

Postdeployment Assessment Data Dictionary

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Document Summary

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Postdeployment Assessment: Data Dictionary

Section 1: Identifiers

Variable	Label	Description	Format Text
dod_build	DoD Build	Build	Character
macs_id	Military Aviators Cancer Study ID	Study ID	Character
post_form_version_exp	Post-Deployment DoD Form Version, Expanded		Numeric
post_year_certified	Year Certified	The year the form was certified.	Numeric .M="Missing"
post_year_completed	Year Completed	The year the form was completed.	Numeric
postdep_obs_id	Post-Deployment Observation Id	Unique id for all post-deployment observations. Based on a md5 hash of all variables in the raw post-deployment dataset.	Character

Section 2: Demographics

Variable	Label	Description	Format Text
post_days_to_arrive	Calculated Days From Reference To Arrival Date		Numeric .M="Missing"
post_days_to_depart	Calculated Days From Reference To Depart Date		Numeric .M="Missing"

Section 3: Deployment History

Variable	Label	Description	Format Text
post_country1-10	Deployed to Country [X]	Countries the participant was deployed to.	"ABW"="Aruba" "AFG"="Afghanistan" "AGO"="Angola" "ALB"="Albania" "ARE"="United Arab Emirates" "ARG"="Argentina" "ARM"="Armenia" "ASM"="American Samoa" "ATA"="Antarctica" "AUS"="Australia" "AUT"="Austria" "AZE"="Azerbaijan" "BDI"="Burundi" "BEL"="Belgium" "BEN"="Benin" "BFA"="Burkina Faso" "BGD"="Bangladesh" "BGR"="Bulgaria" "BHR"="Bahrain" "BHS"="Bahamas" "BIH"="Bosnia and Herzegovina" "BLR"="Belarus" "BLZ"="Belize" "BMU"="Bermuda" "BRA"="Brazil" "BRB"="Barbados" "BRN"="Brunei" "BWA"="Botswana" "CAF"="Central African Republic" "CAN"="Canada" "CHE"="Switzerland" "CHL"="Chile" "CHN"="China" "CMR"="Cameroon" "COD"="Congo (Democratic Republic of the)" "COG"="Congo" [continued...]

Variable	Label	Description	Format Text
[...continued]			[...continued]
post_country1-10			"COL"="Colombia" "COM"="Comoros" "CPV"="Cabo Verde" "CRI"="Costa Rica" "CUB"="Cuba" "CXR"="Christmas Island" "CYM"="Cayman Islands" "CYP"="Cyprus" "CZE"="Czechia" "DEU"="Germany" "DJI"="Djibouti" "DOM"="Dominican Republic" "DZA"="Algeria" "ECU"="Ecuador" "EGY"="Egypt" "ESP"="Spain" "EST"="Estonia" "ETH"="Ethiopia" "FIN"="Finland" "FJI"="Fiji" "FRA"="France" "FRO"="Faroe Islands" "FSM"="Micronesia (Federated States of)" "GAB"="Gabon" "GBR"="United Kingdom" "GEO"="Georgia" "GHA"="Ghana" "GIN"="Guinea" "GLP"="Guadeloupe" "GRC"="Greece" "GTM"="Guatemala" "GUM"="Guam" "GUY"="Guyana" "HKG"="Hong Kong" "HND"="Honduras" "HRV"="Croatia" "HTI"="Haiti" "HUN"="Hungary" [continued...]

Variable	Label	Description	Format Text
[...continued]			[...continued]
post_country1-10			"IDN"="Indonesia" "IND"="India" "IOT"="British Indian Ocean Territory" "IRL"="Ireland" "IRN"="Iran" "IRQ"="Iraq" "ISL"="Iceland" "ISR"="Israel" "ITA"="Italy" "JAM"="Jamaica" "JOR"="Jordan" "JPN"="Japan" "KAZ"="Kazakhstan" "KEN"="Kenya" "KGZ"="Kyrgyzstan" "KHM"="Cambodia" "KIR"="Kiribati" "KOR"="Korea, South" "KWT"="Kuwait" "LAO"="Laos" "LBN"="Lebanon" "LBR"="Liberia" "LBY"="Libya" "LKA"="Sri Lanka" "LTU"="Lithuania" "LVA"="Latvia" "MAC"="Macau" "MAR"="Morocco" "MDA"="Moldova" "MDG"="Madagascar" "MDV"="Maldives" "MEX"="Mexico" "MHL"="Marshall Islands" "MKD"="North Macedonia" "MLI"="Mali" "MLT"="Malta" "MNE"="Montenegro" "MNP"="Northern Mariana Islands" [continued...]

Variable	Label	Description	Format Text
[...continued]			[...continued]
post_country1-10			"MOZ"="Mozambique" "MRT"="Mauritania" "MTQ"="Martinique" "MUS"="Mauritius" "MYS"="Malaysia" "NER"="Niger" "NGA"="Nigeria" "NIC"="Nicaragua" "NLD"="Netherlands" "NOR"="Norway" "NPL"="Nepal" "NZL"="New Zealand" "OMN"="Oman" "PAK"="Pakistan" "PAN"="Panama" "PER"="Peru" "PHL"="Philippines" "PLW"="Palau" "PNG"="Papua New Guinea" "POL"="Poland" "PRI"="Puerto Rico" "PRK"="Korea, North" "PRT"="Portugal" "PYF"="French Polynesia" "QAT"="Qatar" "REU"="Reunion" "ROU"="Romania" "RUS"="Russia" "RWA"="Rwanda" "SAU"="Saudi Arabia" "SDN"="Sudan" "SEN"="Senegal" "SGP"="Singapore" "SHN"="Saint Helena, Ascension and Tristan da Cunha" "SLB"="Solomon Islands" "SLV"="El Salvador" "SOM"="Somalia" "STP"="Sao Tome and Principe" [continued...]

Variable	Label	Description	Format Text
[...continued] post_country1-10			[...continued] "SUR"="Suriname" "SVK"="Slovakia" "SWE"="Sweden" "SYC"="Seychelles" "SYR"="Syria" "TCD"="Chad" "THA"="Thailand" "TJK"="Tajikistan" "TKM"="Turkmenistan" "TLS"="Timor-Leste" "TTO"="Trinidad and Tobago" "TUN"="Tunisia" "TUR"="Turkey" "TWN"="Taiwan" "TZA"="Tanzania" "UGA"="Uganda" "UKR"="Ukraine" "URY"="Uruguay" "USA"="United States" "UZB"="Uzbekistan" "VCT"="Saint Vincent and the Grenadines" "VEN"="Venezuela" "VIR"="Virgin Islands(U.S.)" "VNM"="Vietnam" "XKS"="Kosovo" "XWB"="West Bank" "YEM"="Yemen" "ZAF"="South Africa" "ZWE"="Zimbabwe" "ZZZ"="Uninterpretable"
post_country_months1-5	Time At Location (Months)	The length of time in months that a participant was deployed for.	Numeric .M="Missing"
post_danger_killed	During This Deployment, Did You Ever Feel That You Were In Great Danger Of Being Killed?		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_deploy_areas1-10	Deployment Areas		.M="Missing" 1="USA" 2="Iraq" 3="Afghanistan" 4="Qatar" 5="Djibouti" 6="United Arab Emirates" 7="Kuwait" 8="Turkey" 9="Bahrain" 21="North America" 22="South America" 23="Europe" 24="Africa" 25="Asia" 26="Australia/Oceania" 27="Antarctica"

Variable	Label	Description	Format Text
post_deploy_danger	During Your Deployment: Did You Ever Feel Like You Were In Great Danger Of Being Killed?		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_deploy_killed	During Your Deployment: Did You Encounter Dead Bodies Or See People Killed Or Wounded During This Deployment?		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_deploy_weapon	During Your Deployment: Did You Engage In Direct Combat Where You Discharged A Weapon?		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_killed_checked	Did You Encounter/See Killed Or Wounded?		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_killed_civilian	Saw Civilian Wounded, Killed, Or Dead During Deployment		.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_killed_coalition	Saw Coalition Member Wounded, Killed Or Dead During Deployment		.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_killed_enemy	Saw Enemy Wounded, Killed, Or Dead During Deployment		.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_rec_care_mh	During This Deployment, Did You Receive Care For Combat Stress Or A Mental Health Problem/Concern		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_weapon	Discharged Weapon		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_weapon_air	Discharged Weapon From Air		.N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_weapon_land	Discharged Weapon From Land		.N="Not Applicable" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_weapon_sea	Discharged Weapon From Sea		.N="Not Applicable" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"

Section 4: Medical History And Readiness

Variable	Label	Description	Format Text
post_back_pain_quarters	Given Quarters Or Profile - Back Pain	Given Quarters Or Profile - Back Pain	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_back_pain_sickcall	Went To Sick Call - Back_Pain	Went To Sick Call - Back_Pain	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_back_pain_still	Still Bothered - Back Pain	Still Bothered - Back Pain	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_breathing_quarters	Given Quarters Or Profile - Breathing	Given Quarters Or Profile - Breathing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_breathing_sickcall	Went To Sick Call - Breathing	Went To Sick Call - Breathing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_breathing_still	Still Bothered - Breathing	Still Bothered - Breathing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_alcohol	Under Care For Alcohol	After an interview, was this identified as a concern and already under care?	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_anger	Under Care For Anger	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_combat	Under Care For Combat	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_depression	Under Care For Depression	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_enviro	Under Care For ENV	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_care_exposure	Under Care For EXP	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_family	Under Care For Family	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_occ	Under Care For Occupational	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_other	Under Care For Other	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_physical	Under Care For Physical	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_ptsd	Under Care For PTSD	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_care_suicide	Under Care For Suicide	After an interview, was this identified as a concern and already under care?	.M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_chest_pain_quarters	Given Quarters Or Profile - Chest Pain	Given Quarters Or Profile - Chest Pain	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_chest_pain_sickcall	Went To Sick Call - Chest Pain	Went To Sick Call - Chest Pain	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_chest_pain_still	Still Bothered - Chest Pain	Still Bothered - Chest Pain	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_con_alcohol	Provider Identified Concern - Alcohol	After an interview, was this identified as a concern?	.A="Ambiguous" .V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"

