Department of Defense (DoD)
Periodic Health Assessment (PHA)
Health Care Personnel Training

“Medically Ready Force...Ready Medical Force”
Table of Contents

- Overview
- Service member Self-Assessment (Part A)
- Record Review (Part B)
- Health Care Provider (Part C)
- Health care Provider (Part C): MHA Provider
- Health care Provider (Part C): PHA Provider
- Supplemental Resources

“Medically Ready Force...Ready Medical Force”
Overview

“Medically Ready Force...Ready Medical Force”
Learning Objectives

After completion of this training, Health Care Providers (HCP) and Record Reviewers (RR) should be able to:

- Describe the purpose of the Department of Defense (DoD) Periodic Health Assessment (PHA)
- Describe the three progressive parts of the DoD PHA
- Define and distinguish the roles of health care professionals trained in DoD PHA-specific processes
- Identify the medical systems, medical records, and assessments used to obtain and verify Service member (SM) responses
- List possible areas of SM recommended referral(s)
- Describe when the DoD PHA is considered current for reporting purposes

“Medically Ready Force...Ready Medical Force”
DOD’s first standardized PHA

- Same PHA regardless of Service affiliation or COMPO
- Same electronic form (DD Form 3024) accessible from Service health readiness platforms
- Logic based health assessment instrument (not exam)
- Leverages technology to streamline Providers’ time using dashboard to summarize individual risks
- Removes requirement for face-to-face, replaces with person-to-person
- Retains ability for use face-to-face based on risk
- Provider from any Service able to complete PHA
The PHA Optimization Initiative

- A standardized, evidence-based, electronic assessment was developed to streamline Service-specific processes across the DoD
- The DoD PHA will:
  - Include a standard set of self-assessment and medical record review questions and provider discussion prompts
  - Assess medical readiness status based on Individual Medical Readiness (IMR) requirements, SM’s deployment and health history, population health measures, and the U.S. Preventive Services Task Force recommended Clinical Preventive Services (CPS)
  - Identify and document potential duty-limiting and/or deployment-limiting conditions
  - Address currency of required occupational and environmental health evaluation/exams, as well as special duty physicals
  - Integrate an annual person-to-person (P2P) (includes face-to-face, telephone, or video teleconference dialogue with the SM) Mental Health Assessment (MHA) by a provider trained to perform MHAs
  - Complete Deployment-related Health Assessments (DRHA) at the time of the PHA if required

“Medically Ready Force...Ready Medical Force”
The DoD PHA will:

- Provide age- and gender-specific, evidence-based preventive health information and recommendations
- Include a face-to-face (F2F) encounter (i.e., an encounter when the individuals are physically in the presence of each other) if clinically indicated, requested by the SM, or as directed by the individual Services
- Determine if further screening or evaluation is necessary
Three Progressive Parts of the DoD PHA

- The DoD PHA is composed of three progressive parts used to assess the health status of all SMs. The parts are as follows:
  - SM self-assessment
  - Review by a RR
  - Review by HCP(s): MHA Provider and/or PHA Provider

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Three Progressive Parts of the DoD PHA (continued)

- SM completes PHA self-assessment
- SM receives electronic health education
- Items for PHA Provider review and consultation are flagged as warranted

Record Review (Part B)
- RR reviews and confirms information from the SM’s self-assessment, health records, and other medical encounters since the last PHA
- RR reviews automated flags generated
- RR provides additional comments about their record review to the PHA Provider

Health Care Provider Review (Part C)
- A HCP or licensed mental health professional with MHA-specific training reviews the mental health portion of the self-assessment and conducts a P2P MHA
- PHA Provider reviews SM’s self-assessment, RR input, and any flags to determine next steps
- PHA Provider reviews and notes any missing or inaccurate medical record information, conducts a F2F encounter if necessary, and signs PHA as complete
Service Member Self-Assessment (Part A)

“Medically Ready Force...Ready Medical Force”
Part A: Service Member Self-Assessment

- SM completes their annual PHA utilizing DD Form 3024 on their Service-specific electronic platform
  - Army – Medical Operational Data System (MODS)
  - Air Force-Aeromedical Services Information Management System (ASIMS) Web-based Health Assessment (Web HA)
  - Navy, Marine Corps, and Coast Guard-Electronic Deployment Health Assessment (eDHA) platform: https://data.nmcphec.med.navy.mil/edha/
Components of the self-assessment include the following information:

- Demographics
- Deployment
- Occupation
- Medical conditions
- Individual medical readiness
- Behavioral health
- Family history and lifestyle
- Women’s health
- Reserve component specific questions
- Other medical
- Separation and retirement

SMs must answer all relevant questions on the PHA, which is determined by logical skip patterns (i.e., non-smokers will not be asked to answer what kind of tobacco products they use)
Part A: Service Member Self-Assessment (continued)

- SMs are responsible for reporting any medical and/or health issues that may affect their medical readiness to deploy or fitness to continue serving in an active status.
- Based on SM responses to questions, HCP flags/notes will be automatically generated for review by health care personnel.
- At the completion of the self-assessment, electronic health education from Defense Health Agency (DHA) approved sources will be provided to the SM.
  - SMs have the ability to download and save, as well as email, their electronic health education.
- Per DoDI 6200.de Periodic Health Assessment (PHA) Program, the DoD PHA is due at 12 months and is overdue at 15 months from the date of last PHA completion.

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Example of Education Received by the Service Member

When does SM receive this education? If SM stated any tobacco use in the past 30 days

Education received: Tobacco use can lead to serious health problems. Quitting tobacco greatly lowers the risk of getting tobacco-related diseases. Quitting often requires many attempts, but effective treatments and helpful resources exist. Tobacco users can and do quit. In fact, today there are more former smokers than current smokers.
When does SM receive this education? All SMs receive education

Education received: Using latex condoms can reduce, but not eliminate, the risk of getting sexually transmitted infections (STIs). Condoms must be used correctly every time you have sex. You must use condoms every time because you can get a disease with just one sexual act with someone who is infected. Many people do not know they are infected because they have do not have symptoms or have not been tested. Also, if you don’t use condoms correctly, they won’t work as well, even if you use them every time. The best way to avoid getting an STI, including HIV (the virus that causes AIDS), is to stop having sex or to be in a long-term relationship with an uninfected partner where you only have sex with each other.
The following pages show the DoD PHA tool questions in paper format. The DoD PHA will be completed electronically and have skip patterns so that SMs and health care personnel will only have to complete and review applicable questions. At the present time, displaying the DoD PHA questions in this paper format (which is longer) is the only version available.
This form must be completed electronically. Handwritten forms will not be accepted.

**ANNUAL PERIODIC HEALTH ASSESSMENT**

**PRIVACY ACT STATEMENT**

This statement serves to inform you of the purpose for collecting personally identifiable information through the DD Form 3024, Periodic Health Assessment (PHA) and how it may be used.

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 1074f, Medical Tracking System for Members Deployed Overseas; 10 U.S.C. 1074m, Mental Health Assessments for the Members of the Armed Forces Deployed in Support of a Contingency Operation; DoD 6490.02E, Comprehensive Health Surveillance; DoDI 6025.19, Individual Medical Readiness (IMR); DoDI 6490.03, Deployment Health; DoDI 6490.07, Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees; DoDI 6490.12, Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To obtain your information in order to assess the state of your health and to assist health care providers in making readiness determinations and recommending present or future care. The information provided may result in a referral for additional health care that may include dental or behavioral health care.

**ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with the DoD Blanket Routine Uses published at [http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx](http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx), and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

**DISCLOSURE:** Mandatory. If you choose not to provide complete information, comprehensive health care services may not be possible or administrative delays may occur. Failure to supply information may prevent medical authorities from appropriately applying medical standards to include, but not limited to, duty restrictions, mobility restrictions, etc., to prevent harm to the Service member, or fellow Service members and the mission of the Armed Forces. However, care will not be denied.

**INSTRUCTIONS:** You are highly encouraged to answer all questions. If you do not understand a question, please discuss the question with a health care provider. If this is your first PHA since entering the United States military (or if you don’t know if you’ve ever had a PHA) ONLY consider the PAST 12 MONTHS when responding to the questions below that say “since your last PHA”.

## PART A. SERVICE MEMBER QUESTIONS AND RESPONSES (TO BE COMPLETED BY THE SERVICE MEMBER)

### I. SERVICE MEMBER INFORMATION AND DEMOGRAPHICS (SMI)

<table>
<thead>
<tr>
<th>1. Last Name:</th>
<th>2. First Name:</th>
<th>3. Middle Name:</th>
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<thead>
<tr>
<th>4. Today’s Date (dd/mmm/yyyy):</th>
<th>5. Date of Birth (dd/mmm/yyyy):</th>
<th>6. Age:</th>
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<tr>
<th>7. Social Security Number:</th>
<th>8. Gender:</th>
<th>○ Male</th>
<th>○ Female</th>
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9. Provide your 10-digit DoD ID number located on the back of your CAC:

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<thead>
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</thead>
<tbody>
<tr>
<td>○ Air Force</td>
<td>○ Traditional Guardsman</td>
<td>○ E1</td>
</tr>
<tr>
<td>○ Army</td>
<td>○ Reservist</td>
<td>○ E2</td>
</tr>
<tr>
<td>○ Navy</td>
<td>○ Active Guard Reserve or Full-Time Support</td>
<td>○ E3</td>
</tr>
<tr>
<td>○ Marine Corps</td>
<td>○ Active Duty</td>
<td>○ E4</td>
</tr>
<tr>
<td>○ Coast Guard</td>
<td></td>
<td>○ E5</td>
</tr>
<tr>
<td>○ U.S. Public Health Service</td>
<td></td>
<td>○ E6</td>
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<tr>
<td>○ Other (List): ________________ (Skip to 16)</td>
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<td>○ E7</td>
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<td>○ E8</td>
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<td></td>
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<td>○ E9</td>
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<tr>
<th>13. Unit Name:</th>
<th>14. Duty Station/Location:</th>
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DD FORM 3024, APR 2016
15. What is your Unit Identification Code (for Army, Navy, Coast Guard), or Reporting Unit Code (for Marine Corps)?

16. Is this your first Periodic Health Assessment (PHA)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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</thead>
</table>

17. Are you enrolled in a secure messaging system with your health care provider (RelayHealth, MiCare, or Patient Portal)? (NA for Traditional Guardsman/Reservist)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
</table>

18. Current contact information (Select preferred method):

<table>
<thead>
<tr>
<th>DSN Phone:</th>
<th>Name:</th>
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</thead>
<tbody>
<tr>
<td>Other Phone(s):</td>
<td>Phone 1:</td>
</tr>
<tr>
<td>Email(s):</td>
<td>Phone 2:</td>
</tr>
<tr>
<td>RelayHealth, MiCare, Patient Portal: (if applicable)</td>
<td>Email:</td>
</tr>
<tr>
<td>Address:</td>
<td>State:</td>
</tr>
<tr>
<td>ZIP Code:</td>
<td>Address:</td>
</tr>
<tr>
<td>State:</td>
<td>ZIP Code:</td>
</tr>
</tbody>
</table>

19. Point of contact who can reach you (No health or medical information will be shared with your point of contact):

II. DEPLOYMENT INFORMATION (DEP)

1. Total number of deployments in the PAST 5 YEARS:

<table>
<thead>
<tr>
<th>I have never deployed (Skip to 4)</th>
<th>0 (Skip to 4)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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<tr>
<td>3</td>
<td>4</td>
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<tr>
<td>5 or more</td>
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</tbody>
</table>

2. Primary country of last deployment:

3. Date departed theater/deployment location (dd/mmm/yyyy):

4. Are you going to deploy within the NEXT 120 DAYS?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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III. OCCUPATIONAL INFORMATION (OCC)

1.a. What is your military occupational code (for example: MOS, AOC, AFSC, NEC, or Designator Code)?

1.b. Describe your typical military job duties (for example: driving a truck, fueling machinery, lifting heavy equipment, working on a computer).

