

Date: ____/____/____ Interviewer: _____

HISTORY INTERVIEW

| | |
|---|---|
| <input type="text" value="enter"/> | Case Number: _____ |
| <input type="text"/> | Age |
| <input type="text"/> | Sex 1) male 2) female |
| <input type="text"/> | Race 1) White Non-Hispanic 2) White Hispanic 3) Black Non-Hispanic 4) Black Hispanic 5) Asian 6) Native American 7) other |
| <input type="text"/> | Marital status 1) never married 2) married 3) living with someone but not married 4) divorced or separated 5) widowed |
| <input type="text"/> | Employment status 1) full-time employment 2) part-time employment 3) unemployed, not interested in returning to work 4) unemployed, looking for work 5) unemployed, disabled 6) retired due to pain 7) retired not due to pain 8) student |
| <input type="text" value="enter"/> | Occupation: _____ |
| Barriers to employment (if unemployed): | |
| <input type="text" value="enter"/> | a. _____ |
| <input type="text" value="enter"/> | b. _____ |
| <input type="text" value="enter"/> | c. _____ |
| <input type="text"/> | Education (years) _____ |
| <input type="text"/> | Service Connection 1) non-Service Connected 2) non-Service Connected pension 3) Service Connected 4) Active Duty/NA |
| <input type="text"/> | If SC, total percent |
| <input type="text"/> | SC Claim pending 1) yes 2) no |
| <input type="text"/> | Disability claim pending? 1) yes 2) no |
| <input type="text" value="enter"/> | If so, 1) medical 2) emotional 3) both |
| <input type="text"/> | Current duty status 1) active duty 2) inactive ready reserve (IRR) 3) active reserve 4) temporary duty release leave (TDRL) 5) completed service obligations |
| <input type="text" value="enter"/> | Date of separation: _____ |
| <input type="text"/> | Service branch 1) Army 2) Navy 3) Air Force 4) Marines 5) Coast Guard 6) National Guard |
| <input type="text"/> | Pre-deployment Status 1) active duty 2) inactive reserve 3) active reserve |
| <input type="text"/> | OEF 1)yes 2)no |
| <input type="text"/> | Number OEF deployments |
| <input type="text"/> | OIF 1)yes 2)no |
| <input type="text"/> | Number OIF deployments |

Are the following symptoms present in the patient?

| | |
|----------------------|--|
| <input type="text"/> | Memory Impairment 1) yes 2) no |
| <input type="text"/> | Concentration Problems 1) yes 2) no |
| <input type="text"/> | Irritability 1) yes 2) no |
| <input type="text"/> | Sleep Disturbance 1) yes 2) no |
| <input type="text"/> | Fatigue 1) yes 2) no |
| <input type="text"/> | Headaches 1) yes 2) no |
| <input type="text"/> | Dizziness 1) yes 2) no |
| <input type="text"/> | Intolerance of stress, emotion or ETOH 1) yes 2) no |
| <input type="text"/> | Affective Disturbance 1) yes 2) no |
| <input type="text"/> | Personality Change 1) yes 2) no |
| <input type="text"/> | Apathy 1) yes 2) no |

Total time of OEF/OIF Deployment (months)

Months since return from deployment

Other Global War on Terror 1)yes 2)no

enter Other GWT deployments: _____

Gulf War 1)yes 2)no

Number GW deployments

INJURY QUESTIONS

Injury onset 1) none reported 2) pre-service 3) pre-deployment 4) combat 5) non-combat during deployment 6) post-deployment 7) post-service

Method of Injury 1) fragment 2) bullet 3) vehicular 4) fall 5) blast 6) other (explain below) 7) none
(select and enter all that apply)

enter Other: _____

Injury Type: 1) soft tissue 2) penetrating wound 3) open 4) closed head injury 5) orthopedic 6) traumatic amputation 7) burns
8) SCI 9) Eye 10) Ear 11) Other 12)None (select and enter all that apply)

Did injury result in: 1) feeling dazed, confused, "seeing stars" 2) not remembering injury 3) LOC less than 1 min 4) LOC 1-20 min 5) LOC 20+ min 6) concussion symptoms after (headaches, dizziness) 7) head injury 8) none
(select all that apply)