Variable	Label	Description	Format Text
post_con_anger	Provider Identified Concern - Anger	After an interview, was this identified as a concern?	.A="Ambiguous" .V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_combat	Provider Identified Concern - Combat	After an interview, was this identified as a concern?	.V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_depression	Provider Identified Concern - Depression	After an interview, was this identified as a concern?	.A="Ambiguous" .V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_enviro	Provider Identified Concern - Environmental	After an interview, was this identified as a concern?	.A="Ambiguous" .V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_exposure	Provider Identified Concern - Exposure	After an interview, was this identified as a concern?	.A="Ambiguous" .V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_family	Provider Identified Concern - Family	After an interview, was this identified as a concern?	.A="Ambiguous" .V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_occ	Provider Identified Concern - Occupational	After an interview, was this identified as a concern?	.V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_other	Provider Identified Concern - Other	After an interview, was this identified as a concern?	.A="Ambiguous" .V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_physical	Provider Identified Concern - Physical	After an interview, was this identified as a concern?	.A="Ambiguous" .V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_ptsd	Provider Identified Concern - PTSD	After an interview, was this identified as a concern?	.A="Ambiguous" .V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_con_suicide	Provider Identified Concern - Suicide	After an interview, was this identified as a concern?	.V="Not Asked On Form Version" 0="Not Checked" 1="Minor" 2="Major"
post_concentration_quar ters	Given Quarters Or Profile - Concentration	Given Quarters Or Profile - Concentration	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_concentration_sickcall	Went To Sick Call - Concentration	Went To Sick Call - Concentration	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_concentration_still	Still Bothered - Concentration	Still Bothered - Concentration	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_cough_quarters	Given Quarters Or Profile - Cough	Given Quarters Or Profile - Cough	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_cough_sickcall	Went To Sick Call - Cough	Went To Sick Call - Cough	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_cough_still	Still Bothered - Cough	Still Bothered - Cough	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_decision_quarters	Given Quarters Or Profile - Decision Making		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_decision_sickcall	Went To Sick Call - Decision Making		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_decision_still	Still Bothered - Decision Making		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_diarrhea_quarters	Given Quarters Or Profile - Diarrhea	Given Quarters Or Profile - Diarrhea	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_diarrhea_sickcall	Went To Sick Call - Diarrhea	Went To Sick Call - Diarrhea	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_diarrhea_still	Still Bothered - Diarrhea	Still Bothered - Diarrhea	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_dizzy_quarters	Given Quarters Or Profile - Dizzy	Given Quarters Or Profile - Dizzy	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_dizzy_sickcall	Went To Sick Call - Dizzy	Went To Sick Call - Dizzy	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_dizzy_still	Still Bothered - Dizzy	Still Bothered - Dizzy	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ever_drinker	Ever Drinker?		0="No" 1="Yes"
post_ever_smoker	Ever Smoker?		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_bitten	Did Deployer Mark "Yes" On Animal Bite/Scratch?	Did Deployer Mark "Yes" On Animal Bite/Scratch?	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_combat	Address Concerns Identified On Deployer Question: Health Care For Combat Stress Since Return	Address Concerns Identified On Deployer Question: Health Care For Combat Stress Since Return	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="Not answered" 1="Yes response"
post_hp_concussion	Did Deployer Have A Possible Concussion Based On Their Responses To Questions 10.A. Through 10.C.?		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_depl_uranium	Did Deployer Mark "Yes" Or "Don't Know" On Questions 21?	Did Deployer Mark "Yes" Or "Don't Know" On Questions 21?	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_deploy_bodies	Deployment Experiences : Encountered Bodies Or Saw People Killed Or Wounded		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_deploy_danger	Deployment Experiences : Danger Of Being Killed		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_injury_concern	Did Deployer Mark That He/She Is Still Having A Problem Or Concern Related To A Wound, Injury Or Assault That Occurred During Their Deployment?		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_injury_concern_ref	Did Deployer Mark That He/She Is Still Having A Problem Or Concern Related To A Wound, Injury Or Assault That Occurred During Their Deployment?		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_hp_malaria	Deployment Location Required Malaria Prophylaxis		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_malaria_comply	Did Deployer Receive Anti-Malarial Prophylaxis And Report Compliance?		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_malaria_prescription	If No, Determine Need For Prophylaxis. Prescription Indicated?		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_indoor_contact_locals	Indoor Contact With Local Nationals		.M="Not Answered" .V="Not Asked On Form Version" 0="None" 1="Minimal Lt 1 Hour Per Week" 2="Moderate 1 Or More Per Week Not Daily" 3="Extensive At Least 1 Hour A Day Daily"
post_inj_prob	If Yes, Are You Still Having Any Problems Or Concerns Related To The Events?		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_injured	Were You Wounded, Injured, Assaulted Or Otherwise Hurt During Your Deployment?		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_irritable_quarters	Given Quarters Or Profile - Irritability		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_irritable_sickcall	Went To Sick Call - Irritability		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_irritable_still	Still Bothered - Irritability		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Section 5: Alcohol

Variable	Label	Description	Format Text
post_alcohol	Use Alcohol More Than Meant To	Did the participant use alcohol more than they meant to?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_alcohol_binge	How Often Do You Have Six Or More Drinks On One Occasion	How Often Do You Have Six Or More Drinks On One Occasion	.M="Missing" .V="Not Asked On Form Version" 0="Never" 1="Less Than Monthly" 2="Monthly" 3="Weekly" 4="Daily Or Almost Daily"
post_alcohol_cut_down	Felt Or Wanted To Cut Down Alcohol Consumption	Felt Or Wanted To Cut Down Alcohol Consumption	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_alcohol_day	How Many Drinks Containing Alcohol Do You Have On A Typical Day When You Are Drinking	How Many Drinks Containing Alcohol Do You Have On A Typical Day When You Are Drinking	.M="Missing" .V="Not Asked On Form Version" 1="1-2" 2="3-4" 3="5-6" 4="7-9" 5="10 Or More"
post_alcohol_often	How Often Do You Drink Alcohol?	How Often Do You Drink Alcohol?	.M="Missing" .V="Not Asked On Form Version" 0="Never" 1="Monthly Or Less" 2="2-4 Times Per Month" 3="2-3 Times Per Week" 4="4 Or More Times Per Week"
post_alcohol_severity_calc	Alcohol Severity	A measurement of the severity of the participant's alcohol usage.	.V="Not Asked On Form Version" 0="Not Affected" 1="Mild" 2="Moderate" 3="Severe"
post_alcohol_total_provider	Number Of Drinks Per Occasion	Number Of Drinks Per Occasion	Numeric .M="Missing" .U="Unknown" .V="Not Asked On Form Version"
post_alcohol_week_provider	Number Of Drinks Per Week	Number Of Drinks Per Week	Numeric .M="Missing" .U="Unknown" .V="Not Asked On Form Version"
post_auditc_score_calc	Audit-C Score Calculation	AUDIT-C is a standard self-report scale for alcohol use of separate The Alcohol Use Disorders Identification Test (AUDIT-C) is an alcohol screen that can help identify patients who are hazardous drinkers or who may have an active alcohol use disorder. This is the score calculated from the questions provided on the form.	Numeric

Variable	Label	Description	Format Text
post_auditc_screen	Deployer's Audit-C Screening Score	AUDIT-C is a standard self-report scale for alcohol use of separate The Alcohol Use Disorders Identification Test (AUDIT-C) is an alcohol screen that can help identify patients who are hazardous drinkers or who may have an active alcohol use disorder. This is the score provided on the form.	Numeric .M="Missing" .N="Not answered by deployer" .V="Not Asked On Form Version"
post_screen_alcohol	Alcohol Screening Result	Alcohol Screening Result	.M="Not Answered" .V="Not Asked On Form Version" 0="No Evidence" 1="Potential ETOH Problem + Refer To PCM" 2="Potential ETOH Problem No PCM Referral" 3="Potential ETOH Problem And Referral Not Checked"