2. Does your military specialty require an operational duty physical exam (e.g., flight, jump, dive, missile, submarine, personnel reliability program, Special Forces)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

3. Are you currently enrolled in a medical surveillance/occupational health program (for example: hearing conservation, radiation health, healthcare worker monitoring, etc.)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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</thead>
</table>

This form must be completed electronically. Handwritten forms will not be accepted.
IV. MEDICAL CONDITIONS (DLC)

1. Since your last PHA, have you experienced any of the following health conditions, and if so what is your status?

<table>
<thead>
<tr>
<th>HEALTH CONDITION</th>
<th>NO/Does not apply to me</th>
<th>YES, but did NOT get medical care</th>
<th>YES, got medical care, but NO LONGER under treatment /follow-up</th>
<th>YES, and NOW under treatment /follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest pain (angina)</td>
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<tr>
<td>Congestive Heart Failure</td>
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<tr>
<td>Abnormal heart beat (arrhythmia)</td>
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<tr>
<td>High blood pressure</td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Other lung problems (for example: Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, pneumonia, emphysema)</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Cancer or history of cancer</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Change in your vision that impacts your duty performance</td>
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<tr>
<td>Head injury/concussion/Traumatic Brain Injury (TBI)</td>
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<tr>
<td>Periods of dizziness, fainting, or loss of consciousness</td>
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<tr>
<td>Neurological problems (for example: stroke, seizures)</td>
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<tr>
<td>Persistent or recurring noises in your head or ears (for example: ringing, buzzing, humming)</td>
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<tr>
<td>Change in your hearing that impacts duty performance</td>
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<tr>
<td>High or bad cholesterol</td>
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</table>

2. Since your last PHA, have you experienced any of the following health conditions that either required medical care or impacted your duty performance (or both) and if so, what is your status?

<table>
<thead>
<tr>
<th>HEALTH CONDITION</th>
<th>NO/Does not apply to me</th>
<th>YES, impacted duty performance, but did NOT get medical care</th>
<th>YES, got medical care, but NO LONGER under treatment /follow-up</th>
<th>YES, and NOW under treatment /follow-up</th>
</tr>
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<tbody>
<tr>
<td>Wheezing, shortness of breath, or difficulty breathing (other than asthma)</td>
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<tr>
<td>New skin condition</td>
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<tr>
<td>Recurring muscle, joint, or low back pain</td>
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<tr>
<td>Recurring headaches/migraines</td>
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<tr>
<td>Stomach problems (for example: ulcer, reflux)</td>
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<tr>
<td>Kidney problems (for example: stones, infection)</td>
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<tr>
<td>Liver problems (for example: hepatitis, cirrhosis)</td>
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<tr>
<td>Blood problems (for example: hemophilia, sickle cell disease)</td>
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<tr>
<td>Immune system problems (for example: HIV, chemotherapy, radiation)</td>
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<tr>
<td>Tooth or gum problems/pain</td>
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</table>
3. For any condition marked YES in question 1 and/or 2, are you currently on any profile or limited duty (LIMDU) for that condition?

<table>
<thead>
<tr>
<th>HEALTH CONDITION</th>
<th>NO</th>
<th>YES</th>
</tr>
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<tbody>
<tr>
<td>Chest pain (angina)</td>
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<td>Neurological problems (for example: stroke, seizures)</td>
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<td>☐</td>
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<td>○</td>
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<tr>
<td>Immune system problems (for example: HIV, chemotherapy, radiation)</td>
<td>○</td>
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<tr>
<td>Tooth or gum problems/pain</td>
<td>○</td>
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</table>

4. Have you had any surgery since your last PHA?

- Yes (Continue)
- No (Skip to 6.a.)

5. What was the condition(s) for which you had surgery and the type of surgery?

- 5.a. Condition: 5.a.1. Type of Surgery:
- 5.b. Condition: 5.b.1. Type of Surgery:
- 5.c. Condition: 5.c.1. Type of Surgery:

6. a. Since your last PHA, has a health care provider recommended surgery(s) that you have not had (whether you are planning to have it or not)?

- Yes (Continue)
- No (Skip to 7.a.)

6.b. For what condition(s) was surgery recommended? (List):
7.a. Do you currently require hearing aids, special medical supplies, CPAP, adaptive equipment, assistive technology devices, and/or other special accommodations?

- Yes (Continue)
- No (Skip to 8.a.)

7.b. What is your requirement(s)? (List):

8.a. Do you currently have a waiver or profile for any part of your Service’s physical fitness test? (Skip if Coast Guard, USPHS, & Other)

- Yes (Continue)
- No (Skip to 9.a.)

8.b. Which component(s) of your physical fitness test are waived/profiled? Mark all that apply.

- Body Composition Analysis (BCA) / Abdominal Circumference (not Army)
- Cardio Event (for example: walk, run, bike, elliptical, swim)
- Crunches / Sit-Ups
- (not Marine Corps) Push-Ups
- (Marine Corps only) Pull-Ups or Flexed Arm Hang
- Other:

9.a. Do you have any problems wearing a gas mask, ballistic helmet, body armor, and/or chemical/biological protective garments?

- Yes (Continue)
- No (Skip to 10.a.)
- Never had to wear these items (Skip to 10.a.)

9.b. Please comment on these problems:

10.a. Have you ever been told by a health care provider that you SHOULD NOT receive a vaccine/immunization for medical reasons?

- Yes (Continue)
- No (Skip to 11.a. (Army and Air Force), or 12.a. (All Others))

10.b. Which vaccines/immunizations have you been told you should NOT receive? (List):

10.c. Why? (for example: pregnancy, illness, previous reaction)

10.d. What was the reaction, if any?

11.a. Do you have a permanent profile (Army) or an Assignment Limitation Code C (Air Force)?

- Yes (Continue)
- No (Skip to 12.a.)
- Don’t Know (Skip to 12.a.)

11.b. Why are you on a permanent profile (Army) or an Assignment Limitation Code C (Air Force)? (Comments):

12.a. Are you on a temporary profile or limited duty (LIMDU/Light Limited Duty (LLD))?

- Yes (Continue)
- Yes, but I feel ready to be evaluated for return to full duty (Continue)
- No (Skip to 13)

12.b. Why are you on a temporary profile or limited duty? (Comments):

13. During the PAST 2 YEARS, how many times have you been placed on a temporary profile or on limited duty?
### V. INDIVIDUAL MEDICAL READINESS (IMR)

1. **Do you have any allergies (not including seasonal or pet allergies)?**
   - [ ] Yes *(Continue)*
   - [ ] No *(Skip to 3)*
   - [ ] Don’t Know *(Skip to 3)*

2. **What are your allergies?** *Mark all that apply.*
   - [ ] Adhesive Tape
   - [ ] Aspirin
   - [ ] Bee Stings
   - [ ] Codeine
   - [ ] Eggs
   - [ ] Iodine
   - [ ] Latex
   - [ ] Milk
   - [ ] Nickel
   - [ ] Nuts
   - [ ] Penicillin
   - [ ] Shellfish
   - [ ] Sulfa Drugs
   - [ ] Vaccines
   - [ ] Other: ______________________

3. **Do you have red medical warning “dog tags,” and are they current?**
   - [ ] Yes, I have them and they are current
   - [ ] Yes, I have them, but they are not current
   - [ ] No, I do not have them, but I require them
   - [ ] No, I do not need them

4. **Do you wear corrective lenses (glasses or contacts)?**
   - [ ] Yes *(Continue)*
   - [ ] No *(Skip to BEHAVIORAL HEALTH)*

5. **How many pairs of glasses do you have?**
   - [ ] 0
   - [ ] 1
   - [ ] 2 or more

6. **Do you have gas mask inserts?**
   - [ ] Yes
   - [ ] No

### VI. BEHAVIORAL HEALTH (MHA)

1.a. **Over the PAST MONTH, what major life stressors have you experienced that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people (for example, serious conflicts with others, relationship problems, or a legal, disciplinary, or financial problem)?**
   - [ ] None *(Skip to 2.a.)*, or
   - [ ] Please list and explain:

1.b. **Are you currently in treatment or getting professional help for this concern?**
   - [ ] Yes
   - [ ] No

2.a. **In the PAST YEAR did you receive care for any mental health condition or concern such as, but not limited to, post-traumatic stress disorder (PTSD), depression, anxiety disorder, alcohol abuse, or substance abuse?**
   - [ ] Yes
   - [ ] No

2.b. **If yes, please explain:**
3. What prescription or over-the-counter medications (including herbals/supplements) for sleep, pain, combat stress, or a mental health problem are you CURRENTLY taking?
   ○ None  ○ Please list:

4.a. How often do you have a drink containing alcohol?
   ○ Never (Skip to 5)  ○ Monthly or less  ○ 2 – 4 times a month  ○ 2 – 3 times per week  ○ 4 or more times a week

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

4.c. How often do you have six or more drinks on one occasion?
   ○ Never  ○ Less than monthly  ○ Monthly  ○ Weekly  ○ Daily or almost daily

5. Have you ever had any experience that was so frightening, horrible, or upsetting that, in the PAST MONTH, you:
   5.a. Have had nightmares about it or thought about it when you did not want to?
       ○ Yes  ○ No
   5.b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
       ○ Yes  ○ No
   5.c. Were constantly on guard, watchful or easily startled?
       ○ Yes  ○ No
   5.d. Felt numb or detached from others, activities, or your surroundings?
       ○ Yes  ○ No

   (NOTE: If two or more items on 5.a. through 5.d. are marked YES, continue to answer items 5.e. through 5.v.)

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the LAST MONTH. Please answer all items.

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Not at All</th>
<th>A Little Bit</th>
<th>Moderately</th>
<th>Quite a Bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.e. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</td>
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<tr>
<td>5.f. Repeated, disturbing dreams of a stressful experience from the past?</td>
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<tr>
<td>5.g. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
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<tr>
<td>5.h. Feeling very upset when something reminded you of a stressful experience from the past?</td>
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<tr>
<td>5.i. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?</td>
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<td>5.j. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?</td>
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<tr>
<td>5.k. Avoid activities or situations because they remind you of a stressful experience from the past?</td>
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<td>5.l. Trouble remembering important parts of a stressful experience from the past?</td>
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<td>5.m. Loss of interest in things that you used to enjoy?</td>
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<td>5.n. Feeling distant or cut off from other people?</td>
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<td>5.o. Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
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<td>5.p. Feeling as if your future will somehow be cut short?</td>
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<td>5.q. Trouble falling or staying asleep?</td>
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<td>5.r. Feeling irritable or having angry outbursts?</td>
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<tr>
<td>5.s. Having difficulty concentrating?</td>
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</table>
5.t. Being “super alert” or watchful, on guard?

<table>
<thead>
<tr>
<th>Not at All</th>
<th>A Little Bit</th>
<th>Moderately</th>
<th>Quite a Bit</th>
<th>Extremely</th>
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<tbody>
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</table>

5.u. Feeling jumpy or easily startled?

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<tr>
<th>Not at All</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Extremely Difficult</th>
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</table>

5.v. How difficult have these problems (5.e. through 5.u.) made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Not Difficult at All</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Extremely Difficult</th>
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</table>

6. Over the LAST 2 WEEKS, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th>Not at All</th>
<th>Few or Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
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</table>

6.a. Little interest or pleasure in doing things

6.b. Feeling down, depressed, or hopeless

(Note: If 6.a. or 6.b. are marked “More than half the days” or “Nearly every day,” continue to answer items 6.c. through 6.i.)

<table>
<thead>
<tr>
<th>Not at All</th>
<th>Few or Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
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<tbody>
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</tbody>
</table>

6.c. Trouble falling/staying asleep, sleep too much.

6.d. Feeling tired or having little energy.

6.e. Poor appetite or overeating.

6.f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.

6.g. Trouble concentrating on things, such as reading the newspaper or watching television.

6.h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety that you have been moving around a lot more than usual.

6.i. How difficult have these problems (6.a. through 6.h.) made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Not Difficult at All</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Extremely Difficult</th>
</tr>
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</table>

7. Would you like to schedule an appointment with a health care provider to discuss any health concerns?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

8. Are you interested in receiving information or assistance for a stress, emotional, or alcohol concern?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

9. Are you interested in receiving assistance for a family or relationship concern?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

10. Would you like to schedule a visit with a chaplain or a community support counselor?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

VII. FAMILY HISTORY AND LIFESTYLE (LIF)

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

- Excellent
- Very Good
- Good
- Fair
- Poor

2. To the best of your knowledge, do or did any of the following blood relatives – parents, grandparents, brothers, or sisters – ever have any of the following medical problems? Mark all that apply.

- Cancer or malignancy of any kind
- Heart-related conditions such as high blood pressure, heart attack, coronary heart disease, cardiac arrhythmia (irregular heartbeat), or sudden death
- Diabetes
- No/Don’t Know (Skip to 6)
This form must be completed electronically. Handwritten forms will not be accepted.

3. *If Cancer marked in 2) Which of the following family members has/had the history of cancer? Mark all that apply.

