Tent heater smoke
○ JP8 or other fuels
○ Fog oils (smoke screen)
○ Solvents
○ Paints
○ Radiation
○ Radar/microwaves
○ Lasers
○ Loud noises
○ Excessive vibration
○ Industrial pollution
○ Sand/dust
○ Blast or motor vehicle accident
○ Depleted Uranium (if yes, explain)
_____
○ Other: _____

8. 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

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

a. Have had any 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

10. a. 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

11. 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	○	○	○	○
b. Feeling down, depressed, or hopeless	○	○	○	○

12. If you checked off any problems or concerns on this questionnaire, how difficult have these problems 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

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

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

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

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

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY # ___ – ___ – ____

DATE (dd/mm/yyyy) __ / __ / ____

Provider Review and Interview

1. Review symptoms and deployment concerns identified on form:
   - ○ Confirmed screening results as reported
   - ○ Screening results modified, amended, clarified during interview: _____
2. Ask behavioral risk questions.
   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? ○ Very few days ○ More than half of the time ○ Nearly every day
   b. Since return from your deployment, have you had thoughts or concerns that you might hurt or lose control with someone? ○ Yes ○ No ○ Unsure
3. **IF YES OR UNSURE** to behavioral risk questions, 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, referred
   b. Outcome of assessment ○ Immediate referral ○ Routine follow-up referral ○ Referral not indicated
4. Record additional questions or concerns identified by patient during interview:

_____

_____

Assessment and Referral:

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.)

5. Identified Concerns

	Minor Concern	Major Concern	Already Under Care: Yes	Already Under Care: No
○ Physical Symptom	○	○	○	○
○ Exposure Concern	○	○	○	○
○ Depression Symptoms	○	○	○	○
○ PTSD Symptoms	○	○	○	○
○ Anger/Aggression	○	○	○	○
○ Suicidal Ideation	○	○	○	○
○ Social/Family Conflict	○	○	○	○
○ Alcohol Use	○	○	○	○
○ Other: _____	○	○	○	○
○ None				

6. Referral Information
   - ○ a. No referral made
   - ○ b. Immediate/emergent care
   - ○ c. Primary Care, Family Practice
   - ○ d. Specialty Care: _____
   - ○ e. Behavioral Health in Primary Care
   - ○ f. Mental Health Specialty Care
   - ○ g. Case Manager, Care Manager
   - ○ h. Substance Abuse Program
   - ○ i. Health Promotion, Health Education
   - ○ j. Other Healthcare Service
   - ○ k. Chaplain
   - ○ l. Family Support, Community Service
   - ○ m. Military OneSource
   - ○ n. Other: _____
7. Comments:

_____

_____

8. Provider
   a. Name (Last, First) _____
   b. Signature and stamp: _____

ICD-9 Code for this visit: V70.5_6

Ancillary Staff/Administrative Section

9. Member was provided the following:
   - ○ Health Education and Information
   - ○ Health Care Benefits and Resources Information
   - ○ Appointment Assistance
   - ○ Service member declined to complete form
   - ○ Service member declined to complete interview/assessment
   - ○ Service member declined referral for services
   - ○ Other: _____

     _____
10. Referral made to the following healthcare or support system:
    - ○ Military Treatment Facility
    - ○ Division/Line-Based Medical Resource
    - ○ VA Medical Center or Community Clinic
    - ○ Vet Center
    - ○ TRICARE Provider
    - ○ Contract Support: _____
    - ○ Community Service: _____
    - ○ Other: _____
    - ○ None