Section 6: Depression

Variable	Label	Description	Format Text
post_avoid_situations	Have You Ever Had Any Experience That Was So Frightening , Horrible, Or Upsetting That In The Past Month, You: Tried Hard To Think About It Or Went Out Of Your Way To Avoid Situations That Remind You Of It		.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little"
post_depression_reported	Did Deployer Mark "More Than Half The Days" Or "Nearly Every Day" On Question 17A. Or 17B.?	Was depression reported by the participant?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes" 9="Not Answered By Deployer"
post_detached	Have You Ever Had Any Experience That Was So Frightening , Horrible, Or Upsetting That In The Past Month, You: Felt Numb Or Detached From Others, Activities, Or Your Surroundings		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_diff_emotional	During The Past 4 Weeks, How Difficult Have Emotional Problems Made It For You To Do Your Work?		.M="Missing" .V="Not Asked On Form Version" 1="Not Difficult At All" 2="Somewhat Difficult" 3="Very Difficult" 4="Extremely Difficult"
post_feeling_down	Over Past Month Feeling Down, Depressed, Or Hopeless		.M="Missing" .V="Not Asked On Form Version" 0="Not At All" 1="Few Or Several Days" 2="More Than Half The Days" 3="Nearly Every-Day"
post_little_interest	Over Past Month Had Little Interest Or Pleasure In Doing Things		.M="Missing" 0="Not At All" 1="Few Or Several Days" 2="More Than Half The Days" 3="Nearly Every-Day"
post_lose_control	Thoughts Or Concerns About Hurting Or Losing Control With Someone		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes" 9="Unsure"
post_trouble_concen_past_month	During The Past Month, How Much Have You Been Bothered By: Trouble Concentrating On Things (Such As Reading A Newspaper Or Watching Television)		.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"

Section 7: Exposures

Variable	Label	Description	Format Text
post_bitten	Were You Bitten Or Scratched By An Animal During Your Deployment	Were You Bitten Or Scratched By An Animal During Your Deployment	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_cbr_agents	Do You Think You Were Exposed To Any Chemical, Biological, Or Radiological Warfare Agents?	Do You Think You Were Exposed To Any Chemical, Biological, Or Radiological Warfare Agents?	.M="Not Checked" .V="Not Asked On Form Version" 0="No" 1="Yes" 9="Don't Know"
post_destroyed_vehicles	Were You In Or Did You Enter Or Closely Inspect Any Destroyed Military Vehicles?	Were You In Or Did You Enter Or Closely Inspect Any Destroyed Military Vehicles?	.M="Not Checked" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_animal_bites	Deployer's Exposure Concern: Animal Bites	Deployer's Exposure Concern: Animal Bites	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_animal_bodies	Deployer's Exposure Concern: Animal Bodies (Dead)	Deployer's Exposure Concern: Animal Bodies (Dead)	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_blast	During This Deployment, Did Any Of The Following Happen To You: Blast Or Explosion (E.G., IED, RPG, EFP, Land Mine, Grenade, Etc.)	During This Deployment, Did Any Of The Following Happen To You: Blast Or Explosion (E.G., IED, RPG, EFP, Land Mine, Grenade, Etc.)	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_blast_25_50	If Yes, Please Estimate Your Distance From The Closest Blast Or Explosion: Between 25 And 50 Meters (82-164 Feet)	If Yes, Please Estimate Your Distance From The Closest Blast Or Explosion: Between 25 And 50 Meters (82-164 Feet)	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_blast_50_100	If Yes, Please Estimate Your Distance From The Closest Blast Or Explosion: Between 50 And 100 Meters (164-324 Feet)	If Yes, Please Estimate Your Distance From The Closest Blast Or Explosion: Between 50 And 100 Meters (164-324 Feet)	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_blast_GT100	If Yes, Please Estimate Your Distance From The Closest Blast Or Explosion: Greater Than 100 Meters 324 Feet)	If Yes, Please Estimate Your Distance From The Closest Blast Or Explosion: Greater Than 100 Meters 324 Feet)	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_blast_LT25	If Yes, Please Estimate Your Distance From The Closest Blast Or Explosion: Less Than 25 Meters (81 Feet)	If Yes, Please Estimate Your Distance From The Closest Blast Or Explosion: Less Than 25 Meters (81 Feet)	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_exp_chem	Do You Think You Were Exposed To Any Chemical, Biological, Or Radiological Warfare Agents During This Deployment	Do You Think You Were Exposed To Any Chemical, Biological, Or Radiological Warfare Agents During This Deployment	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_chlorine	Deployer's Exposure Concern: Chlorine Gas	Deployer's Exposure Concern: Chlorine Gas	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_crash	During This Deployment, Did Any Of The Following Happen To You: Vehicular Accident/Crash (Any Vehicle Including Aircraft)	During This Deployment, Did Any Of The Following Happen To You: Vehicular Accident/Crash (Any Vehicle Including Aircraft)	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_depl_uranium	Were You In A Vehicle Hit By A Depleted Uranium (Du) Round; Inside A Destroyed Vehicle That Contained Du; Or Closely Inspected Such A Vehicle	Were You In A Vehicle Hit By A Depleted Uranium (Du) Round; Inside A Destroyed Vehicle That Contained Du; Or Closely Inspected Such A Vehicle	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes" 9="Don't Know"
post_exp_fall	Experienced Fall	Experienced Fall	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_fog_oils	Deployer's Exposure Concern: Fog Oils (Smoke Screen)	Deployer's Exposure Concern: Fog Oils (Smoke Screen)	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_fuels	Deployer's Exposure Concern: JP8 Or Other Fuels	Deployer's Exposure Concern: JP8 Or Other Fuels	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_fumes_exhaust	Deployer's Exposure Concern: Vehicle Or Truck Exhaust Fumes	Deployer's Exposure Concern: Vehicle Or Truck Exhaust Fumes	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_garbage	Deployer's Exposure Concern: Garbage	Deployer's Exposure Concern: Garbage	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_human_bodies	Deployer's Exposure Concern: Human Blood, Body Fluids, Body Parts, Or Dead Bodies	Deployer's Exposure Concern: Human Blood, Body Fluids, Body Parts, Or Dead Bodies	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_immed_care	Were You Exposed To Any Chemical Or Hazard Requiring Immediate Care?	Were You Exposed To Any Chemical Or Hazard Requiring Immediate Care?	.M="Not Checked" 0="No" 1="Yes"
post_exp_insect_bites	Deployer's Exposure Concern: Insect Bites	Deployer's Exposure Concern: Insect Bites	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_exp_laser	Deployer's Exposure Concern: Lasers	Deployer's Exposure Concern: Lasers	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_microwave	Deployer's Exposure Concern: Radar/Microwaves	Deployer's Exposure Concern: Radar/Microwaves	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_noise	Deployer's Exposure Concern: Loud Noises	Deployer's Exposure Concern: Loud Noises	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_other	Deployer's Exposure Concern: Other Exposures To Toxic Chemicals Or Materials, Such As Ammonia, Nitric Acid, Etc.	Deployer's Exposure Concern: Other Exposures To Toxic Chemicals Or Materials, Such As Ammonia, Nitric Acid, Etc.	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_other_event	Experienced Other Event	Experienced Other Event	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_other_injury	During This Deployment, Did Any Of The Following Happen To You: Other Injury (E.G., Sports Injury, Accidental Fall, Etc.)	During This Deployment, Did Any Of The Following Happen To You: Other Injury (E.G., Sports Injury, Accidental Fall, Etc.)	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_paints	Deployer's Exposure Concern: Paints	Deployer's Exposure Concern: Paints	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_pest_enviro	Deployer's Exposure Concern: Pesticides	Deployer's Exposure Concern: Pesticides	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_pollution	Deployer's Exposure Concern: Industrial Pollution	Deployer's Exposure Concern: Industrial Pollution	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_radiation	Deployer's Exposure Concern: Ionizing Radiation	Deployer's Exposure Concern: Ionizing Radiation	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_sand	Deployer's Exposure Concern: Sand/Dust	Deployer's Exposure Concern: Sand/Dust	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_smoke_heater	Deployer's Exposure Concern: Tent Heater Smoke	Deployer's Exposure Concern: Tent Heater Smoke	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_smoke_oil	Deployer's Exposure Concern: Smoke From Oil Fire	Deployer's Exposure Concern: Smoke From Oil Fire	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_exp_smoke_trash	Deployer's Exposure Concern: Smoke From Burning Trash Or Feces	Deployer's Exposure Concern: Smoke From Burning Trash Or Feces	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_solvents	Deployer's Exposure Concern: Solvents	Deployer's Exposure Concern: Solvents	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_uranium	Deployer's Exposure Concern: Depleted Uranium	Deployer's Exposure Concern: Depleted Uranium	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_vibration	Deployer's Exposure Concern: Excessive Vibration	Deployer's Exposure Concern: Excessive Vibration	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_warfare_agent	Deployer's Exposure Concern: Chemical, Biological, Radiological Warfare Agent	Deployer's Exposure Concern: Chemical, Biological, Radiological Warfare Agent	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_wound	Experienced Fragment Or Bullet Wound Above Shoulder	Experienced Fragment Or Bullet Wound Above Shoulder	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_wound_head	During This Deployment, Did Any Of The Following Happen To You: Fragment Or Bullet Wound To The Head Or Neck	During This Deployment, Did Any Of The Following Happen To You: Fragment Or Bullet Wound To The Head Or Neck	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exp_wound_other	During This Deployment, Did Any Of The Following Happen To You: Fragment Or Bullet Wound To Rest Of Body	During This Deployment, Did Any Of The Following Happen To You: Fragment Or Bullet Wound To Rest Of Body	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_exposure_concerns	Did Deployer Indicate A Worry Or Possible Exposure?	Did Deployer Indicate A Worry Or Possible Exposure?	.M="Missing" 0="No" 1="Yes"
post_fhp_deet	Used During Deployment - DEET		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_fhp_eye	Used During Deployment - Eye Protection		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"

Variable	Label	Description	Format Text
post_fhp_hear	Used During Deployment - Hearing Protection		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_fhp_meds_awake	Used During Deployment - Awake Meds		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_fhp_meds_cana	Used During Deployment - Seizure Antidote		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_fhp_meds_mark1	Used During Deployment - Nerve Agent Antidote		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_fhp_meds_nbc	Used During Deployment - NBC Meds		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_fhp_meds_pb	Used During Deployment - Pyridostigmine		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_fhp_mopp	Used During Deployment - MOPP		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"