<table>
<thead>
<tr>
<th>FAMILY HISTORY OF CANCER</th>
<th>Mother</th>
<th>Father</th>
<th>Any Grandmother</th>
<th>Any Grandfather</th>
<th>Any Brother</th>
<th>Any Sister</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Colon</td>
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<td>☐</td>
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<td>☐</td>
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<tr>
<td>Ovarian</td>
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<td>☐</td>
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<tr>
<td>Prostate</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Other (List)</td>
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<tr>
<td>Other (List)</td>
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<td>Other (List)</td>
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<tr>
<td>Unknown Type of Cancer</td>
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</tbody>
</table>

4. *If heart-related conditions marked in 2) Which of the following family members has/had the history of heart-related conditions? Mark all that apply.

<table>
<thead>
<tr>
<th>FAMILY HISTORY OF HEART-RELATED CONDITIONS</th>
<th>Mother</th>
<th>Father</th>
<th>Any Grandmother</th>
<th>Any Grandfather</th>
<th>Any Brother</th>
<th>Any Sister</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heart Attack/Coronary Artery Disease</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Cardiac Arrhythmia/Irregular Heartbeat</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Sudden Cardiac Death</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Other (List)</td>
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<td>Other (List)</td>
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<tr>
<td>Other (List)</td>
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<td>☐</td>
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<tr>
<td>Unknown</td>
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</tbody>
</table>

5. *If Diabetes marked in 2) Which of the following family members has/had the history of diabetes? Mark all that apply.

<table>
<thead>
<tr>
<th>FAMILY HISTORY OF DIABETES</th>
<th>Mother</th>
<th>Father</th>
<th>Any Grandmother</th>
<th>Any Grandfather</th>
<th>Any Brother</th>
<th>Any Sister</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Type II</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Unknown</td>
<td>☐</td>
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</table>

6. In a typical week, I do **VIGOROUS** physical activities: *(VIGOROUS activities cause HEAVY sweating or LARGE increases in breathing or heart rate)*

- Day(s) per week *(if 0, skip to question 7)*
- Minutes per day on the day(s) you work out

7. In a typical week, I do **LIGHT OR MODERATE** physical activities: *(LIGHT OR MODERATE activities cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate)*

- Day(s) per week *(if 0, skip to question 8)*
- Minutes per day on the day(s) you work out

8. In a typical week, I do physical activities specifically designed to **STRENGTHEN** my muscles such as lifting weights or doing calisthenics:

- Day(s) per week

9. Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? Mark all that apply.

- ☐ Protein Supplements/Creatine
- ☐ Muscle Building Products
- ☐ Performance Enhancers
- ☐ Energy Shots, NOT including energy drinks
- ☐ Weight Loss Products
- ☐ Herbal or Botanical Supplements in pills, gels, and/or tablet form
9. Which of the following products, or products marketed for the following purposes, have you taken, even once, since your last PHA? (Continued)

- Multi-Vitamins
- Individual Vitamins or Minerals
- Omega-3 Supplements
- Joint Care Supplements
- None of the above (Skip to 11)

10. (For items marked in 9) Since your last PHA, how often did you take:

<table>
<thead>
<tr>
<th>TYPE OF PRODUCT</th>
<th>Less Than Once a Month</th>
<th>Once a Month</th>
<th>Once a Week</th>
<th>Every Other Day</th>
<th>Once a Day</th>
<th>Two or More Times a Day</th>
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</thead>
<tbody>
<tr>
<td>Protein Supplements/Creatine</td>
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<tr>
<td>Muscle Building Products</td>
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<tr>
<td>Performance Enhancers</td>
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<td>Energy Shots, NOT including energy drinks</td>
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<tr>
<td>Weight Loss Products</td>
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<tr>
<td>Herbal or Botanical Supplements in pills, gels, and/or tablet form</td>
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<tr>
<td>Multi-Vitamins</td>
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<tr>
<td>Individual Vitamins or Minerals</td>
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<tr>
<td>Omega-3 Supplements</td>
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<tr>
<td>Joint Care Supplements</td>
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</tbody>
</table>

11. Think about the PAST 30 DAYS. How often did you eat/drink the following foods/beverages?

<table>
<thead>
<tr>
<th>TYPE OF FOOD/BEVERAGE</th>
<th>Rarely or Never</th>
<th>1 or 2 Servings per Week</th>
<th>3 to 6 Servings per Week</th>
<th>1 Serving per Day</th>
<th>2 to 3 Servings per Day</th>
<th>4 or More Servings per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits</td>
<td></td>
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<tr>
<td>Vegetables</td>
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<tr>
<td>Whole Grains</td>
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<tr>
<td>Dairy</td>
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<tr>
<td>Fish</td>
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<tr>
<td>Lean Protein</td>
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<tr>
<td>Sugar-Sweetened Beverages</td>
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</tbody>
</table>

12. (If Traditional Guardsman or Reservist) Have you had a cholesterol check by a doctor, nurse, or other health care professional within the PAST 5 YEARS?

- Yes
- No
- Don’t Know

13.a. In the PAST 30 DAYS, which of the following products have you used on at least one day? Mark all that apply.

- Cigarettes (If marked, SM must complete 13.c.)
- Cigars, Cigarillos, or Little Cigars
- Chewing Tobacco, Snuff, or Dip
- Electronic Cigarettes, E-Cigarettes, or Vape Pens
- Hookahs or Waterpipes
- Pipes filled with tobacco (not Waterpipes)
- Snus (moist tobacco powder placed under the lip)
- Dissolvable Tobacco Products
- Bidis (small brown cigarettes wrapped in a leaf)
- Other: ________________

13.b. How long have you been using tobacco products?

- < 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- > 15 years

13.c. (For individuals who smoke cigarettes) How many packs per day do you smoke?

- < ½ pack/day
- ½ to 1 pack/day
- 1 ½ to 2 packs/day
- 2 ½ to 3 packs/day
- > 3 packs/day
14. Are you interested in quitting tobacco?
   ◼ Yes, I would like a referral (Skip to 16)  ◼ Yes, but I do not want a referral (Skip to 16)  ◼ No (Skip to 16)

15. Which of the following best describes your past tobacco use?
   ◼ I used tobacco in the past, but quit in __________ (year)  ◼ I have never used tobacco products

16. Are you regularly exposed to secondhand smoke, a mixture of smoke that comes from the burning end of a cigarette, cigar, or pipe, and the smoke breathed out
   by the smoker (housemate, carpool, work environment)?
   ◼ Yes  ◼ No

17. During the LAST 2 WEEKS, how many hours of sleep did you get on most days?
   ◼ Less than 5 hours  ◼ 5 to less than 7 hours  ◼ 7 to 9 hours  ◼ More than 9 hours

18. During the LAST 2 WEEKS, have you felt impaired or unable to adequately perform due to sleepiness or poor quality sleep?
   ◼ Yes  ◼ No

19. Have you had any unexplained weight loss or gain since your last PHA?
   ◼ Yes  ◼ No

20. Sexually transmitted infections or diseases (STIs/STDs) are common. Risk factors for these include, but are not limited to (choose an answer based on your risk):
   - A new sex partner in the past 3 months
   - More than one sex partner in the past 12 months
   - Sexually active women less than 25 years of age
   - Inconsistent use of latex condoms (not using latex condoms every time)
   - Men who have sex with men
   - Sexual contact with person(s) with known STIs/STDs or known risk of STIs/STDs
   - Exchanged money or drugs for sex
   - Injection drug use
   ◼ I am at risk  ◼ I am not at risk

21. (For males who identify "I am at risk" (Question LIF20)) Have you had a syphilis, chlamydia, and gonorrhea test since your last PHA?
   ◼ Yes  ◼ No

22. Since your last PHA, what, if anything, have you and your partner used to keep from getting pregnant? Mark all that apply.
   ◼ N/A: Was not sexually active with a member of the opposite sex or was not sexually active
   ◼ Trying to become pregnant so did not use anything
   ◼ Sterilization (for example: vasectomy, tubal sterilization, trans-cervical sterilization, hysterectomy)
   ◼ IUD (including copper or progesterone)
   ◼ Implant
   ◼ Birth control pills/contraceptive patch/vaginal ring/injectable
   ◼ Condoms
   ◼ Withdrawal or “pulling out”
   ◼ Rhythm by calendar/temperature/cervical mucus test
   ◼ Cervical cap/diaphragm
   ◼ Emergency contraception (such as Plan B)
   ◼ Not trying to become pregnant, but did not use anything
   ◼ Other (explain):
**VIII. WOMEN’S HEALTH (FEMALE SERVICE MEMBERS ONLY) (WOM)**

1. Which of the following best describes you?
   - I am or may be pregnant (Skip to 4)
   - I was pregnant or just delivered within the past 6 months (Continue)
   - I was pregnant or delivered 6 – 12 months ago (Continue)
   - I am not pregnant now, and was not pregnant or delivered in the past 12 months (Continue)

2. Have you had a total hysterectomy (uterus and cervix removed)?
   - Yes (Skip to 6)
   - No (Continue)

3. Are you postmenopausal and no longer experiencing menstrual cycles?
   - Yes (Skip to 6)
   - No (Continue)

4. Are you currently taking folic acid or a vitamin containing folic acid?
   - Yes
   - No
   - Don’t Know

5. Do you have heavy and/or irregular menstrual cycles/pain or premenstrual syndrome (PMS)?
   - Yes, but I am in treatment and having no problems
   - Yes, and I am having ongoing issues
   - No

6. Do you have recurrent urinary tract infections (more than 3 in the past 12 months)?
   - Yes, but I am in treatment and having no problems
   - Yes, and I am having ongoing issues
   - No

7. (If Question 2 is “No” or “Blank”) Have you had a Pap test (cervical cancer screening) within the PAST 3 YEARS?
   - Yes
   - No
   - Don’t Know

8. (If age 50 or older) Have you had a mammogram within the PAST 24 MONTHS?
   - Yes
   - No

9. (If pregnant or may be pregnant (Question 1) and/or “At Risk” (Question LIF20)) Have you had a syphilis, chlamydia and gonorrhea test since your last PHA?
   - Yes
   - No

10. Do you have a history of gestational diabetes?
    - Yes
    - No

**IX. RESERVE COMPONENT (TRADITIONAL GUARDSMEN AND RESERVISTS ONLY, NOT AGR/FTS) (RES)**

(Questions are for Traditional Guardsmen and Reservists). All others skip to OTHER MEDICAL)

1. Do you have an injury, illness, or disease which was incurred or aggravated while in a duty status since your last PHA?
   - Yes (Continue)
   - No (Skip to 4)
2. Have you completed or are you pending a Line of Duty (LOD) for that injury, illness, or disease to receive healthcare within the Military Health System (MTF or TRICARE referral from Defense Health Agency Great Lakes) or the VA?
   - Yes, I have an initiated LOD or it is pending
   - Yes, I have a completed LOD
   - No

3. What is your injury, illness, or disease? When did it occur?
   - Injury/Illness/Disease (1):
     - Date (mmm/yyyy):
   - Injury/Illness/Disease (2):
     - Date (mmm/yyyy):
   - Injury/Illness/Disease (3):
     - Date (mmm/yyyy):

4. Are you currently covered under a health insurance policy? *Mark all that apply.*
   - Yes -- TRICARE
   - Yes -- Other health insurance
   - No

5.a. Do you have any current physical or mental health limitations related to a Workers’ Compensation claim (regardless of whether the claim was approved)?
   - Yes (if yes, list limitations)
   - No, I have never applied for Worker’s Compensation
   - No, I applied for Worker’s Compensation, but have no limitations

5.b. List Limitations:

6. Have you applied for, or have you received a VA disability rating?
   - No (Skip to OTHER MEDICAL)
   - Yes, I received a VA disability rating (Continue)
   - Yes, my application is pending (Skip to 9)
   - Yes, I applied, but my claim was denied (Skip to 9)

7. What is your total disability rating (%)?

8. What is the approximate date you received your disability rating (mmm/yyyy)?

9. What type of injury(s) or medical condition(s) is the basis of your VA disability claim(s)?

10. List any physical or mental health limitations you have related to your VA disability injury(s)/condition(s):

X. OTHER MEDICAL (OTH)

1. (PAIN SCALE) Rate the amount of pain you have had, on average, over the PAST 24 HOURS.
   - 0 = No pain (Skip to 3)
   - 1 = Hardly notice pain (Continue)
   - 2 = Notice pain, does not interfere with activities (Continue)
   - 3 = Sometimes distracts me (Continue)
   - 4 = Distracts me, can do usual activities (Continue)
   - 5 = Interrupts some activities (Continue)
   - 6 = Hard to ignore, avoid usual activities (Continue)
   - 7 = Focus of attention, prevents doing daily activities (Continue)
   - 8 = Awful, hard to do anything (Continue)
   - 9 = Can’t bear the pain, unable to do anything (Continue)
   - 10 = As bad as it could be, nothing else matters (Continue)