BLAST SPECIFIC QUESTIONS (may not involve visible injury)

Exposure to blast 1) yes 2) no

Distance from closest blast: _____ (in feet) *3 feet = 1 yard*

If blast, what type? _____

LOC? _____ If LOC, how long? _____ (in minutes)

Number of blast exposures _____

Injuries resulting from blast 1) yes 2) no

PAIN ISSUES

Current pain rating: _____ (RIGHT NOW) (0: none – 10: worst imaginable)

Average pain rating: _____ (in the LAST WEEK) (0: none – 10: worst imaginable)

Lowest pain rating: _____ (in the LAST WEEK) (0: none – 10: worst imaginable)

For all pain locations listed below that the patient currently has, specify the date each began (month/year) and in what phase of the patient's life it began. Then, **circle the Primary Pain location**.

| Pain Location | Date Began | Life Phase in which it Began: |
|------------------------|------------|---|
| | | 1) pre-service 2) pre-deployment 3) combat, non-blast 4) combat, blast 5) non-combat during deployment 6) post-deployment 7) post-service |
| low back | | |
| mid back | | |
| upper back | | |
| leg | | |
| hip | | |
| knee | | |
| ankle | | |
| foot | | |
| head | | |
| neck | | |
| arm/elbow | | |
| shoulder | | |
| hand/wrist | | |
| buttocks | | |
| chest/abdomen | | |
| genitals | | |
| generalized joint pain | | |
| face | | |
| other | | |

- ☐ Tingling Pain Present 1) yes 2) no
- ☐ Tingling Pain Rating : _____ (0: none – 10: worst imaginable)
- ☐ Numbness Present 1) yes 2) no
- ☐ Numbness Rating : _____ (0: none – 10: worst imaginable)
- ☐ Increased Pain due to touch 1) yes 2) no
- ☐ Pain due to touch Rating: _____ (0: none – 10: worst imaginable)
- ☐ Headache 1) yes 2) no
- ☐ Headache frequency (days/week): _____
- ☐ Headache interference 1) yes 2) no

PAIN-RELATED IMPAIRMENTS

☐ Sleep Problems 1) yes 2) no

☐ Social 1) yes 2) no

☐ Physical exercise: 1) yes 2)no

☐ Recreational 1) yes 2) no

☐ Emotional 1) yes 2) no

☐ Occupational 1) yes 2) no

☐ Family 1) yes 2) no

☐ Sexual 1) yes 2) no

PAIN TREATMENT

☐ VA pain treatment received in **last 3 months?** 1) yes 2) no

☐ VA intervention: 1) meds 2) PT 3) OT 4) KT 5) injection 6) implantable device 7) prosthetics/orthotics 8) surgery
9) acupuncture 10) chiropracty 11) massage 12) relaxation training 13) CBT 14) CPRP

☐ Satisfaction w/VA tx for pain (**last 3 months**) (0 – not at all satisfied; 10 completely satisfied)

☐ Effectiveness of VA tx for pain (**last 3 months**) (0 – not at all effective; 10 completely effective)

☐ Community pain treatment received in **last 3 months?** 1) yes 2) no

☐ Community intervention: 1) meds 2) PT 3) OT 4) KT 5) injection 6) implantable device 7) prosthetics/orthotics 8) surgery
9) acupuncture 10) chiropractics 11) massage 12) relaxation training 13) CBT 14) CPRP

☐ Satisfaction w/Comm tx for pain (**last 3 months**) (0 – not at all satisfied; 10 completely satisfied)

☐ Effectiveness of Comm tx for pain (**last 3 months**) (0 – not at all effective; 10 completely effective)

☐ Current medication type 1) antiinflammatory 2) anticonvulsant 3) opioid 4) antidepressant 5) muscle relaxant 6) anxiolytic
7) headache medications 8) OTC 9) Other 10) Unknown (select all that apply)

MENTAL HEALTH ISSUES

☐ Have you ever had a psychological problem? 1) yes 2) no

☐ When did it begin? 1) pre-service 2) pre-deployment 3) combat, non-blast 4) combat, blast 5) non-combat during deployment
6) post-deployment 7) post-service