Variable	Label	Description	Format Text
post_fhp_nbc_mask	Used During Deployment - NBC Mask		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_fhp_pest_uniform	Used During Deployment - Pesticide Treated Uniforms		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_fhp_resp	Used During Deployment - Respirator		.M="Not Answered" .V="Not Asked On Form Version" 1="Daily" 2="Most Days" 3="Some Days" 4="Never" 5="Not Available" 6="Not Required"
post_screen_du	Depleted Uranium Risk	Depleted Uranium Risk	.M="DU Question Not Answered" .V="Not Asked On Form Version" 0="No Evidence" 1="Potential DU Problem + Refer" 2="Potential DU Problem + No Referral"
post_screen_tb	Tuberculosis Risk	Tuberculosis Risk	.M="Not Answered" .V="Not Asked On Form Version" 0="Minimal" 1="Increased +Tst Recommended" 2="Increased + Tst Not Recommended"
post_screen_tbi	Traumatic Brain Injury Risk	Traumatic Brain Injury Risk	.M="Tbi Question Not Answered" .V="Not Asked On Form Version" 0="No Evidence" 1="Potential Tbi Problem + Refer" 2="Potential Tbi Problem + No Referral"
post_unk_malaria	Anti-Malarial Medications Received: Given Pills But Do Not Know Drug Name	Anti-Malarial Medications Received: Given Pills But Do Not Know Drug Name	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="Blank" 1="Yes"

Section 8: Suicide

Variable	Label	Description	Format Text
post_current_risk	Provider Determined Risk To Hurt Self/Others		.M="Not Answered" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes" 8="Unsure"
post_hurt_self	Over Last Month, Thoughts That You Would Be Better Off Dead Or Hurting Yourself In Some Way.		.M="Not Checked" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hurt_self_freq	How Often Bothered By Thoughts That You Would Be Better Off Dead Or Hurting Yourself In Some Way.		.M="Not Answered" .N="Not Applicable" .V="Not Asked On Form Version" 1="A Few Days" 2="More Than Half Of The Time" 3="Nearly Every Day"
post_suicide_a	Over The Past Month, Have You Wished You Were Dead Or Wished You Could Go To Sleep And Not Wake Up?	Over The Past Month, Have You Wished You Were Dead Or Wished You Could Go To Sleep And Not Wake Up?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_suicide_b	If 16.a. was yes, ask: "How often have you been bothered by these thoughts?"	If 16.a. was yes, ask: "How often have you been bothered by these thoughts?"	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 1="Few Or Several Days" 2="More Than Half Of The Time" 3="Nearly Every Day"
post_suicide_c	Over The Past Month, Have You Been Thinking About How You Might Do This?	Over The Past Month, Have You Been Thinking About How You Might Do This?	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_suicide_d	Over The Past Month, Have You Had These Thoughts And Had Some Intention Of Acting On Them?	Over The Past Month, Have You Had These Thoughts And Had Some Intention Of Acting On Them?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_suicide_e	There's A Big Difference Between Having A Thought And Acting On A Thought. How Likely Do You Think It Is That You Will Act On These Thoughts About Hurting Yourself Or Ending Your Life Over The Next Month?	There's A Big Difference Between Having A Thought And Acting On A Thought. How Likely Do You Think It Is That You Will Act On These Thoughts About Hurting Yourself Or Ending Your Life Over The Next Month?	.M="Missing" .V="Not Asked On Form Version" 1="Not At All Likely" 2="Somewhat Likely" 3="Very Likely"

Variable	Label	Description	Format Text
post_suicide_f	Is There Anything That Would Prevent Or Keep You From Harming Yourself?	Is There Anything That Would Prevent Or Keep You From Harming Yourself?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_suicide_g	Have You Attempted To Harm Yourself In The Past?	Have You Attempted To Harm Yourself In The Past?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_suicide_risk	Does Deployer Pose A Current Risk For Harm To Self?	Does Deployer Pose A Current Risk For Harm To Self?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_suicide_severity	Suicide Risk Severity	A measurement of the severity of the participant's risk of suicide.	0="Not Affected" 1="Mild" 2="Moderate" 3="Severe"

Section 9: Mental Health

Variable	Label	Description	Format Text
post_conflicts	Thoughts Or Concerns About Serious Conflicts With Spouse, Family, Or Friends		.M="Not Completed" .V="Not Asked On Form Version" 0="No" 1="Yes" 9="Unsure"
post_hard_making_dec_pst_mth	During The Past Month, How Much Have You Been Bothered By: Hard To Make Up Your Mind Or Make Decisions		.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_has_depression_indications	Has Indications Of Depression		0="No" 1="Yes"
post_has_ptsd_indications	Has Indications Of PTSD		0="No" 1="Yes"
post_mental_health	During The Past Year, Have You Sought Counseling For Your Mental Health?		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_stressors	Has Concern - Stressors		.M="Missing" 0="No" 1="Yes During"
post_stressors_help	Has Concern - Stressors		.M="Missing" 0="No" 1="Yes During"
post_violence	Ask, "Over The Past Month Have You Had Thoughts Or Concerns That You Might Hurt Or Lose Control With Someone?"		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_violence_risk	Does Member Pose A Current Risk To Others?		.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_violence_severity	Violence Severity		0="Not Affected" 2="Moderate" 3="Severe"
post_week_dizzy	Past Week Dizziness		.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Section 10: Medical Review

Variable	Label	Description	Format Text
post_after_dizzy	Post Event Dizziness	Post Event Dizziness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_after_headache	Post Event Headaches	Post Event Headaches	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_after_irritable	Post Event Irritability	Post Event Irritability	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_after_lapses	Post Event Memory Lapses	Post Event Memory Lapses	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_after_photosens	Post Event Photosensitivity	Post Event Photosensitivity	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_after_ringing	Post Event Ringing In The Ears	Post Event Ringing In The Ears	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_after_sleep	Post Event Sleep Problems	Post Event Sleep Problems	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_appointment_assist	Appointment Assistance	Appointment Assistance	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_back_pain_symp	Has Concern - Back_Pain	Has Concern - Back_Pain	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_balance_problems_past_month	During The Past Month, How Much Have You Been Bothered By: Balance Problems	During The Past Month, How Much Have You Been Bothered By: Balance Problems	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_blood_specimen_req	Information On Post-Deployment Blood Specimen Requirement	Information On Post-Deployment Blood Specimen Requirement	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
post_breathing_symp	Has Concern - Breathing	Has Concern - Breathing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_chest_pain_past_m onth	During The Past Month, How Much Have You Been Bothered By: Chest Pain	During The Past Month, How Much Have You Been Bothered By: Chest Pain	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_chest_pain_symp	Has Concern - Chest Pain	Has Concern - Chest Pain	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_cough_past_month	During The Past Month, How Much Have You Been Bothered By: Cough Lasting More Than 3 Weeks	During The Past Month, How Much Have You Been Bothered By: Cough Lasting More Than 3 Weeks	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_cough_symp	Has Concern - Cough	Has Concern - Cough	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_cramps_past_mont h	During The Past Month, How Much Have You Been Bothered By: Menstrual Cramps Or Other Problems With Your Period (Women Only)	During The Past Month, How Much Have You Been Bothered By: Menstrual Cramps Or Other Problems With Your Period (Women Only)	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_diarrhea_past_mont h	During The Past Month, How Much Have You Been Bothered By: Constipation, Loose Bowels, Or Diarrhea	During The Past Month, How Much Have You Been Bothered By: Constipation, Loose Bowels, Or Diarrhea	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_diarrhea_symp	Has Concern - Diarrhea	Has Concern - Diarrhea	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_diff_physical	During The Past Month, How Difficult Have Physical Health Problems (Illness Or Injury) Made It For You To Do Your Work Or Other Regular Daily Activities	During The Past Month, How Difficult Have Physical Health Problems (Illness Or Injury) Made It For You To Do Your Work Or Other Regular Daily Activities	.M="Missing" .V="Not Asked On Form Version" .Z="Unsure" 1="Not Difficult At All" 2="Somewhat Difficult" 3="Very Difficult" 4="Extremely Difficult"
post_dimming_vision_pa st_month	During The Past Month, How Much Have You Been Bothered By: Dimming Of Vision	During The Past Month, How Much Have You Been Bothered By: Dimming Of Vision	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"