2. Are you receiving treatment for pain?
   - Yes
   - No
3. What prescriptions or over-the-counter medications are you CURRENTLY taking, NOT INCLUDING vitamins, or nutritional supplements? Include ANY medications or over-the-counter products you are ROUTINELY taking such as Tylenol, Advil, Sudafed, and/or aspirin.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>☐ None</td>
<td>(List Medications):</td>
</tr>
<tr>
<td>☐ Medications</td>
<td></td>
</tr>
</tbody>
</table>

4. Since your last PHA, have you received care or treatment for any medical and/or mental health condition(s) from a CIVILIAN or NON-MILITARY facility? This includes privately paid elective surgeries.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐ Yes (Continue)</td>
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<tr>
<td>☐ No (Skip to 6)</td>
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</tbody>
</table>

5. List the condition(s) treated and where the care was provided.

<table>
<thead>
<tr>
<th>List Conditions:</th>
<th>Where care was provided:</th>
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</table>

6. I acknowledge I am responsible to report medical (including mental health) and health issues that may affect my readiness to deploy or fitness to continue serving in an active status in accordance with Department of Defense Instruction 6025.19, Individual Medical Readiness. As a condition of continued participation in military service, I must report significant health information to my chain of command. In addition, I will authorize and facilitate disclosures of all health information by any non-DoD health care provider(s) to the Military Health System (MHS) and/or to my respective Reserve Component.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐ I Acknowledge</td>
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</table>

7. Are you concerned about any other health condition(s) or health risk exposures not already addressed?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>☐ Yes (Continue)</td>
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<tr>
<td>☐ No (Skip to SEPARATION AND RETIREMENT)</td>
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</table>

8. Comment on these conditions and/or concerns. (Comments):

<table>
<thead>
<tr>
<th>Comments:</th>
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</table>

XI. SEPARATION AND RETIREMENT (SEP)

1. Are you planning to separate or retire within the next year from Active Duty or Reserve Duty (activated for greater than 30 continuous days) or do you intend to file a claim for disability compensation with the Veterans Benefits Administration?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐ Yes</td>
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<td>☐ No</td>
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</table>
Record Review
(Part B)
Part B: Record Review

- The record review process is the second step towards completion of the DoD PHA. It begins after the SM has completed their online self-assessment and will be completed by healthcare personnel trained in DoD PHA-specific processes (as defined by Service-specific roles), including any of the following:
  - Physician
  - Physician Assistant
  - Nurse Practitioner
  - Advance Practice Nurse
  - Registered Nurse
  - Licensed Vocational Nurse
  - Independent Duty Corpsman
  - Independent Duty Health Services Technician
  - Independent Duty Medical Technician
  - Special Forces Medical Sergeant
  - Medic/Corpsman/Medical Technician
  - Health Services Technician
  - Medical Clerk
Part B: Record Review (continued)

- The Record Review process includes:
  - Reviewing the SM’s self-assessment answers, available health records, and other information from medical encounters since their last PHA
  - Ensuring the SM’s self-assessment aligns with their available medical documentation (e.g., if SM reported having surgery since their last PHA, the RR confirms there is documentation in their record for each surgery listed)
  - Assuring the SM’s most current blood pressure, cholesterol, and height/weight are documented
  - Reviewing the SM’s IMR elements for currency, required DRHA for completion, and status of all recommended clinical preventive services

- The Record Review can occur simultaneously with MHA completion
During the record review process, the duties of a RR include the following:

- Completing a review of the self-assessment answers provided by the SM
- Consulting with a PHA Provider if necessary
- Confirming and/or documenting:
  - Discrepancies between SM responses and review of records found since their last PHA
  - Dates and results of the SM’s most recent cholesterol test, blood pressure, dental readiness classification, and current vaccinations, as well as their weight and height
  - List of SM’s current, active medications
  - Any medical care received outside of the military health system
  - Women’s health responses
Confirming and/or documenting:

- If the SM is beginning in a deployment cycle and/or requires applicable DRHA, facilitating DRHA completion as necessary
- The status of Permanent Profiles/Code Cs (for Army and Air Force only)
- The number of months the SM has been on limited duty or a temporary profile status, including diagnosis and corresponding number of months on profile
- Listed allergies
- Information regarding required immunizations, readiness blood tests, and the most recent CPS screenings
- Reserve Component Workman’s Comp answers and VA disability claims for potentially duty/deployment limiting conditions
- Documenting any other PHA comments to assist the PHA Provider
Medical Systems, Medical Records, and Assessments Used for the Record Review Process*

<table>
<thead>
<tr>
<th>Medical Systems</th>
<th>Medical Records</th>
<th>Assessments/Health Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHLTA</td>
<td>Civilian health record</td>
<td>Adult Preventive and Chronic Care Flowsheet (DD 2766)</td>
</tr>
<tr>
<td>ASIMS</td>
<td>Dental</td>
<td>Pre-Deployment Health Assessment (DD Form 2795)</td>
</tr>
<tr>
<td>CHCS</td>
<td>Hard copy of military health record</td>
<td>Post-Deployment Health Assessment (DD Form 2796)</td>
</tr>
<tr>
<td>DEERS</td>
<td>HRR (USAR/ARNG)</td>
<td>Post-Deployment Health Re-Assessment (DD Form 2900)</td>
</tr>
<tr>
<td>ESSENTRIS</td>
<td></td>
<td>Deployment Mental Health Assessment (DD Form 2978)</td>
</tr>
<tr>
<td>HAIMS</td>
<td></td>
<td>Previously completed PHA</td>
</tr>
<tr>
<td>ITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDBOLTS</td>
<td></td>
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<tr>
<td>MEDPROS</td>
<td></td>
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<tr>
<td>MRRS</td>
<td></td>
<td></td>
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<tr>
<td>PRIMS</td>
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</tbody>
</table>

*Listed medical systems, medical records, and assessment/health forms are possible sources the RR could reference during the record review process. Table reads down, not across.
The following pages show the DoD PHA tool questions in paper format. The DoD PHA will be completed electronically and have skip patterns so that SMs and health care personnel will only have to complete and review applicable questions. At the present time, displaying the DoD PHA questions in this paper format (which is longer) is the only version available.
### PART B. RECORD REVIEW AND RECOMMENDATIONS (RECORD REVIEWER ONLY)

#### I. RECORD REVIEWER INFORMATION

<table>
<thead>
<tr>
<th>1. Last Name:</th>
<th>2. First Name:</th>
<th>3. Middle Name:</th>
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<thead>
<tr>
<th>4. Service Branch/Affiliation:</th>
<th>5. Status:</th>
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<tbody>
<tr>
<td>Air Force</td>
<td>Active Duty</td>
</tr>
<tr>
<td>Army</td>
<td>Traditional Guardsman</td>
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<tr>
<td>Navy</td>
<td>Reservist</td>
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<tr>
<td>Marine Corps</td>
<td>Active Guard Reserve or Full-time Support</td>
</tr>
<tr>
<td>Coast Guard</td>
<td>Air Reserve Technician</td>
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<tr>
<td>U.S Public Health Service</td>
<td>Civilian Government Employee</td>
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<tr>
<td>Other (List):</td>
<td>Contractor</td>
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<tr>
<th>6. Title:</th>
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<tbody>
<tr>
<td>Physician (MD, DO)</td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
</tr>
<tr>
<td>Nurse Practitioner (NP)</td>
</tr>
<tr>
<td>Advance Practice Nurse (Clinical Nurse Speciallist)</td>
</tr>
<tr>
<td>Registered Nurse (BSN, ADN, Diploma Graduate)</td>
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<tr>
<td>Licensed Vocational Nurse (LVN, LPN)</td>
</tr>
<tr>
<td>Independent Duty Medical Technician</td>
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<tr>
<td>Independent Duty Corpsman</td>
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<tr>
<td>Independent Duty Health Services Technician</td>
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<td>Other (List):</td>
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<tr>
<th>7. Email:</th>
<th>8. Facility:</th>
<th>9. Unit:</th>
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<tr>
<th>14. Date Record Review Initiated (dd/mmm/yyyy):</th>
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</table>

#### II. MEDICAL SCREENING

<table>
<thead>
<tr>
<th>1. Date of Service member’s most recent PHA (dd/mmm/yyyy):</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>2. Service member’s most recently documented height:</th>
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<tbody>
<tr>
<td>Feet:</td>
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<table>
<thead>
<tr>
<th>3. Service member’s most recently documented weight:</th>
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<tbody>
<tr>
<td>Pounds:</td>
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<td></td>
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<table>
<thead>
<tr>
<th>4. What is the Service member’s most recently documented blood pressure reading?</th>
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<tbody>
<tr>
<td>Date (dd/mmm/yyyy):</td>
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<table>
<thead>
<tr>
<th>5. Does the Service member have a history of abnormal blood pressure since their last PHA?</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>6. What is the date of the Service member’s most recently documented cholesterol test?</th>
</tr>
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<tbody>
<tr>
<td>Date (dd/mmm/yyyy):</td>
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<table>
<thead>
<tr>
<th>7. (For individuals ≥50 years of age) What is the date of the Service member’s most recently documented colon cancer screening?</th>
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<tbody>
<tr>
<td>Date (dd/mmm/yyyy):</td>
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<table>
<thead>
<tr>
<th>8. List of Service member’s active medications listed in their permanent medical record:</th>
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</thead>
<tbody>
<tr>
<td>(List):</td>
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<td></td>
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<table>
<thead>
<tr>
<th>9. Is there a discrepancy between the active medication record review and the Service member’s self-reported list of medications? (Medications from OTH3 and MHA3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>If “Yes,” list discrepancies:</td>
</tr>
</tbody>
</table>

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DD FORM 3024, APR 2016
10. List documented significant care the Service member has received since their last PHA from a provider OUTSIDE the Military Health System (for example a civilian or non-military facility). This includes privately paid elective surgeries.

List: □ No Outside Care Documented

11. Is there a discrepancy between the Service member’s list of OUTSIDE care (from OTH5), and the OUTSIDE care found in the record (see 10)?

□ Yes  □ No  If “Yes,” list discrepancies:

12. List documented significant care the Service member has received since their last PHA from a provider INSIDE the Military Health System.

List: □ No Inside Care Documented

13. (If Service member reported having surgery since their last PHA in DLC4) Is there documentation in the record for each surgery listed below?

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>TYPE OF SURGERY</th>
<th>YES</th>
<th>NO</th>
<th>Record Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>(List 1 from DLC5):</td>
<td>(List 1 from DLC5):</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>(List 2 from DLC5):</td>
<td>(List 2 from DLC5):</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>(List 3 from DLC5):</td>
<td>(List 3 from DLC5):</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

14. (If Service member answered “Yes” in DLC10.a.) Confirm that vaccine exemptions are listed in the medical record and that Service member has documented exemption(s) in the appropriate system of record (AHLTA, ASIMS, MEDPROS, MRRS, etc.) for each vaccine listed (from DLC10.b).

□ Confirmed All  □ Not All Confirmed  Comments:

15. (If Service member reported allergies in IMR1) Review available medical documentation and compare with Service member responses. Document any discrepancies.

Service member’s reported allergies (from IMR2):

□ Discrepancies with Record  Comments (If “Discrepancies with Record”):
□ No Discrepancies Noted

III. OCCUPATION-SPECIFIC EXAMINATIONS

1. (If the Service member indicated they are required to have a special operational duty physical exam in OCC2) When was the Service member’s most recently documented special operational duty physical exam (e.g., flight, jump, dive, missile, submarine, reliability program, or Special Forces, etc.)?

Date (dd/mmm/yyyy):

□ No Documented Exam  □ Record Unavailable

2. (If the Service member indicated they are enrolled in a medical surveillance/occupational health program in OCC3) When was the Service member’s most recently documented evaluation (for example: hearing conservation, radiation health, healthcare worker/hospital employee monitoring, etc.)?

Date (dd/mmm/yyyy):

□ No Documented Evaluation  □ Record Unavailable

IV. FAMILY HISTORY AND LIFESTYLE

1. Does the DD 2766 reflect the Service member’s reported family history (from LIF2-5)?

□ Yes, DD2766 reflects correct family history
□ No, DD2766 needs to be updated  If “No” describe needed update(s):

2. (For males who identify “I am at risk” in (LIF20)) Is there a record of the Service member receiving a syphilis, chlamydia and gonorrhea test since their last PHA?

