HISTORY INTERVIEW

Case Number: ______________

Age

Sex  1) male 2) female

Race  1) White Non-Hispanic 2) White Hispanic 3) Black Non-Hispanic 4) Black Hispanic 5) Asian 6) Native American 7) other

Marital status  1) never married 2) married 3) living with someone but not married 4) divorced or separated 5) widowed

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

Occupation:______________________

Barriers to employ (if unemployed):
  a.___________________
  b.___________________
  c.___________________

Education (years)  __________

Service Connection  1) non-Service Connected 2) non-Service Connected pension 3) Service Connected 4) Active Duty/NA

If SC, total percent

SC Claim pending  1) yes 2) no

Disability claim pending?  1) yes 2) no
If so,  1) medical 2) emotional 3) both

Current duty status  1) active duty 2) inactive ready reserve (IRR) 3) active reserve 4) temporary duty release leave (TDRL) 5) completed service obligations

Date of separation:____________________

Service branch  1) Army 2) Navy 3) Air Force 4) Marines 5) Coast Guard 6) National Guard

Pre-deployment Status  1) active duty 2) inactive reserve 3) active reserve

OEF  1)yes 2)no

Number OEF deployments

OIF  1)yes 2)no

Number OIF deployments

Are the following symptoms present in the patient?

- Memory Impairment  1) yes 2) no
- Concentration Problems  1) yes 2) no
- Irritability  1) yes 2) no
- Sleep Disturbance  1) yes 2) no
- Fatigue  1) yes 2) no
- Headaches  1) yes 2) no
- Dizziness  1) yes 2) no
- Intolerance of stress, emotion or ETOH  1) yes 2) no
- Affective Disturbance  1) yes 2) no
- Personality Change  1) yes 2) no
- 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

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

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

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

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.

<table>
<thead>
<tr>
<th>Pain Location</th>
<th>Date Began</th>
</tr>
</thead>
<tbody>
<tr>
<td>low back</td>
<td></td>
</tr>
<tr>
<td>mid back</td>
<td></td>
</tr>
<tr>
<td>upper back</td>
<td></td>
</tr>
<tr>
<td>leg</td>
<td></td>
</tr>
<tr>
<td>hip</td>
<td></td>
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<tr>
<td>knee</td>
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<tr>
<td>ankle</td>
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<tr>
<td>foot</td>
<td></td>
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<tr>
<td>head</td>
<td></td>
</tr>
<tr>
<td>neck</td>
<td></td>
</tr>
<tr>
<td>arm/elbow</td>
<td></td>
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<tr>
<td>shoulder</td>
<td></td>
</tr>
<tr>
<td>hand/wrist</td>
<td></td>
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<tr>
<td>buttocks</td>
<td></td>
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<tr>
<td>chest/abdomen</td>
<td></td>
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<tr>
<td>genitals</td>
<td></td>
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<tr>
<td>generalized joint pain</td>
<td></td>
</tr>
<tr>
<td>face</td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
</tr>
</tbody>
</table>

- 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

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) chiropracty 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) antinflammatory 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