Variable	Label	Description	Format Text
post_dizzy_past_month	During The Past Month, How Much Have You Been Bothered By: Dizziness	During The Past Month, How Much Have You Been Bothered By: Dizziness	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_dizzy_sympt	Has Concern - Dizzy	Has Concern - Dizzy	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes, During" 2="Yes, Now" 3="Yes, During And Now"
post_fainting_past_month	During The Past Month, How Much Have You Been Bothered By: Fainting Spells	During The Past Month, How Much Have You Been Bothered By: Fainting Spells	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_fever_past_month	During The Past Month, How Much Have You Been Bothered By: Fever	During The Past Month, How Much Have You Been Bothered By: Fever	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_fever_quarters	Given Quarters Or Profile - Fever	Given Quarters Or Profile - Fever	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_fever_sickcall	Went To Sick Call - Fever	Went To Sick Call - Fever	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_fever_still	Still Bothered - Fever	Still Bothered - Fever	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_fever_sympt	During The Past Month, How Much Have You Been Bothered By: Fever	During The Past Month, How Much Have You Been Bothered By: Fever	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes, During" 2="Yes, Now" 3="Yes, During And Now"
post_headache_quarters	Given Quarters Or Profile - Headache	Given Quarters Or Profile - Headache	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_headache_sickcall	Went To Sick Call - Headache	Went To Sick Call - Headache	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_headache_still	Still Bothered - Headache	Still Bothered - Headache	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_headache_symp	During The Past Month, How Much Have You Been Bothered By: Headaches	During The Past Month, How Much Have You Been Bothered By: Headaches	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes, During" 2="Yes, Now" 3="Yes, During And Now"
post_headaches_past_m onth	During The Past Month, How Much Have You Been Bothered By: Headaches	During The Past Month, How Much Have You Been Bothered By: Headaches	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_health_assessment	Overall, How Would You Rate Your Health During The Past Month?	Overall, How Would You Rate Your Health During The Past Month?	.M="Missing" 1="Poor" 2="Fair" 3="Good" 4="Very Good" 5="Excellent"
post_health_change	Compared To Before Deployment, How Would You Rate Your Health In General Now	Compared To Before Deployment, How Would You Rate Your Health In General Now	.M="Missing" .V="Not Asked On Form Version" 1="Much Better Now Than When I Deployed" 2="Somewhat Better Now Than Before I Deployed" 3="About The Same As Before I Deployed" 4="Somewhat Worse Now Than Before I Deployed" 5="Much Worse Now That Before I Deployed"
post_health_concerns	Do You Currently Have Any Questions Or Concerns About Your Health?	Do You Currently Have Any Questions Or Concerns About Your Health?	.M="Missing" 0="Not Checked" 1="Checked"
post_health_ed	Health Education And Information	Health Education And Information	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_health_resources	Health Care Benefits And Resources Information	Health Care Benefits And Resources Information	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_hearing_noises_pas t_month	During The Past Month, How Much Have You Been Bothered By: Noises In Your Head Or Ears (Such As Ringing, Buzzing ,Crickets, Humming, Tone, Etc.)	During The Past Month, How Much Have You Been Bothered By: Noises In Your Head Or Ears (Such As Ringing, Buzzing ,Crickets, Humming, Tone, Etc.)	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_hearing_quarters	Given Quarters Or Profile - Hearing	Given Quarters Or Profile - Hearing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hearing_sickcall	Went To Sick Call - Hearing	Went To Sick Call - Hearing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_hearing_still	Still Bothered - Hearing	Still Bothered - Hearing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_heart_race_past_m onth	During The Past Month, How Much Have You Been Bothered By: Feeling Your Heart Pound Or Race	During The Past Month, How Much Have You Been Bothered By: Feeling Your Heart Pound Or Race	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_hospitalized	During This Deployment, Did You Have To Spend One Or More Nights In A Hospital As A Patient	During This Deployment, Did You Have To Spend One Or More Nights In A Hospital As A Patient	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_health_change	Change In Health Post-Deployment	Change In Health Post-Deployment	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_injury	Did Deployer Have An Injury Based On Their Responses To Question 10.A.?	Did Deployer Have An Injury Based On Their Responses To Question 10.A.?	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_limitations	Address Concerns Identified On Deployer Question: Physical Limitations/Problems	Address Concerns Identified On Deployer Question: Physical Limitations/Problems	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_phq_15	Physical Symptom (Phq-15) Severity Score For Deployer Questions 11A. Through 11O.	Physical Symptom (Phq-15) Severity Score For Deployer Questions 11A. Through 11O.	.M="Missing" .V="Not Asked On Form Version" 1="Minimal <4" 2="Low 5-9" 3="Medium 10-14" 4="High >=15"
post_hp_post_dep_symp toms	Does Deployer Have Evidence Of High Generalized Post-Deployment Physical Symptoms	Does Deployer Have Evidence Of High Generalized Post-Deployment Physical Symptoms (A Score Of >= 15 On The Phq-15 Physical Symptoms Scale - Deployer Questions 11A. - 11O.) Or Is Bothered Answered By Deployer A Lot By Specific Symptoms Listed In 11A. - 11	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_visits	Address Concerns Identified On Deployer Question: Health Care Visits Since Return	Address Concerns Identified On Deployer Question: Health Care Visits Since Return	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="Not answered" 1="Yes response"
post_immed_concussion	Immediately After Event - Concussion	Immediately After Event - Concussion	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_immed_dazed	Seeing Stars, Becoming Disoriented, Functioning Differently, Or Nearly Blacking Out?	Seeing Stars, Becoming Disoriented, Functioning Differently, Or Nearly Blacking Out?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_immed_head_inj	Immediately After Event - Head Injury	Immediately After Event - Head Injury	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_immed_loc	As A Result Of Any Of The Events In 10.A, Did You Receive Jolt Or Blow To Your Head That Immediately Resulted In: Loss Of Consciousness	As A Result Of Any Of The Events In 10.A, Did You Receive Jolt Or Blow To Your Head That Immediately Resulted In: Loss Of Consciousness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_immed_memory	Losing Memory Of Events Before Or After The Injury	Losing Memory Of Events Before Or After The Injury	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_indigestion_quarters	Given Quarters Or Profile - Heartburn	Given Quarters Or Profile - Heartburn	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_indigestion_sickcall	Went To Sick Call - Heartburn	Went To Sick Call - Heartburn	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_indigestion_still	Still Bothered - Heartburn	Still Bothered - Heartburn	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_indigestion_sympt	Has Concern - Indigestion	Has Concern - Indigestion	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_joints_quarters	Given Quarters Or Profile - Joints	Given Quarters Or Profile - Joints	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_joints_sickcall	Went To Sick Call - Joints	Went To Sick Call - Joints	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_joints_still	Still Bothered - Joints	Still Bothered - Joints	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_joints_sympt	Has Concern - Pain In Joints	Has Concern - Pain In Joints	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_light_duty	Are Your Currently On A Profile, Or Light Duty, Or Are You Undergoing A Medical Board?		.M="Not Checked" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_light_duty_deploy	Condition Due To Injury Or Illness During Deployment?		.A="Ambiguous" .M="Not Answered" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_light_duty_incr	Condition Worsen During The Deployment?		.A="Ambiguous" .M="Not Answered" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_light_duty_prior	Similar Problems Prior To Deployment?		.A="Ambiguous" .M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_light_duty_type	Reason For The Profile		.A="Ambiguous" .M="Not Checked" .N="Not Applicable" .V="Not Asked On Form Version" 1="General Physical" 2="Upper Extremity" 3="Lower Extremity" 4="Hearing" 5="Vision" 6="Psychiatric"
post_low_energy_past_m onth	During The Past Month, How Much Have You Been Bothered By: Feeling Tired Or Having Low Energy	During The Past Month, How Much Have You Been Bothered By: Feeling Tired Or Having Low Energy	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_med_prob_curr	Do You Have Any Current Medical Or Dental Problems?	Do You Have Any Current Medical Or Dental Problems?	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_med_problems	Do You Have Any Medical Or Dental Problems?	Do You Have Any Medical Or Dental Problems?	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_memory_problems_ past_month	During The Past Month, How Much Have You Been Bothered By: Memory Problems	During The Past Month, How Much Have You Been Bothered By: Memory Problems	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_memory_quarters	Given Quarters Or Profile - Memory	Given Quarters Or Profile - Memory	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_memory_sickcall	Went To Sick Call - Memory	Went To Sick Call - Memory	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_memory_still	Still Bothered - Memory	Still Bothered - Memory	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_memory_sympt	Has Concern - Memory	Has Concern - Memory	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_muscle_quarters	Given Quarters Or Profile - Muscle	Given Quarters Or Profile - Muscle	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_muscle_sickcall	Went To Sick Call - Muscle	Went To Sick Call - Muscle	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_muscle_still	Still Bothered - Muscle	Still Bothered - Muscle	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_muscle_sympt	Has Concern - Muscle	Has Concern - Muscle	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_nausea_past_month	During The Past Month, How Much Have You Been Bothered By: Nausea, Gas, Or Indigestion	During The Past Month, How Much Have You Been Bothered By: Nausea, Gas, Or Indigestion	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_nightmares	Have You Ever Had Any Experience That Was So Frightening , Horrible, Or Upsetting That In The Past Month, You: Have Had Nightmares About It Or Thought About It When You Did Not Want To	Have You Ever Had Any Experience That Was So Frightening , Horrible, Or Upsetting That In The Past Month, You: Have Had Nightmares About It Or Thought About It When You Did Not Want To	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_num_jolt	How Many Total Times During This Deployment Did You Receive A Blow Or Jolt To Your Head	How Many Total Times During This Deployment Did You Receive A Blow Or Jolt To Your Head	.M="Missing" .V="Not Asked On Form Version" 0="0 Times" 1="1 Time" 2="2 Times" 3="3 Times" 4="More Than 3 Times"
post_numbness_past_month	During The Past Month, How Much Have You Been Bothered By: Numbness Or Tingling In The Hands Or Feet	During The Past Month, How Much Have You Been Bothered By: Numbness Or Tingling In The Hands Or Feet	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"