□ Yes  □ No

V. WOMEN’S HEALTH

1. (If Service member reported she is or may be pregnant OR delivered in past 6 months in WOM1) The Service member indicated a possible pregnancy, pregnancy, or recent delivery. Does the Service member have an appropriate profile and/or waiver in accordance with Service policy?

□ Not Applicable, pregnancy not yet confirmed (Skip to 3)  □ No, does not have a profile/waiver (Skip to 3)  □ Yes, has a profile/waiver (Continue)
2. Review the appropriate health records associated with this pregnancy and summarize, noting if the Service member has been evaluated for any occupational health concerns.

Notes:

3. (If Service member reported she has not had a total hysterectomy in WOM2) What is the date and result of the Service member’s most recent Pap test?

Date (dd/mm/yyyy):  
☐ Normal  ☐ Abnormal  ☐ No Documented Pap Test

4. (If Service member is age 50 or greater) What is the date of the Service member’s most recently documented mammogram?

Date (dd/mm/yyyy):  
☐ No Documented Mammogram

5. (If Service member is or may be pregnant (WOM1), and/or is a female who identifies “At Risk” (LIF20)) Is there a record of the Service member receiving a syphilis, chlamydia, and gonorrhea test since her last PHA?

☐ Yes  ☐ No

VI. DEPLOYMENT-RELATED HEALTH ASSESSMENTS

1. (If DEP3 date is within past 3 years) Service member indicated a return from deployment within the past 3 years. What is the status of each of the post-deployment health assessments?

<table>
<thead>
<tr>
<th>ASSESSMENT TYPE</th>
<th>Completed</th>
<th>Missed Completion Window</th>
<th>Not Completed DUE</th>
<th>Not Completed NOT DUE Yet</th>
<th>Not Required for this Deployment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Deployment Health Assessment (+/- 30 days of redeployment), DD Form 2796</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Post-Deployment Health Re-Assessment (90-180 days after return from deployment), DD Form 2900</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mental Health Assessment (180 days to 18 months after return from deployment), DD Form 2978</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mental Health Assessment (18 to 30 months after return from deployment), DD Form 2978</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

2. (If DEP4 marked “YES”) Service member indicated a scheduled deployment in the next 120 days. Has the Service member completed the Pre-Deployment Health Assessment (DD Form 2795) for their upcoming deployment (if required)?

☐ Yes  ☐ No

VII. INDIVIDUAL MEDICAL READINESS

Deployment-Limiting Medical & Dental Conditions

1. (For Army or Air Force Service Members only) Does the Service member have a permanent profile (if Army), or an Assignment Limitation Code C (if Air Force)?

☐ Yes  ☐ No

2. (If answered “Yes” or “Yes, but” to DLC12.a.) How many months in the past year has the Service member been in temporary duty / temporary profile / light duty / limited duty / LIMDU / MEDHOLD / NMA / MRR / LOD status?

Number of Months:  Date Temporary Situation Expires (dd/mm/yyyy):  ☐ No Record of Temporary Situation

Dental Assessment

3. When was the Service member’s most recently documented dental exam?

Date (dd/mm/yyyy):  
Classification:  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ No Classification Code  ☐ No Dental Exam Documented

Immunizations

4. Is the Service member current on all required immunizations in the immunization tracking system?

☐ Yes  ☐ No  If “No” List Overdue Immunization(s):
Individual Medical Equipment

5. (If Service member reported wearing corrective lenses in IMR4) Is the Service member current with Service-specific requirements for glasses and gas mask inserts?

- Yes, Service member is current
- No, Service member needs: (List):

Medical Readiness & Laboratory Studies

6. Does the Service member have the following laboratory tests documented in their permanent medical record?

<table>
<thead>
<tr>
<th>TEST TYPE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Immunodeficiency Virus (HIV) test within the PAST 24 MONTHS</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>G6PD results on file</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Blood type and Rh on file</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>DNA test on file</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

VIII. RESERVE COMPONENT (GUARD AND RESERVE ONLY)

1. (If Service member indicated they have a VA disability rating in RES6) What is the Service member’s VA disability rating?

Percent VA Disability Rating (%): ○ No Documented VA Disability Rating (%)

IX. ADDITIONAL RECORD REVIEWER COMMENTS

1. If the record review indicates the potential need for provider notification or referral, mark below. Consult with a provider as necessary and annotate action(s) taken under “comments” in Question 2. Mark all that apply.

- Provider Notified
- Command Notified
- Notification is NOT required

2. Provide any additional comments about this record review that need to be forwarded to the Health Care Professional completing PART C (Provider Review, Interview, Assessment, and Recommendations) of this form.

Comments:

X. RECORD REVIEWER DIGITAL SIGNATURE AND COMPLETION DATE

Record Reviewer Digital Signature: _______________________

Date Record Review Completed (dd/mmm/yyyy): ____________
Health Care Provider (Part C): Overview
Part C: Health Care Provider Review

HCP Review is the third part of the DoD PHA. The two step process includes:
- The P2P MHA review and sign off
- PHA review and sign off

During Part C, a HCP trained in the PHA and/or MHA process can complete:
- The PHA only
- The MHA only
- Both the PHA and MHA

“Medically Ready Force...Ready Medical Force”
Who Can Complete the Health Care Provider Review Process

The HCP section will be completed by licensed or certified health care personnel who have received PHA Program-specific training (does not imply prescriptive rights) and may include any of the following:

- Physician
- Physician Assistant
- Nurse Practitioner
- Advance Practice Nurse
- Independent Duty Corpsman
- Independent Duty Health Services Technician
- Independent Duty Medical Technician
- Special Forces Medical Sergeant
- Clinical Psychologist (MHA portion only)
- Licensed Clinical Social Worker (MHA portion only)
The following page shows a DoD PHA tool question in paper format. The DoD PHA will be completed electronically and have skip patterns so that SMs and health care personnel will only have to complete and review applicable questions. At the present time, displaying the DoD PHA question in this paper format (which is longer) is the only version available.
PART C. HEALTH CARE PROVIDER (HCP ONLY)
(Provider Review, Interview, Assessment and Recommendations)

1. Indicate which assessment(s) you are completing:

- ☐ Both PHA & MHA
  (Continue to Section I)

- ☐ PHA ONLY
  (Skip to Section III)

- ☐ MHA ONLY
  (Continue to Section I)
Health Care Provider
(Part C):
MHA Provider
Training to Administer DoD Deployment Mental Health Assessments

“Medically Ready Force...Ready Medical Force”
Purpose of Mental Health Assessment (MHA) Training

■ To conduct MHAs in order to identify symptoms of:
  - Post-Traumatic Stress Disorder (PTSD)
  - Depression
  - Risky alcohol use
  - Other emotional or social problems

■ Refer for follow-up evaluation and treatment
Goals of Training

- Implement effective mental health screening, education, and referral
- Protect privacy
- Respect dignity
- Maximize trust and confidence
- Convey appreciation for each Service member’s service to country

| Privacy | Dignity | Trust | Appreciation |

“Medically Ready Force...Ready Medical Force”
Specific Learning Objectives

After completion of the training, clinicians will be able to:

- Describe the rationale and process for a staged mental health assessment
- Define the roles of trained and certified providers in the assessment process
- Use key assessment tools to identify symptoms of depression, PTSD, risky drinking, and other mental health concerns
Specific Learning Objectives, Cont.

- Discuss how to provide feedback regarding Service member’s mental health symptoms
- Describe the use of brief intervention for risky alcohol use
- Describe the use of brief educations for depression and PTSD symptoms
- List indications and options for mental health referrals
MHAs

- MHAs are completed to identify and assess PTSD, depression, suicidality, and other mental health conditions, risks, and concerns, before or after deployment.

- These conditions, risks, and concerns can threaten an Service member’s life, health, or capacity to function and may occur before, during, or after deployment.

- Sometimes acute or definitive intervention is required at the time of the assessment.

- Generally, assessments identify mental health concerns, conditions and needs, and then indicated referrals are made up for further evaluation, definitive care, and follow-up.

“Medically Ready Force...Ready Medical Force”

(Section 1074m of Title 10 United States Code)

- **NDAA 2012**
  - Mandates the provision of a “person-to-person” MHA for each member of the Armed Forces deployed in connection with a contingency operation.
  - For a definition of “deployment,” leadership responsibilities to ensure compliance, and the instructions and exemptions for a comprehensive deployment health program, consult DoDI 6490.03, “Deployment Health,” Aug 11, 2006.
  - Requires MHAs for deployed Service members from the Army, Navy, Air Force, Marine Corps, Coast Guard (when mobilized under US Title 10 to augment the Navy), and the Reserve Component (including Ready Reserve, Standby Reserve, and Retired Reserve).

- **NDAA 2015** mandates a MHA once every 180 days for Service members deployed more than 179 days.

“Medically Ready Force...Ready Medical Force”
Time Points for MHAs

By this law, MHAs are required:

1. Within 120 days before estimated date of deployment
2. For Service members deployed more than 179 days – once every 180 days the Service members are deployed
3. Between 90 and 180 days after return from deployment
4. Between 180 days and 18 months after return from deployment
5. Between 18 and 30 months after return from deployment
The Deployment MHA question set has been integrated into the revised Pre-DHA (DD Form 2795) and PDHRA (DD Form 2900) forms released in September 2012.

“Medically Ready Force...Ready Medical Force”
MHAs, Cont.

- MHAs must:
  - Include a “person-to-person” dialogue between the Service member and a provider. “Person-to-person” includes:
    - Face-to-face,
    - Telephonic, or
    - Video telehealth link
  - Involve a private setting that fosters trust and openness for discussion of sensitive concerns
  - Be implemented consistently across the Services
Qualified Providers

- Licensed mental health providers
- Designated providers who have successfully completed this training before performing assessments
  - Physicians, physician assistants, or nurse practitioners
  - Advanced practice nurses
  - Special Forces Medical Sergeants
  - Independent Duty Corpsmen
  - Independent Duty Medical Technicians
  - Independent Health Services Technicians
Assessment Features

- Three stages to enhance efficiency
- Validated questionnaires to enhance quality and accuracy
- Standard DD forms to enhance consistency across the services
- Services can automate the questions or use a paper-and-pencil version of the mental health assessment

“Medically Ready Force...Ready Medical Force”
Three-Stage Assessment Process

**Stage 1: Self-Report Survey**
- All Service members complete
- Low time burden
- Detects potential problems
- Defines high-risk groups

**Stage 2: Follow-up Self Report Surveys**
- Service member completes additional questionnaires if Stage 1 screening for PTSD and/or Depression is positive
- “Drill down” to PTSD and Depression criteria and measure symptom severity
- Helps provider identify concerns for further evaluation and/or treatment

**Stage 3: Provider Interview**
- Person-to-Person Dialogue
- All Service members interact directly with a provider
- Provider:
  - Reviews and clarifies responses
  - Identifies areas of concern
  - Conducts Brief Intervention for Risky Drinking
  - Refers to mental health specialty care if indicated
  - Documents in medical record

“Medically Ready Force...Ready Medical Force”
Two-Stage Process,
if Stage 1 is Negative

Stage 1: Self-Report Survey
- All Service members complete
- Low time burden
- Detects potential problems
- Defines high-risk groups

Stage 3: Provider Interview
Person-to-Person Dialogue
- All Service members interact directly with a provider
- Provider:
  - Reviews and clarifies responses
  - Identifies areas of concern
  - Conducts Brief Intervention for Risky Drinking
  - Refers to mental health specialty care if indicated
  - Documents in medical record

Service member proceeds directly to Stage 3, if Stage 1 screenings for PTSD and Depression are negative

“Medically Ready Force...Ready Medical Force”
Summary and Components of Three Stages of MHA

<table>
<thead>
<tr>
<th>Assessment Areas</th>
<th>Stage 1 Service member</th>
<th>Stage 2 Service member</th>
<th>Stage 3 Service member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major life stressors</td>
<td>Yes/No</td>
<td></td>
<td>Elucidate details</td>
</tr>
<tr>
<td>Mental health history</td>
<td>Mental health conditions</td>
<td></td>
<td>Elucidate details</td>
</tr>
<tr>
<td>Medication use</td>
<td>Medications</td>
<td></td>
<td>Elucidate details</td>
</tr>
<tr>
<td>Risky drinking</td>
<td>Alcohol Use Disorders Identification Test- Consumption (AUDIT-C)</td>
<td>---</td>
<td>Brief intervention/referral</td>
</tr>
<tr>
<td>PTSD</td>
<td>Primary Care-PTSD (PC-PTSD)</td>
<td>PTSD Checklist-Civilian (PCL-C) &amp; functioning</td>
<td>Education/referral</td>
</tr>
<tr>
<td>Depression</td>
<td>Patient Health Questionnaire (PHQ) -2</td>
<td>PHQ-8 &amp; functioning</td>
<td>Education/referral</td>
</tr>
<tr>
<td>Mental health concerns or questions</td>
<td>Yes/No</td>
<td>---</td>
<td>Elucidate details</td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td></td>
<td>Assess suicide risk</td>
</tr>
<tr>
<td>Violence</td>
<td></td>
<td></td>
<td>Assess violence risk</td>
</tr>
<tr>
<td>Clinical impression</td>
<td></td>
<td></td>
<td>Final assessment</td>
</tr>
</tbody>
</table>

"Medically Ready Force...Ready Medical Force"
Stage 1: Initial Screening

7 Self-Report Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Content Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Major life stressors</td>
</tr>
<tr>
<td>2</td>
<td>Mental health conditions</td>
</tr>
<tr>
<td>3</td>
<td>Prescriptions &amp; medications</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol misuse (AUDIT-C)</td>
</tr>
<tr>
<td>5</td>
<td>PTSD (PC-PTSD)</td>
</tr>
<tr>
<td>6</td>
<td>Depression (PHQ-2)</td>
</tr>
<tr>
<td>7</td>
<td>Mental health concerns/questions</td>
</tr>
</tbody>
</table>
Stage 1: Q6 - Other Major Life Stressors

1. Over the PAST MONTH, have you experienced any major life stressors that are a cause of significant concern or make it difficult for you to do your work, take care of things at home, or get along with other people? (for example, serious conflicts with others or a legal, disciplinary, or financial problems)?