What was the nature of the problem _____

☐ When was it resolved (if ever)? 1) pre-deployment 2) deployment 3) post-deployment 4) ongoing

☐ Did you receive **VA** treatment for these problems in **THE LAST 3 MONTHS?**
1) No 2) Therapy 3) Medications 4) Combination

☐ Are you in **VA** treatment for emotional or adjustment problems **CURRENTLY?**
1) No 2) Therapy 3) Medications 4) Combination

☐ Satisfaction w/VA mental health tx in **LAST 3 MONTHS:** (0 – not at all satisfied; 10 completely satisfied)

☐ Effectiveness of VA mental health tx in **LAST 3 MONTHS:** (0 – not at all effective; 10 completely effective)

☐ Did you receive **community** treatment for these problems in **THE LAST 3 MONTHS**?
1) No 2) Therapy 3) Medications 4) Combination

☐ Are you in **community** treatment for emotional or adjustment problems **CURRENTLY**?
1) No 2) Therapy 3) Medications 4) Combination

☐ Satisfaction w/**community** mental health tx in **LAST 3 MONTHS**:
(0 – not at all satisfied; 10 completely satisfied)

☐ Effectiveness of **community** mental health tx in **LAST 3 MONTHS**:
(0 – not at all effective; 10 completely effective)

PTSD SCREENING QUESTIONS:

Did you have an experience that was so frightening/upsetting that you have:

☐ Avoided thinking about your time in the military? 1) yes 2) no

☐ Had nightmares related to the incident? 1) yes 2) no

☐ Been on guard or especially watchful? 1) yes 2) no

☐ Felt numb or detached from others? 1) yes 2) no

If yes to any:

☐ How many months ago did these symptoms start?

SUBSTANCE ABUSE SCREENING QUESTIONS:

☐ Alcohol frequency (Days/Week) (once per month = .25 days per week)

☐ Alcohol amount (Average drinks per occasion)

☐ CAGE – Have you ever felt you should cut down on your drinking? 1) yes 2) no

☐ CAGE – Have people annoyed you by criticizing your drinking? 1) yes 2) no

☐ CAGE – Have you ever felt bad or guilty about your drinking? 1) yes 2) no

☐ CAGE – Have you ever had a drink first thing in the morning (an eye opener) to steady your nerves or get rid of a hangover? 1) yes 2) no

☐ Current Alcohol Abuse (self-report) 1) yes 2) no

☐ Past Alcohol Abuse (self-report) 1) yes 2) no

☐ Current ILLICIT drug use (self-report) 1) yes 2) no

☐ Drug type 1) marijuana 2) cocaine 3) heroin 4) amphetamine 5) other

☐ Past ILLICIT drug use (self-report) 1) yes 2) no

☐ Current PRESCRIPTION drug abuse (self-report) 1) yes 2) no

☐ Abused medication type 1) opioid 2) muscle relaxant 3) anxiolytic 4) Other

☐ Past PRESCRIPTION drug abuse (self-report) 1) yes 2) no

☐ Suspected PRESCRIPTION drug abuse problem 1) yes 2) no

☐ Current Tobacco use 1) yes 2) no

Current tobacco daily use (pack/day)

VA UTILIZATION QUESTIONS

Using VA for all medical services 1) yes 2) no

If not, are you planning to? _____

Why not yet? _____

If not planning to, why? _____

If you know others from the military who have not registered at the VA, do you know why?

What might be/is a barrier to receiving care at the VA?

Barrier 1 - _____

Barrier 2 - _____

Barrier 3 - _____

In the **LAST 3 MONTHS**, how **satisfied overall** are you with any VA medical care you have received? _____ (0 – not at all satisfied; 10 completely satisfied)

In the **LAST 3 MONTHS**, how **effective overall** has the VA medical care you have received been? _____ (0 – not at all effective; 10 completely effective)

Has the veteran received services within the Polytrauma Network of care? 1) yes 2) no

If applicable, where was the veteran recruited for research from? 1) OEF/OIF Registry 2) PRC 3) Green Team 4) PNS 5) Pain Clinic 6) Other Clinic 7) Inpatient Stay 8) Other, specify _____

Does the veteran have injuries involving 2 or more organ systems? 1) yes 2) no