Variable	Label	Description	Format Text
post_numbness_quarters	Given Quarters Or Profile - Numbness	Given Quarters Or Profile - Numbness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_numbness_sickcall	Went To Sick Call - Numbness	Went To Sick Call - Numbness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_numbness_still	Still Bothered - Numbness	Still Bothered - Numbness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_numbness_symp	Has Concern - Numbness	Has Concern - Numbness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_on_guard	Have You Ever Had Any Experience That Was So Frightening , Horrible, Or Upsetting That In The Past Month, You: Were Constantly On Guard, Watchful, Or Easily Startled	Have You Ever Had Any Experience That Was So Frightening , Horrible, Or Upsetting That In The Past Month, You: Were Constantly On Guard, Watchful, Or Easily Startled	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During"
post_one_source	Military One Source	Military One Source	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_other_cond_quarters	Given Quarters Or Profile - Other	Given Quarters Or Profile - Other	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_other_cond_sickcall	Went To Sick Call - Other	Went To Sick Call - Other	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_other_cond_still	Still Bothered - Other	Still Bothered - Other	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_other_malaria	Anti-Malarial Medications Received: Other	Anti-Malarial Medications Received: Other	.M="Missing" .V="Not Asked On Form Version" 0="Blank" 1="Yes"
post_other_support	Other Supplemental Services Recommended	Other Supplemental Services Recommended	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_outcome	Outcome Of Assessment	Outcome Of Assessment	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="Referral Not Indicated" 1="Immediate Referral" 2="Routine Followup Referral"

Variable	Label	Description	Format Text
post_pain_arms_legs_past_month	During The Past Month, How Much Have You Been Bothered By: Pain In The Arms, Legs Or Joints	During The Past Month, How Much Have You Been Bothered By: Pain In The Arms, Legs Or Joints	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_pain_back_past_month	During The Past Month, How Much Have You Been Bothered By: Back Pain	During The Past Month, How Much Have You Been Bothered By: Back Pain	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_pain_sex_past_month	During The Past Month, How Much Have You Been Bothered By: Pain Or Problems During Sexual Intercourse	During The Past Month, How Much Have You Been Bothered By: Pain Or Problems During Sexual Intercourse	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_pain_stomach_past_month	During The Past Month, How Much Have You Been Bothered By: Stomach Pain	During The Past Month, How Much Have You Been Bothered By: Stomach Pain	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_pain_tooth_past_month	During The Past Month, How Much Have You Been Bothered By: Bleeding Gums, Tooth Pain, Or Broken Tooth	During The Past Month, How Much Have You Been Bothered By: Bleeding Gums, Tooth Pain, Or Broken Tooth	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_pain_urination_past_month	During The Past Month, How Much Have You Been Bothered By: Pain With Urination, Frequency Of Urination, Or Strong Urge To Urinate	During The Past Month, How Much Have You Been Bothered By: Pain With Urination, Frequency Of Urination, Or Strong Urge To Urinate	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_primaquine	Anti-Malarial Medications Received: Primaquine	Anti-Malarial Medications Received: Primaquine	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_prov_appt	Provided Information For Appointment Assistance	Provided Information For Appointment Assistance	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_prov_benefit	Provided Information For Benefits	Provided Information For Benefits	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_prov_health_ed	Provided Information For Health Education	Provided Information For Health Education	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_prov_lod	Provided Information For Lod	Provided Information For Lod	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_prov_other	Provided Other	Provided Other	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
post_ptsd_reported	Did Deployer Mark Yes On Three Or More Of Questions 16A. Through 16E?	Did Deployer Mark Yes On Three Or More Of Questions 16A. Through 16E?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes" 9="Not Answered By Deployer"
post_rash_quarters	Given Quarters Or Profile - Rash	Given Quarters Or Profile - Rash	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_rash_sickcall	Went To Sick Call - Rash	Went To Sick Call - Rash	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_rash_still	Still Bothered - Rash	Still Bothered - Rash	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_rash_sympt	Has Concern - Rash	Has Concern - Rash	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_receiving_help	Are You Currently Interested In Receiving Help For A Stress, Emotional, Alcohol, Or Family Problem?	Are You Currently Interested In Receiving Help For A Stress, Emotional, Alcohol, Or Family Problem?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_red_eyes_past_month	During The Past Month, How Much Have You Been Bothered By: Watery, Red Eyes	During The Past Month, How Much Have You Been Bothered By: Watery, Red Eyes	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_ringing_quarters	Given Quarters Or Profile - Ringing	Given Quarters Or Profile - Ringing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ringing_sickcall	Went To Sick Call - Ringing	Went To Sick Call - Ringing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ringing_still	Still Bothered - Ringing	Still Bothered - Ringing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ringing_sympt	Has Concern - Ringing	Has Concern - Ringing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"

Variable	Label	Description	Format Text
post_runny_nose_symp	Has Concern - Runny_Nose	Has Concern - Runny_Nose	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_sensitive_light_past_month	During The Past Month, How Much Have You Been Bothered By: Sensitivity To Bright Light	During The Past Month, How Much Have You Been Bothered By: Sensitivity To Bright Light	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_shortness_breath_past_month	During The Past Month, How Much Have You Been Bothered By: Shortness Of Breath	During The Past Month, How Much Have You Been Bothered By: Shortness Of Breath	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_skin_rash_past_month	During The Past Month, How Much Have You Been Bothered By: Skin Rash And/Or Lesion	During The Past Month, How Much Have You Been Bothered By: Skin Rash And/Or Lesion	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_tearing_quarters	Given Quarters Or Profile - Tearing	Given Quarters Or Profile - Tearing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_tearing_sickcall	Went To Sick Call - Tearing	Went To Sick Call - Tearing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_tearing_still	Still Bothered - Tearing	Still Bothered - Tearing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_tearing_symp	Has Concern - Tearing	Has Concern - Tearing	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_times_seen	Since You Returned From Deployment, How Many Times Have You Gone To A Health Care Provider For A Medical, Dental, Or Mental Health Problem/Concern?	Since You Returned From Deployment, How Many Times Have You Gone To A Health Care Provider For A Medical, Dental, Or Mental Health Problem/Concern?	.M="Missing" .V="Not Asked On Form Version" 0="No Visits" 1="1 Visit" 2="2-3 Visits" 3="4-5 Visits" 4="6 Or More Visits"
post_tired_quarters	Given Quarters Or Profile - Tired	Given Quarters Or Profile - Tired	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_tired_sickcall	Went To Sick Call - Tired	Went To Sick Call - Tired	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_tired_still	Still Bothered - Tired	Still Bothered - Tired	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_tired_symp	Has Concern - Tired	Has Concern - Tired	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_tobacco	How Often Did You Smoke Tobacco (For Example Cigarettes, Cigars, Pipe, Or Hookah) During Your Deployment?	How Often Did You Smoke Tobacco (For Example Cigarettes, Cigars, Pipe, Or Hookah) During Your Deployment?	.M="Missing" .V="Not Asked On Form Version" 0="Not At All" 1="Some Days" 2="Just About Every Day"
post_trouble_hearing_past_month	During The Past Month, How Much Have You Been Bothered By: Trouble Hearing	During The Past Month, How Much Have You Been Bothered By: Trouble Hearing	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_trouble_sleeping_past_month	During The Past Month, How Much Have You Been Bothered By: Trouble Sleeping	During The Past Month, How Much Have You Been Bothered By: Trouble Sleeping	.M="Missing" .V="Not Asked On Form Version" 0="Not Bothered At All" 1="Bothered A Little" 2="Bothered A Lot"
post_vision_quarters	Given Quarters Or Profile - Vision	Given Quarters Or Profile - Vision	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_vision_sickcall	Went To Sick Call - Vision	Went To Sick Call - Vision	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_vision_still	Still Bothered - Vision	Still Bothered - Vision	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_vision_symp	Has Concern - Vision	Has Concern - Vision	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_vomiting_quarters	Given Quarters Or Profile - Vomitting	Given Quarters Or Profile - Vomitting	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_vomiting_sickcall	Went To Sick Call - Vomitting	Went To Sick Call - Vomitting	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_vomiting_still	Still Bothered - Vomitting	Still Bothered - Vomitting	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_vomiting_symp	Has Concern - Vomiting	Has Concern - Vomiting	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_weakness_quarters	Given Quarters Or Profile - Weakness	Given Quarters Or Profile - Weakness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_weakness_sickcall	Went To Sick Call - Weakness	Went To Sick Call - Weakness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_weakness_still	Still Bothered - Weakness	Still Bothered - Weakness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_weakness_symp	Has Concern - Weakness	Has Concern - Weakness	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes During" 2="Yes Now" 3="Yes During And Yes Now"
post_week_headache	Past Week Headaches	Past Week Headaches	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_week_irritable	Past Week Irritability	Past Week Irritability	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_week_memory	Past Week Memory Lapses	Past Week Memory Lapses	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_week_photosens	Pask Week Photosensitivity	Pask Week Photosensitivity	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_week_ringing	Past Week Ringing In The Ears	Past Week Ringing In The Ears	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_week_sleep	Past Week Sleep Problems	Past Week Sleep Problems	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_worried_exposure	Are You Worried About Your Health Because You Believe You Were Exposed To Something In The Environment While Deployed	Are You Worried About Your Health Because You Believe You Were Exposed To Something In The Environment While Deployed	.M="Missing" 0="No" 1="Yes"