Yes _____ No _____
If Yes, please explain: ____________________________
Stage 1: Q2 and Q3 - Recent Conditions and Current Medications

2. In the past year, have you received care for any mental health condition or concern, such as PTSD, depression, anxiety disorder, alcohol abuse, or substance abuse?

   Yes ___ No ___ If Yes, please list details ________________
   Specify if □ Currently in treatment □ Not currently in treatment

3. Are you CURRENTLY taking prescription or over-the-counter medications (including herbals/supplements) for sleep or mental health problems?

   Yes ___ No ___
   If Yes, list here ________________
## Stage 1: Q4 - Alcohol Screening

### AUDIT-C

<table>
<thead>
<tr>
<th>Please circle the answer that is correct for you...</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong> How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2 to 4 times a month</td>
<td>2 to 3 times a week</td>
<td>4 or more times a week</td>
</tr>
<tr>
<td><strong>b</strong> How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 or more</td>
</tr>
<tr>
<td><strong>c</strong> How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

Score = 0 + + + + + +

Total =

- Consists of the first 3 questions of the 10 question Alcohol Use Disorders Identification Test (AUDIT)
- Positive Screen: Men ≥ 5; Women ≥ 4

### Stage 1: Q5 - PTSD Screen

**PC-PTSD**

<table>
<thead>
<tr>
<th>Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have you had nightmares about it or thought about it when you did not want to?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Were constantly on guard, watchful, or easily startled?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d. Felt numb or detached from others, activities, or your surroundings?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Stage 1: Q6 - Depression Screen

PHQ-2

Please circle the answer that is correct for you in the past two weeks:

<table>
<thead>
<tr>
<th>Over the last two weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all (0)</th>
<th>Few or several days (1)</th>
<th>More than half the days (2)</th>
<th>Nearly every day (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Little interest or pleasure in doing thing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Feeling down, depressed, or hopeless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Stage 1: Q7 - Mental Health Questions/Concerns

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

Are you interested in receiving assistance for a family or relationship concern?
- Yes  - No
Stage 2: Requirement

IMPORTANT

All positive Stage 1 screens for PTSD and Depression require Service members to provide additional information using standard questionnaires (Stage 2).
Stage 1: Self-Report Survey
- All Service members complete
- Low time burden
- Detects potential problems
- Defines high-risk groups

Stage 2: Follow-up Self Report Surveys
- Service member completes additional questionnaires if Stage 1 screening for PTSD and/or Depression is positive
- “Drill down” to PTSD and Depression criteria and measure symptom severity
- Helps provider identify concerns for further evaluation and/or treatment

Stage 3: Provider Interview
Person-to-Person Dialogue
- All Service members interact directly with a provider
- Provider:
  - Reviews and clarifies responses
  - Identifies areas of concern
  - Conducts Brief Intervention for Risky Drinking
  - Refers to mental health specialty care if indicated
  - Documents in medical record

“Medically Ready Force...Ready Medical Force”
Stage 2: Measures

- Additional self-report questionnaires will be administered for positive responses on the PTSD (PC-PTSD) and Depression (PHQ-2) questions in Stage 1.
- This additional clinical information “drills down” further into PTSD and depressive symptoms for use by the provider in Stage 3.
- Stage 2 measures include:
  - PCL-C
  - PHQ-8
  - Functional impairment question associated with PTSD and/or Depression symptoms
Stage 2: Follow-up Positive Screen for PTSD

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have has nightmares about it or thought about it when you did not want to?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Were constantly on guard, watchful, or easily startled?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d. Felt numb or detached from others, activities, or your surroundings?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If two or more of these questions from PC-PTSD are endorsed “Yes,” then continue to the PCL-C

“Medically Ready Force...Ready Medical Force”
Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the last month. Please answer all items.

<table>
<thead>
<tr>
<th>Response</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Repeated, disturbing memories, thoughts, or images of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Repeated, disturbing dreams of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Feeling very upset when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. Having physical reactions (e.g. heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. Avoid thinking about or talking about the stressful experience or avoided having feelings related to it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. Avoid activities or situations because they remind you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. Trouble remembering important parts of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. Loss of interest in things that you used to enjoy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. Feeling distant or cut off from other people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: If two or more items are marked “Yes” on items 5a-5d, continue to answer items e-x below.
PCL-C is a 17-item validated assessment of Diagnostic and Statistical Manual, Fifth Edition PTSD symptom criteria and symptom severity.

PCL-C is used to ensure coverage of symptoms caused by all traumatic stressors including combat and sexual trauma.

PCL-C is available at:

- [http://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf](http://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf)
Stage 2: PTSD PCL-C, Cont.

- Scoring of the PCL-C and recommended follow-up for PTSD symptoms will be discussed shortly
- We will discuss in-depth screening for depressive symptoms
Stage 2: Follow-up Positive Screen for Depression

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Few or several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a. Little interest or pleasure in doing things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5b. Feeling down, depressed, or hopeless.</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

If one or both of the PHQ-2 questions are endorsed as “2” or “3” (more than half the days or nearly every day) then continue to the PHQ-8.
Stage 2: PHQ-8

- 8-item Version
- PHQ-8 is a validated modification of the PHQ-9, a widely used assessment of DSM-5 depression symptom criteria and symptom severity
- PHQ-8 omits the suicide screening item, so that suicide screening and assessment does not occur until the person-to-person interview
### Stage 2: PHQ-8, Cont.

#### Over the last two weeks, how often have you been bothered by any of the following problems? (place an ‘X’ in the best box).

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Little interest or pleasure in doing things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b</td>
<td>Feeling down, depressed, or hopeless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c</td>
<td>Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d</td>
<td>Feeling tired or having little energy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e</td>
<td>Poor appetite or overeating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f</td>
<td>Feeling bad about yourself – or that you are a failure or have let yourself or your family down.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g</td>
<td>Trouble concentrating on things, such as reading the newspaper or watching television.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h</td>
<td>Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

For Primary Care Provider – Add columns: + +

Total:

---

Stage 2: Assessment of Functional Impairment

Questions also assess functional impairment related to PTSD and Depression Symptoms

<table>
<thead>
<tr>
<th>If you checked off any of the above items, how difficult have those problems made it for you to...</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do your work?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take care of things at home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get along with other people?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This question helps providers determine the clinical significance of reported symptoms
Stage 1: Self-Report Survey

- All Service members complete
- Low time burden
- Detects potential problems
- Defines high-risk groups

Stage 2: Follow-up Self Report Surveys

- Service member completes additional questionnaires if Stage 1 screening for PTSD and/or Depression is positive
- “Drill down” to PTSD and Depression criteria and measure symptom severity
- Helps provider identify concerns for further evaluation and/or treatment

Stage 3: Provider Interview

Person-to-Person Dialogue

- All Service members interact directly with a provider
- Provider:
  - Reviews and clarifies responses
  - Identifies areas of concern
  - Conducts Brief Intervention for Risky Drinking
  - Refers to mental health specialty care if indicated
  - Documents in medical record

“Medically Ready Force...Ready Medical Force”
Stage 3: Preparation for Provider Interview

- Maintain personal awareness
  - What are your views of...
    - The mission?
    - The unit?
    - The Service member?

- Consider your non-verbal behavior
  - Attitude, fatigue, and other issues can affect non-verbal behavior
  - How you behave in the interview can affect Service members’ level of comfort disclosing problems to you

- Protect against interruptions
  - Set the example: pay full attention to the Service member concerns and symptoms. They won’t if you don’t.
Stage 3: Preparation for Provider Interview, Cont.

- Review Stage 1 and 2 screening forms before initiating the person-to-person interview.

- Providers should:
  - Request Service members to complete any Stage 2 questions they have skipped.
  - Score AUDIT-C, PCL, and PHQ-8 (if automated scoring is not available).
Stage 3: Initiating the Interview

- Stage the purpose
  - Ex. “Deployment involves life changing experiences and can have lasting mental health effects. This visit is to try to catch any mental health effects early and give you time to raise questions.”

- Ask about social support
  - “Is there anyone who might listen and understand what you’re going through?”
Stage 3: What to do While Using Screening Tools

- **Empathize**
  - “You checked off sleep problems...that must be frustrating, especially with nightmares too”

- **Affirm**
  - “It takes courage [good judgment, maturity, a leader] to get help for these symptoms”

- **Verify**
  - “You checked off sleep problems and nightmares... is that right?”

- **Inquire**
  - “You report symptoms of depression like loss of pleasure, low energy, disturbed sleep. The symptoms make it very difficult for you to do your work. What work difficulties are you noticing?”

- **Inform**
  - “You say these posttraumatic stress questions descript you to a “T”. That’s common after combat/sexual assault. Let’s talk about some things that can help...”
Stage 3: Winding Down the Interview

When wrapping up:

- Summarize your understanding
  - “It sounds like getting good sleep is a big concern for you. Am I hearing you right?”

- Check on the Service member’s understanding
  - “…okay, we’ve covered a lot in a short time. Let’s run through your understanding of what we’ve talked about and what options you have to address them.”
Stage 3: Q1 - Major Life Stressors

- Financial, Legal, Disciplinary Issues, etc.
- Positive = “Yes”
- For “Yes” answers to question 1 of the Service member section, elucidate details of the stressors and conduct risk assessment if indicated
- Consider referral if significant distress or significant impairment in work, home, and social functioning

“Medically Ready Force...Ready Medical Force”
Stage 3: Q2 & Q3 - Past History and Medications

- Positive – “Yes”

- Review data and clarify Service member responses as indicated:
  - For “Yes” answers regarding past history and medication use, elucidate details
    - Frequency
    - Duration
    - Additional symptoms
    - Etc.
### Stage 3: Q4 - Scoring and Interpreting the AUDIT-C

#### Step 1: Add up the circled numbers in each of the four columns on the right.

<table>
<thead>
<tr>
<th>Please circle the answer that is correct for you...</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2 to 4 times a month</td>
<td>2 to 3 times a week</td>
<td>4 or more times a week</td>
</tr>
<tr>
<td>b How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>c How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

**Score =**

**Total =**

**Step 2: Sum the values from the columns to obtain a total severity score.**

---

**“Medically Ready Force...Ready Medical Force”**
Stage 3: Alcohol Feedback Card

- The next slide depicts the AUDIT-C alcohol feedback card
- Clinicians may use this card to provide individualized feedback to Service members regarding their alcohol use
- Alcohol feedback cards depicting age and gender specific data are available at the end of this presentation
How Many Others Drink As Much As You? (Men – all ages)

This AUDIT-C is a questionnaire given to thousands of Service members and Veterans. This triangle shows how your drinking compares to male deployed Service members. Men who score 5 or higher are likely to drink above recommended maximum drinking limits.

* Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.

**AUDIT-C Score (in points)**

- **AUDIT-C = 8-12 points**
  92% drink less than this

- **AUDIT-C = 6-7 points**
  80% drink less than this

- **AUDIT-C = 4-5 points**
  47% drink less than this

- **AUDIT-C = 0-3 points**
  47% drink this much or do not drink at all

1 in 100 males (all ages)
Algorithm for Managing Risky Drinking

Recommended Maximum Drinking Limits

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td># drinks per week</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td># drinks on any occasion</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

If within limits

If above limits, conduct Brief Intervention

Brief Intervention
- Bring attention to elevated level of drinking
- Recommend limiting use or abstaining
- Inform about the effects of alcohol on health
- Explore and help/support in choosing a drinking goal
- Follow-up and refer for specialty treatment, if indicated

Adapted from VA/DoD Clinical Practice Guideline for Management of Substance Use Disorders, Version 2.0, Aug 2009

“Medically Ready Force...Ready Medical Force”
Based on the AUDIT-C score (______) and assessment of alcohol use, follow the guidance below:

<table>
<thead>
<tr>
<th>Assess Alcohol Use</th>
<th>AUDIT-C Score*</th>
<th>AUDIT-C Score Men &amp; Women: ≥ 8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol use within recommended limits:</strong></td>
<td>Men: 5-7; Women: 4-7</td>
<td>Refer to specialty care AND</td>
</tr>
<tr>
<td><strong>Men:</strong> ≤ 14 drinks per week or ≤ 4 drinks on any occasion</td>
<td>Advise patient to stay below recommended limits</td>
<td>Conduct BRIEF counseling**</td>
</tr>
<tr>
<td><strong>Women:</strong> ≤ 7 drinks per week or ≤ 3 drinks on any occasion</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol use exceeds recommended limits:</strong></td>
<td>Consider referral to specialty care AND conduct BRIEF counseling</td>
<td></td>
</tr>
<tr>
<td><strong>Men:</strong> &gt; 14 drinks per week or &gt; 4 drinks on any occasion</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Women:</strong> &gt; 7 drinks per week or &gt; 3 drinks on any occasion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If AUDIT-C score is ≤ 4 in men or ≤ 3 in women no intervention is required

**BRIEF: Bring attention to elevated level of drinking; Recommend limiting use or abstaining; Inform about the effects of alcohol on health; Explore and help/support in choosing a drinking goal; Follow-up referral for specialty treatment, if indicated
Consider a referral for alcohol treatment if Service member:

☑ Requires further evaluation of use
☑ Has tried and been unable to change on his/her own
☑ Has known substance dependence
☑ Had prior treatment for alcohol or other substance use disorder
☑ Had a recent problem with alcohol that resulted in counseling by unit or referral to treatment
☑ Has an AUDIT-C score ≥ 8
Stage 3: Q5 - Assessing PTSD Symptoms

- Review and clarify Service member responses as indicated:
  - Q5 a-u: Review PC-PTSD and score PCL-C, if applicable, to determine severity of symptoms
  - Note associated functional impairment due to PTSD symptoms
### Stage 3: Q5 - Scoring PCL-C

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each question carefully and check the box for how much you have been bothered by that problem in the last month. Please answer all items.

<table>
<thead>
<tr>
<th>Response</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Repeated, disturbing memories, thoughts, or images of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Repeated, disturbing dreams of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Feeling very upset when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. Avoid thinking about or talking about the stressful experience or avoided having feelings related to it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. Avoid activities or situations because they remind you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. Trouble remembering important parts of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. Loss of interest in things that you used to enjoy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. Feeling distant or cut off from other people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Step 1:** Add up the numbers in each of the columns  
**Step 2:** Sum the values from the columns to obtain a total severity score
Review Stage 2: Functional Impairment Related to PTSD Symptoms (Q5)

<table>
<thead>
<tr>
<th></th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do your work?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take care of things at home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get along with other people?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This question helps providers determine the clinical significance of reported symptoms.
Stage 3: Q5 - PTSD Assessment, Education and Referral

Based on score (____), Service member’s level of functioning, and exploration of responses, follow the guidance below:

<table>
<thead>
<tr>
<th>Service member Self-Reported Level of Functioning</th>
<th>PCL score &lt; 30 Sub-threshold or no PTSD symptoms</th>
<th>PCL score 30-39 Mild PTSD symptoms</th>
<th>PCL score 40-49 Moderate PTSD symptoms</th>
<th>PCL score ≥ 50 Severe PTSD symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not difficult at all or somewhat difficult</td>
<td>No intervention</td>
<td>PTSD education</td>
<td>Consider referral for further evaluation AND provide PTSD education</td>
<td></td>
</tr>
<tr>
<td>Very difficult to extremely difficult</td>
<td>Assess need for further evaluation AND provide PTSD education</td>
<td>Consider referral for further evaluation AND provide PTSD education</td>
<td>Refer to Mental Health AND provide PTSD education</td>
<td></td>
</tr>
</tbody>
</table>

PTSD Education – Reassurance/supportive counseling, provide literature on PTSD, encourage self-management activities, and counsel to seek help for worsening symptoms

“Medically Ready Force...Ready Medical Force”
Stage 3: Q6 - Assessing Depression

- Review data and clarify Service member responses as indicated:
  - Q6a-h: Review PHQ-2 and score PHQ-8, if filled out, to identify possible depression and determine severity of symptoms
  - Note functional impairment associated with depressive symptoms
Stage 3: Q6 a-h Scoring PHQ-8

**Over the last two weeks, how often have you been bothered by any of the following problems? (place an ‘X’ in the best box).**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Little interest or pleasure in doing things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b</td>
<td>Feeling down, depressed, or hopeless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c</td>
<td>Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d</td>
<td>Feeling tired or having little energy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e</td>
<td>Poor appetite or overeating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f</td>
<td>Feeling bad about yourself – or that you are a failure or have let yourself or your family down.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g</td>
<td>Trouble concentrating on things, such as reading the newspaper or watching television.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h</td>
<td>Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**For Primary Care Provider – Add columns:**

|   | + | + |

**Total:**

“Medically Ready Force...Ready Medical Force”
Review Stage 2: Functional Impairment Related to Depression

Functional impairment related to Depression symptoms

<table>
<thead>
<tr>
<th>If you checked off any of the above items, how difficult have those problems made it for you to...</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do your work?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take care of things at home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get along with other people?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This question helps providers determine the clinical significance of reported symptoms
Stage 3: Q6 - Depression Assessment, Education and Referral

Based on score (____), Service member’s level of functioning, and exploration of responses, follow the guidance below:

<table>
<thead>
<tr>
<th>Service member Self-Reported Level of Functioning</th>
<th>PHQ-9 Score 1-4 No Symptoms</th>
<th>PHQ-9 Score 5-9 Sub-threshold Symptoms</th>
<th>PHQ-9 Score 10-14 Mild Symptoms</th>
<th>PHQ-9 Score 15-18 Moderate Symptoms</th>
<th>PHQ-9 Score 19-24 Severe Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not difficult at all or somewhat difficult</td>
<td>No intervention</td>
<td>Depression education</td>
<td></td>
<td>Consider referral to Mental Health evaluation AND provide Depression education</td>
<td></td>
</tr>
<tr>
<td>Very difficult to extremely difficult</td>
<td>Assess need for further evaluation AND provide Depression education</td>
<td>Consider referral to Mental Health evaluation</td>
<td>Consider referral to Mental Health for further evaluation AND provide Depression education</td>
<td>Refer to Mental Health AND provide Depression education</td>
<td></td>
</tr>
</tbody>
</table>

Depression Education – Reassurance/supportive counseling, provide literature on Depression, encourage self-management activities, and counsel to seek help for worsening symptoms
Stage 3: Mental Health

Questions/Concerns

- Positive – “Yes”
- For “Yes” or “Unsure” answers in Service member section, elucidate details
- Consider referral if significant distress or significant impairment in work, home, and social functioning
Stage 3: Suicide Risk Assessment

Start the suicide assessment with the following questions verbatim, posed during the Stage 3 person-to-person context:

- Ask, “Over the past month, have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?”
  
  Yes ____ No ____

  If “Yes,” ask “How often have you been bothered by these thoughts?”

  Very few days_____ More than half the time ____ Nearly every day____

- If the answer is “Yes,” a thorough suicide risk assessment is indicated using the approach on the next slide
Evaluating Suicidal Ideation

A. Verify whether the Service member has passive thoughts of death (1st part of question) or active thoughts of self-harm (2nd part of question)

“Have you had thoughts of actually hurting yourself?”
Yes ____ No ____

A. If “Yes,” ask the following four questions (Four P’s: Plan, Probability, Preventative factors, Past history)

Ask about the presence of a plan:

“Have you thoughts about how you might actually hurt yourself?”
Yes ____ No ____ If Yes, how? __________________________
Estimate **probability**: “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?”

Not likely at all ____ Somewhat likely ____ Very likely ____

Determine if there are preventative factors: “Is there anything that would prevent or keep you from harming yourself?”

No _____ Yes _____ If Yes, what? ______________

Evaluate past history: “Have you ever attempted to harm yourself in the past?”

No _____ Yes _____ If Yes, when? ______________
Evaluating Suicidal Ideation, Cont.

C. Assess other risk factors for suicide:

- Interpersonal conflicts  Yes __ No __
- Social isolation  Yes __ No __
- Current alcohol/substance abuse  Yes __ No __
- Hopelessness  Yes __ No __
- Severe agitation/anxiety  Yes __ No __
- Diagnosis of Depression or another psychiatric disorder  Yes __ No __
- Recent loss  Yes __ No __
- Financial stress  Yes __ No __
- Legal/disciplinary problems  Yes __ No __
- Serious physical illness  Yes __ No __
## Suicide Risk Referral Guidelines

<table>
<thead>
<tr>
<th>Description of Service Member Symptoms</th>
<th>Level of Risk</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Active desire to commit suicide</td>
<td>High risk</td>
<td>• Emergent behavioral health referral</td>
</tr>
<tr>
<td>• No self-control</td>
<td></td>
<td>• Find safe means of transport to the nearest behavioral health clinic or emergency room</td>
</tr>
<tr>
<td>• No external supports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Comorbid alcohol abuse, PTSD, depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Current thoughts but no active plan</td>
<td>Intermediate risk</td>
<td>• Urgent behavioral health referral</td>
</tr>
<tr>
<td>• With or without risk factors</td>
<td></td>
<td>• Advise patient who to contact in a crisis and where to go for emergency help</td>
</tr>
</tbody>
</table>

"Medically Ready Force...Ready Medical Force"
Stage 3: Violence Toward Others

- Ask “Over the past month, have you had thoughts or concerns that you might hurt or lose control with someone?”
  Yes ___ No ___
  If “Yes” response, ask additional questions to determine extent of the problem (e.g. target, plan, intent, past history)

- Suggested questions:
  a. “Is there a person or situation that provokes you to potentially hurt someone or lose control?”
     Yes ___ No ___
  b. “If this situation is not resolved, how likely are you to hurt someone?”
     Not at all likely ___ Somewhat likely ___ Very likely ___
Stage 3: Violence Risk Assessment, Cont.

c. “Do you have a plan?”
   Yes ___ No ___
   If “Yes,” details ______________
   Who is the target? ______________
   If the answer to any of these questions is “Yes,” please provide details
   ___________________________________________________________________
Stage 3: Risk Assessment and Referral

- Does Service member post a current risk for harm to self or others?
  - Yes, poses a current risk ____
  - No, not a current risk ____

- Determine if symptoms warrant referral for final assessment or additional care.
  - No referral ____
  - Immediate referral ____
  - Urgent referral ____
## Violence Risk Referral Guidelines

<table>
<thead>
<tr>
<th>Description of Service Member Symptoms</th>
<th>Level of Risk</th>
<th>Actions</th>
</tr>
</thead>
</table>
| • Service member has a current plan to hurt someone | High risk | • Emergent behavioral health referral  
• Find safe means of transport to the nearest behavioral health clinic or emergency room  
• Notify Law Enforcement if indicated |
| • Service member has violent thoughts but no active plan | Intermediate risk | • Urgent behavioral health referral  
• Consider referral for urgent behavioral health assessment  
• Advise patient who to contact in a crisis and where to go for emergency help |
Providing Feedback and Referral Recommendations

- Offer an impression of Service member’s symptoms and referral options, for example:
  - “It looks like your [PTSD, Depression, Alcohol abuse, etc.] symptoms are quite severe and/or are affecting your ability to work/be the parent you would like to be.”
  - “I recommend that you consult with a specialist for a thorough evaluation and to learn about the best options for addressing these issues.”
### Referral Options

<table>
<thead>
<tr>
<th>Service Member Status</th>
<th>Level of Risk</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Service member</td>
<td>High risk</td>
<td>• Emergent behavioral health referral</td>
</tr>
<tr>
<td>Active duty</td>
<td>Low to moderate risk</td>
<td>• Military Treatment Facility (MTF)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Non-MTF TRICARE provider</td>
</tr>
<tr>
<td>Non-Active Guard &amp;</td>
<td>Moderate risk</td>
<td>• VA Medical Center</td>
</tr>
<tr>
<td>Reserve Separating</td>
<td></td>
<td>• TRICARE (if eligible)</td>
</tr>
<tr>
<td>Active duty</td>
<td></td>
<td>• inTransition program</td>
</tr>
<tr>
<td>Non-active Guard &amp;</td>
<td>Low risk</td>
<td>• Vet Centers</td>
</tr>
<tr>
<td>Reserve Separating</td>
<td></td>
<td>• Military one-source (12 sessions of non-medical counseling)</td>
</tr>
<tr>
<td>Active duty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
inTransition Program: Free 1-on-1 Coaching During Transition to a New Mental Health Provider

- The inTransition program:
  - Supports Service members until they receive follow-up mental health care
  - Eligible Service members include:
    - Active Duty personnel going through a Permanent Change of Station (PCS) or Temporary Active Duty (TDY)
    - Guard/Reserve or separating/retiring Service members who may pursue VA, TRICARE, or community mental health care
  - Details outlined in Health Affairs policy 10-001

1-800-424-7877 | Outside U.S. 800-424-4685 | Outside U.S. collect 314-387-4700
http://www.health.mil/inTransition
Documentation and Reporting Requirements

- Providers need to comply with their Service-specific reporting requirements
- Document results and outcome of MHA on the form and in the Service member’s medical record
- Routine evaluation must be scheduled to occur before the Service member’s deployment
End of Training, Congratulations!