Section 11: Vaccinations and Medications

Variable	Label	Description	Format Text
post_chloroquine	Anti-Malarial Medications Received: Chloroquine	Anti-Malarial Medications Received: Chloroquine	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_current_meds	What Prescription Or Over-The-Counter Medications (Including Herbals/Supplements) For Sleep, Pain, Combat Stress, Or A Mental Health Problem Are You Currently Taking	What Prescription Or Over-The-Counter Medications (Including Herbals/Supplements) For Sleep, Pain, Combat Stress, Or A Mental Health Problem Are You Currently Taking	.M="Missing" .V="Not Asked On Form Version" 0="None" 1="Yes Response (Medications)"
post_doxycycline	Anti-Malarial Medications Received: Doxycycline	Anti-Malarial Medications Received: Doxycycline	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_otc_meds	Self-Reported History Of Prescription Or Over-The-Counter Medications As Described On Deployer Question 13: Medications	Self-Reported History Of Prescription Or Over-The-Counter Medications As Described On Deployer Question 13: Medications	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_malarone	Anti-Malarial Medications Received: Malarone	Anti-Malarial Medications Received: Malarone	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="Blank" 1="Yes"
post_meds_awake	Took Pills To Stay Awake During Deployment	Took Pills To Stay Awake During Deployment	.V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_meds_chloro	Took All Pills: Chloroquine (Aralen®)	Took All Pills: Chloroquine (Aralen®)	.N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes, Took All Pills"
post_meds_dk	Did You Take This Medication During This Deployment?	Did You Take This Medication During This Deployment?	.V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_meds_doxy	Took All Pills: Doxycycline (Vibramycin®)	Took All Pills: Doxycycline (Vibramycin®)	.N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes, Took All Pills"
post_meds_mal	Took All Pills: Malarone®	Took All Pills: Malarone®	.N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes, Took All Pills"

Variable	Label	Description	Format Text
post_meds_malaria	Were You Told To Take Medicines To Prevent Malaria	Were You Told To Take Medicines To Prevent Malaria	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_meds_mark1	Took Mark-1 During Deployment	Took Mark-1 During Deployment	.V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_meds_mef	Took All Pills: Mefloquine (Lariam®)	Took All Pills: Mefloquine (Lariam®)	.N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes, Took All Pills"
post_meds_other	Took All Pills: Other	Took All Pills: Other	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes, Took All Pills" 2="Yes, Currently Taking Pills"
post_meds_pb	Took Pyridostigmine Bromide During Deployment	Took Pyridostigmine Bromide During Deployment	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_meds_prim	Took All Pills: Primaquine	Took All Pills: Primaquine	.N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes, Took All Pills"
post_meds_unk	Took All Pills: Given Pills But Do Not Know Drug Name	Took All Pills: Given Pills But Do Not Know Drug Name	.N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_mefloquine	Anti-Malarial Medications Received: Mefloquine	Anti-Malarial Medications Received: Mefloquine	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="Blank" 1="Yes"
post_vac_anthrax	Received Anthrax Vaccination Just Before Or During Deployment	Received Anthrax Vaccination Just Before Or During Deployment	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_vac_botulism	Received Botulism Vaccination Just Before Or During Deployment	Received Botulism Vaccination Just Before Or During Deployment	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_vac_dk	Don't Know If Received Any Vaccinations Before Or During Deployment	Don't Know If Received Any Vaccinations Before Or During Deployment	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_vac_mening	Received Meningococcal Vaccination Just Before Or During Deployment	Received Meningococcal Vaccination Just Before Or During Deployment	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_vac_none	Received No Vaccinations Before Or During Deployment	Received No Vaccinations Before Or During Deployment	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
post_vac_other	Received Other Vaccination Just Before Or During Deployment	Received Other Vaccination Just Before Or During Deployment	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_vac_smallpox	Received Small Pox Vaccination Just Before Or During Deployment	Received Small Pox Vaccination Just Before Or During Deployment	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_vac_typhoid	Received Typhoid Vaccination Just Before Or During Deployment	Received Typhoid Vaccination Just Before Or During Deployment	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_vac_yf	Received Yellow Fever Vaccination Just Before Or During Deployment	Received Yellow Fever Vaccination Just Before Or During Deployment	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_vaccination	Received A Vaccination	Received A Vaccination	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"

Section 12: Referrals

Variable	Label	Description	Format Text
post_chaplain	Chaplain	Chaplain	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Yes"
post_community	Community Service	Community Service	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_contract_sup	Contract Support	Contract Support	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_declined_referral	Member Declined Referral	Member Declined Referral	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_fam_support	Family Support	Family Support	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_hp_bitten_noref	Why was the participant not referred for: Bite	If Yes, Based On Details Of Event And Care Received Is A Referral And/Or Follow-Up Indicated? If No.	.N="Not Applicable" .V="Not Asked On Form Version" 1="Was Appropriately Treated" 2="Already Under Care" 3="Already Has Referral" 4="Situation Was Not A Risk For Rabies" 5="Other Reason"
post_hp_bitten_ref	If Yes, Based On Details Of Event And Care Received Is A Referral And/Or Follow-Up Indicated?	If Yes, Based On Details Of Event And Care Received Is A Referral And/Or Follow-Up Indicated?	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_concussion_noref	Why was the participant not referred for: Concussion	Evaluate Injury History And Concussion-Related Experiences And Symptoms: Refer For Evaluation: If No	.N="Not Applicable" .V="Not Asked On Form Version" 1="Already Under Care" 2="Already Has Referral" 3="No Significant Impairment" 4="Other Reason"
post_hp_concussion_ref	Did The Deployer Have A Possible Concussion Based On Their Responses To Questions	Did The Deployer Have A Possible Concussion Based On Their Responses To Questions	.N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_depl_uranium_noref	Why was the participant not referred for: Uranium Exposure	Reason For No Referral	.N="Not Applicable" .V="Not Asked On Form Version" 1="Already Under Care" 3="No Significant Impairment" 4="Other Reason"

Variable	Label	Description	Format Text
post_hp_depl_uranium_ref	Referral Indicated For Uranium Exposure	Referral Indicated For Uranium Exposure	.M="Not Answered" .N="Not Applicable" .V="Not Asked On Form Version" 0="Within 24 Hours" 1="Within 7 Days"
post_hp_exp_noref	Reason For No Referral	Reason For No Referral	.N="Not Applicable" .V="Not Asked On Form Version"
post_hp_exp_ref	Referral Indicated	Referral Indicated	.N="Not Applicable" .V="Not Asked On Form Version"
post_hp_injury_no_ref	Why was the participant not referred for: Injury	Refer For Evaluation? If No To 2B.	.N="Not Applicable" .V="Not Asked On Form Version"
post_hp_post_dep_noref	Why was the participant not referred?	Is A Referral Indicated? If No, Other Reason	.N="Not Applicable" .V="Not Asked On Form Version" 1="Already Under Care" 2="Already Has Referral" 3="No Significant Impairment" 4="Other Reason"
post_hp_post_dep_ref	Based On Deployer's Responses To Deployer Questions 1A. Through 11Ee. Is A Referral Indicated?	Based On Deployer's Responses To Deployer Questions 1A. Through 11Ee. Is A Referral Indicated?	.N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_stressor	Major Life Stressor As Reported On Deployer Question 12: Did Deployer Mark They Have A Concern Or A Difficulty With A Major Life Stressor?	Major Life Stressor As Reported On Deployer Question 12: Did Deployer Mark They Have A Concern Or A Difficulty With A Major Life Stressor?	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_hp_stressor_noref	Why was the participant not referred for: Stressors	Consider Need For Referral. Referral Indicated? If No	.N="Not Applicable" .V="Not Asked On Form Version" 1="Already Under Care" 2="Already Has Referral" 3="No Significant Impairment" 4="Other Reason"
post_hp_stressor_ref	Consider Need For Referral. Referral Indicated?	Consider Need For Referral. Referral Indicated?	.M="Missing" .N="Not Applicable" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_in_transition	In Transition	In Transition	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_provider_concerns_combat	Provider Concerns - Combat	Provider Concerns - Combat	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_provider_concerns_enviro	Provider Concerns - Enviro	Provider Concerns - Enviro	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_provider_concerns_occ	Provider Concerns - Occ	Provider Concerns - Occ	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_abuse	Referral Indicated - Substance Abuse Program	Referral Indicated - Substance Abuse Program	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_alcohol	Referral Indicated For Evaluation Alcohol	Referral Indicated For Evaluation Alcohol	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_alcohol_neg	Reason For No Referral (State If Audit-C Score Was 8+)	Reason For No Referral (State If Audit-C Score Was 8+)	.M="Missing" .V="Not Asked On Form Version" 1="Already Under Care" 2="Already Has Referral" 3="No Significant Impairment" 4="Other Reason"
post_ref_audiology	Referral Indicated - Audiology	Referral Indicated - Audiology	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_bite	Referral Indicated - Bite	Referral Indicated - Bite	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_cardiac	Referral Indicated - Cardiac	Referral Indicated - Cardiac	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_case	Referral Indicated - Case Manager	Referral Indicated - Case Manager	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_combat	Referral Indicated - Combat/Operational Stress Reaction	Referral Indicated - Combat/Operational Stress Reaction	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_dental	Referral Indicated - Dental	Referral Indicated - Dental	0="No" 1="Yes"
post_ref_depression	Referral Indicated For Depression	Referral Indicated For Depression	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_depression_neg	Reason For No Referral	Reason For No Referral	.M="Missing" .V="Not Asked On Form Version" 1="Already Under Care" 2="Already Has Referral" 3="No Significant Impairment" 4="Other Reason"
post_ref_derm	Referral Indicated - Dermatology	Referral Indicated - Dermatology	.M="Missing" 0="No" 1="Yes"
post_ref_ent	Referral Indicated - Ent	Referral Indicated - Ent	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_ref_exposure	Referral Indicated - Exposure	Referral Indicated - Exposure	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_eye	Referral Indicated - Eye	Referral Indicated - Eye	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_family	Referral Indicated - Family Support, Community Service	Referral Indicated - Family Support, Community Service	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_fatigue	Referral Indicated - Fatigue, Malaise, Multisystem Complaint	Referral Indicated - Fatigue, Malaise, Multisystem Complaint	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_gi	Referral Indicated - GI	Referral Indicated - GI	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_gu	Referral Indicated - GU	Referral Indicated - GU	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_gyn	Referral Indicated - GYN	Referral Indicated - GYN	0="No" 1="Yes"
post_ref_immunization	Referral Indicated - Immunization Clinic	Referral Indicated - Immunization Clinic	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_lab	Referral Indicated - Lab	Referral Indicated - Lab	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_mental	Referral Indicated - Mental Health	Referral Indicated - Mental Health	0="No" 1="Yes"
post_ref_neuro	Referral Indicated - Neurology	Referral Indicated - Neurology	.M="Missing" .V="Not Asked On Form Version"
post_ref_none	No Referral	No Referral	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_ref_ortho	Referral Indicated - Orthopedics	Referral Indicated - Orthopedics	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_other	Referral Indicated - Other	Referral Indicated - Other	0="No" 1="Yes"
post_ref_other_spec	Referral Indicated - Other Specialty Care	Referral Indicated - Other Specialty Care	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_podiatry	Referral Indicated - Podiatry	Referral Indicated - Podiatry	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_pregnancy	Referral Indicated - Pregnancy	Referral Indicated - Pregnancy	.V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_ref_primary	Ref Info For Primary	Ref Info For Primary	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_pt	Referral Indicated - Physical Therapy	Referral Indicated - Physical Therapy	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_ptsd	Referral Indicated For PTSD	Referral Indicated For PTSD	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_ptsd_neg	Reason For No Referral	Reason For No Referral	.M="Missing" .V="Not Asked On Form Version" 1="Already Under Care" 2="Already Has Referral" 3="No Significant Impairment" 4="Other Reason"
post_ref_pulmonary	Referral Indicated - Pulmonary	Referral Indicated - Pulmonary	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_spec_other	Referral Indicated - Other Specialty Care Listed	Referral Indicated - Other Specialty Care Listed	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_ref_tbi	Referral Indicated - Tbi/Rehab Med	Referral Indicated - Tbi/Rehab Med	.V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_alcohol	Summary Of Providers Identified Concerns Needing Referral: Alcohol Use	Summary Of Providers Identified Concerns Needing Referral: Alcohol Use	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_concussion	Summary Of Providers Identified Concerns Needing Referral: Concussion	Summary Of Providers Identified Concerns Needing Referral: Concussion	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_dental	Summary Of Providers Identified Concerns Needing Referral: Dental Health	Summary Of Providers Identified Concerns Needing Referral: Dental Health	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_depression	Summary Of Providers Identified Concerns Needing Referral: Depression Symptoms	Summary Of Providers Identified Concerns Needing Referral: Depression Symptoms	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_enviro	Summary Of Providers Identified Concerns Needing Referral: Environment/Work Exposure	Summary Of Providers Identified Concerns Needing Referral: Environment/Work Exposure	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_harm	Summary Of Providers Identified Concerns Needing Referral: Risk Of Self-Harm	Summary Of Providers Identified Concerns Needing Referral: Risk Of Self-Harm	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_malaria	Summary Of Providers Identified Concerns Needing Referral: Malaria Prophylaxis	Summary Of Providers Identified Concerns Needing Referral: Malaria Prophylaxis	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"

Variable	Label	Description	Format Text
post_refer_mh	Summary Of Providers Identified Concerns Needing Referral: Mental Health Symptoms	Summary Of Providers Identified Concerns Needing Referral: Mental Health Symptoms	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_none	Summary Of Providers Identified Concerns Needing Referral: None Identified	Summary Of Providers Identified Concerns Needing Referral: None Identified	.M="Missing" .V="Not Asked On Form Version" 1="Yes"
post_refer_other	Summary Of Providers Identified Concerns Needing Referral: Other, List	Summary Of Providers Identified Concerns Needing Referral: Other, List	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_ph	Summary Of Providers Identified Concerns Needing Referral: Physical Health	Summary Of Providers Identified Concerns Needing Referral: Physical Health	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_ptsd	Summary Of Providers Identified Concerns Needing Referral: PTSD Symptoms	Summary Of Providers Identified Concerns Needing Referral: PTSD Symptoms	.M="Missing" 0="No" 1="Yes"
post_refer_uranium	Summary Of Providers Identified Concerns Needing Referral: Depleted Uranium	Summary Of Providers Identified Concerns Needing Referral: Depleted Uranium	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_refer_violence	Summary Of Providers Identified Concerns Needing Referral: Risk Of Violence	Summary Of Providers Identified Concerns Needing Referral: Risk Of Violence	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_referred	Referred For Any Of The Conditions Listed On The Form	Referred For Any Of The Conditions Listed On The Form	0="None" 1="Yes"
post_reftime_abuse	Referral To Substance Abuse Program	Referral To Substance Abuse Program	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_audiology	Referral Indicated - Audiology	Referral Indicated - Audiology	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_cardiac	Referral Time - Cardiac	Referral Time - Cardiac	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_care	Referral To Case Manager / Care Manager	Referral To Case Manager / Care Manager	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"

Variable	Label	Description	Format Text
post_reftime_case	Referral Time - Case Manager	Referral Time - Case Manager	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_chaplain	Referral Time - Chaplain	Referral Time - Chaplain	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_dental	Referral Indicated - Dental	Referral Indicated - Dental	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_derm	Referral Indicated - Dermatologic	Referral Indicated - Dermatologic	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_ent	Referral Time - ENT	Referral Time - ENT	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_family	Referral Time - Family	Referral Time - Family	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_gi	Referral Time - GI	Referral Time - GI	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_gyn	Referral Indicated - Ob/Gyn	Referral Indicated - Ob/Gyn	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_health_ed	Referral Time - Health Education	Referral Time - Health Education	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_lab	Referral To Laboratory	Referral To Laboratory	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_med	Referral Time - Internal Medicine	Referral Time - Internal Medicine	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"

Variable	Label	Description	Format Text
post_reftime_mental_primary	Referral Indicated - Behavioral Health In Primary Care	Referral Indicated - Behavioral Health In Primary Care	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_mental_special	Referral Indicated - Mental Health	Referral Indicated - Mental Health	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_neuro	Referral Time - Neurology	Referral Time - Neurology	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_one_source	Referral Time - Military Onesource	Referral Time - Military Onesource	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_ophthal	Referral Time - Ophthalmology	Referral Time - Ophthalmology	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_optometry	Referral Time - Optometry	Referral Time - Optometry	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_ortho	Time To Referral - Orthopedics	Time To Referral - Orthopedics	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_other	Other Referral Listed	Other Referral Listed	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_podiatry	Referral Indicated - Podiatry	Referral Indicated - Podiatry	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_primary	Referral Indicated - Primary Care, Family Practice, Internal Medicine	Referral Indicated - Primary Care, Family Practice, Internal Medicine	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_reftime_pulmonary	Referral Time - Pulmonary	Referral Time - Pulmonary	.M="Not Answered" .V="Not Asked On Form Version" 2="Within 7 Days" 3="Within 30 Days"

Variable	Label	Description	Format Text
post_reftime_urology	Referral Time - Urology	Referral Time - Urology	.M="Not Answered" .V="Not Asked On Form Version" 1="Within 24 Hours" 2="Within 7 Days" 3="Within 30 Days"
post_req_chaplain	Would You Like To Schedule A Visit With A Chaplain Or A Community Support Counselor?	Would You Like To Schedule A Visit With A Chaplain Or A Community Support Counselor?	.M="Missing" 0="No" 1="Yes"
post_req_family	Are You Interested In Receiving Assistance For A Family Or Relationship Concern?	Are You Interested In Receiving Assistance For A Family Or Relationship Concern?	.M="Missing" 0="No" 1="Yes"
post_req_provider	Would You Like To Schedule An Appointment With A Health Care Provider To Discuss Any Health Concerns	Would You Like To Schedule An Appointment With A Health Care Provider To Discuss Any Health Concerns	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_req_stress	Are You Interested In Receiving Information Or Assistance For A Stress, Emotional Or Alcohol Concern?	Are You Interested In Receiving Information Or Assistance For A Stress, Emotional Or Alcohol Concern?	.M="Missing" .V="Not Asked On Form Version" 0="No" 1="Yes"
post_sys_cmnty	Referred To Community	Referred To Community	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_sys_contract	Referred To Contractor	Referred To Contractor	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_sys_div	Referred To Division/Line	Referred To Division/Line	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_sys_mtf	Referred To MTF	Referred To MTF	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_sys_none	Referred To None	Referred To None	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_sys_other	Referred To Other	Referred To Other	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_sys_tricare	Referred To Tricare	Referred To Tricare	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_sys_va	Referred To VA	Referred To VA	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"

Variable	Label	Description	Format Text
post_sys_vet	Referred To VET	Referred To VET	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_tricare	Tricare Provider	Tricare Provider	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_va_med	Va Medical Center Or Community Clinic	Va Medical Center Or Community Clinic	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"
post_vet	Vet Center	Vet Center	.M="Missing" .V="Not Asked On Form Version" 0="Not Checked" 1="Checked"