- Congratulations! You have reviewed all of the required material for the **Training to Administer DoD Deployment Mental Health Assessments**.

- The remaining slides contain supplemental information and resource materials that may be useful for Service members.

To continue on to MHA Training Posttest, please click [here](#).
Guidance and Support

- DoD Service member/family member helpline
  - 1-800-796-9699  662-3577 (DSN)

- DoD Clinician Helpline
  - 1-866-559-1627  642-0907 (DSN)

- DoD Europe Helpline
  - 00800-8666-8666

- Veterans Suicide Prevention Hotline
  - 1-800-273-TALK (8255) and press 1

- For Internet-based DoD support
  - Web URL: [http://www.pdhealth.mil](http://www.pdhealth.mil)
  - Email: pdheath@amedd.army.mil

“Medically Ready Force...Ready Medical Force”
Supplemental Resources

- Alcohol feedback cards
- Video Cases: Helping Patients Who Drink Too Much
  - [http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/VideoCases.aspx](http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/VideoCases.aspx)
- Depression – education material
- PTSD – education material
- Self-management work sheet, including sleep hygiene improvement plan
How Many Others Drink as Much As You? (Men 17-29 years)

This AUDIT-C is a questionnaire given to thousands of Service members and Veterans. This triangle shows how your drinking compares to male deployed Service members, ages 17-29. Men who score 4 or higher are likely to drink above recommended maximum drinking limits.

* Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.

“Medically Ready Force...Ready Medical Force”
How Many Others Drink As Much As You? (Women 17-29 years)

This AUDIT-C is a questionnaire given to thousands of Service members and Veterans. This triangle shows how your drinking compares to female deployed Service members, ages 17-29. Men who score 3 or higher are likely to drink above recommended maximum drinking limits.

* Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.

**AUDIT-C Score (in points)**

- **AUDIT-C = 8-12 points**
  98% drink less than this

- **AUDIT-C = 6-7 points**
  87% drink less than this

- **AUDIT-C = 4-5 points**
  57% drink less than this

- **AUDIT-C = 0-3 points**
  57% drink this much or do not drink at all

“Medically Ready Force...Ready Medical Force”
How Many Others Drink As Much as You? (Men 30-55 years)

This AUDIT-C is a questionnaire given to thousands of Service members and Veterans. This triangle shows how your drinking compares to male deployed Service members, ages 30-55. Men who score 4 or higher are likely to drink above recommended maximum drinking limits.

* Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.

**AUDIT-C Score (in points)**

- **AUDIT-C = 8-12 points**
  96% drink less than this
- **AUDIT-C = 6-7 points**
  88% drink less than this
- **AUDIT-C = 4-5 points**
  63% drink less than this
- **AUDIT-C = 0-3 points**
  63% drink this much or do not drink at all

1 in 100 males, Ages 30-55
How Many Others Drink As Much As You? (Women 30-55 years)

This AUDIT-C is a questionnaire given to thousands of Service members and Veterans. This triangle shows how your drinking compares to female deployed Service members, ages 30-55. Men who score 3 or higher are likely to drink above recommended maximum drinking limits.

* Source: Armed Forces Health Surveillance Center, Post-deployment Health Re-assessment (PDHRA) data.
What is Depression? Depression is more than merely sadness or the emotions that can follow a loss or difficult time. Depression is a medical disorder that can affect thoughts, feelings, and behaviors, as well as physical health.

Symptoms include:

- Feeling sad, blue, or down in the dumps
- Loss of interest in things usually enjoyed
- Feeling listless or restless
- Having trouble sleeping or sleeping too much
- Loss of energy or feeling tired all the time
- Having an increase or decrease in appetite or weight
- Having problems concentrating, remembering, or making decisions
- Feeling worthless or guilty
- Having thoughts of death or hurting oneself
If you are depressed, what can be done about it?

- Proven effective methods of treatment are:
  - Supportive counseling, prescription medication, and professional behavioral health therapy
- Talk to your provider and take an active role in deciding what type of treatment you think will work best for you and then follow through with the treatment

Key facts about antidepressant medication:

- It only works if taken every day
- It is not habit forming or addictive
- Its benefits appear slowly
- You must continue taking medicine even after you begin to feel better
- Mild side effects are common and usually improve with time
- Call your clinician if you are thinking about stopping the medication
- The goal of treatment is remission, which may take a few tries
- Medications can be and are used during deployment
Depression: Information for Service Members, Cont.

- Counseling
  - Shown to be as effective as antidepressants in treating depression
  - Sessions focus on current concerns and effective way to treat them
  - Time spent in counseling differs among individuals but typically consists of a weekly 45-60 minute session for 6-20 weeks
  - Provided by a trained behavioral health specialist
  - Cognitive behavioral therapy (CBT) is a common type of therapy
  - Other forms of counseling are available through clergy or specific support groups

- Types (settings) of counseling
  - Individual – you alone with a counselor
  - Group – you, a counselor, and other people with similar concerns
  - Family – you, a counselor, and your immediate family members
  - Marriage – you, a counselor, and your spouse
Making the most out of counseling

- Keep all of your appointments with your provider/counselor
- Be honest and open about how you feel and what issues concern you
- Feel free to ask whatever questions come to mind
- Work cooperatively with your counselor, and complete any "homework" assignments you may be asked to do between sessions

If your depression does not noticeably improve after 6-12 weeks, your counselor may modify your treatment and may use medication in addition to counseling.

Source: RESPECT-Mil Information for Soldiers Regarding Depression
PTSD: Information for Service Members

What is PTSD?

- PTSD is a condition that may occur after you’ve experience or witnessed a life-threatening event

- Some events known to trigger PTSD:
  - Military combat
  - Natural disasters
  - Serious accidents
  - Violent personal assaults (e.g. rape)

- PTSD can affect anyone

Symptoms include:

- Flashbacks
  - Images or thoughts of a traumatic event that interrupt daily activities
  - Nightmares
  - Sudden flashbacks of the event
  - Severe emotional and/or physical reactions to memories
PTSD: Information for Service Members, Cont.

- Emotional distance
  - Avoiding thinking or talking about the event
  - Avoiding situations similar to it
  - Experiencing memory loss of the event
  - Loss of interest in daily activities
  - Feeling distant or cut off
  - Experiencing emotional numbness and/or a sense that the future has been or will be cut short

- Agitation
  - Experiencing insomnia
  - Poor concentration
  - Outbursts
  - Being watchful, on guard, and/or easily startled

- People with PTSD may experience several of these symptoms for a month or more
  - Symptoms may be severe enough to significantly interfere with daily life
PTSD: Information for Service Members, Cont.

- How is PTSD treated?
  - Proven effective methods of treatment:
    - Medication – most widely used medications are the selective serotonin reuptake inhibitors (SSRIs) such as paroxetine (Paxil), sertraline (Zoloft), and fluoxetine (Prozac)
    - Psychotherapy

- Key facts about PTSD medication
  - It only works if taken every day
  - It is not habit forming or addictive
  - Its benefits appear slowly
  - You must continue taking medicine even after you begin to feel better
  - Mild side effects are common and usually improve with time
  - Call your clinician if you are thinking about stopping the medication
  - The goal of treatment is remission, which make take a few tried
  - Medications can be and are used during deployment

“Medically Ready Force...Ready Medical Force”
PTSD: Information for Service Members, Cont.

- Counseling
  - Shown to be as effective as medication in treating PTSD
  - Sessions focus on current concerns and effective ways to treat them
  - Time spent in counseling differs among individuals but typically consists of a weekly 45-60 minute session for 6-20 weeks
  - Provided by a trained behavioral health specialist
  - Two common effective forms of therapy are:
    - Cognitive Behavioral Therapy (CBT) – uses relaxation strategies to lessen symptoms and teaches you how to recognize and minimize negative thoughts and reactions
    - Prolonged Exposure Therapy (PET) – desensitizes you to the trauma by having you experience the memory of the traumatic event several times under safe and controlled conditions
  - Other forms of counseling are available through clergy or specific support groups
PTSD: Information for Service Members, Cont.

- Types (settings) of counseling
  - Individual – you alone with a counselor
  - Group – you, a counselor, and other people with similar concerns
  - Family – you, a counselor, and your immediate family members
  - Marriage – you, a counselor, and your spouse

- Making the most out of counseling
  - Keep all of your appointments with your provider/counselor
  - Be honest and open about how you feel and what issues concern you
  - Feel free to ask whatever questions come to mind
  - Work cooperatively with your counselor, and complete any “homework” assignments you may be asked to do between sessions

- If your PTSD does not noticeably improve after 6-12 weeks, your counselor may modify your treatment and may use medication in addition to counseling

Source: RESPECT-Mil Information for Soldiers Regarding Depression
**Self-Management Worksheet**

1. **Exercise**
   - Write down at least two things you can do to maintain your physical and mental well-being.

2. **Sleep hygiene**
   - Identify two things you can do to improve your sleep.

3. **Balancing act**
   - List two things you can do to achieve a better balance between work and personal life.

4. **Sleep hygiene**
   - Identify two things you can do to improve your sleep.

5. **Simple solutions and small steps**
   - List two things you can do to manage stress and overcome challenges.

6. **Daily routine**
   - Identify two things you can do to establish a daily routine.

7. **Self-care**
   - Identify two things you can do to practice self-care.

---

**Sleep Hygiene Improvement Plan**

- **Bedtime routine**: Include two things you do to prepare for sleep.
- **Morning routine**: Include two things you do to start your day.

---

**Medically Ready Force...Ready Medical Force**

Source: RESPECT-Mil Self-Management Worksheet
Worksheet was created to assist Service members in choosing things they can do to help themselves feel better. They start by selecting one of the activities from the list and then plan how to incorporate it into their life.

- Make time for pleasurable physical activities
- Fine time for pleasurable activities
- Spend time with people who can support you
- Practice deep abdominal breathing
- Simple goals and small steps
- Eat nutritious balanced meals
- Avoid or minimize alcohol use

As they feel better, they can add new activities.
Self-Management Worksheet: Sleep Hygiene Improvement Plan

- Worksheet was created to assist Service members in developing a plan for improving their sleep. They select areas they want to work on and develop a plan for incorporating them into their life.
  - Avoid caffeine 6-8 hours before bedtime
  - Avoid nicotine before bedtime
  - Limit alcohol use
  - Avoid using sleeping pills
  - Exercise regularly, but not within two hours of bedtime
  - Ensure your bedroom is a comfortable temperature, is quiet and dark, and that your mattress and pillow are in good condition
  - Take a hot bath 1-2 hours prior to bedtime
  - Eat a light snack at bedtime, but avoid large amounts of food that can create indigestion
  - Avoid naps
  - Limit time in bed
  - Stay on a regular sleep schedule

“Medically Ready Force...Ready Medical Force”
Locating Resources

■ Alcohol Use Disorders Identification Test – Consumption (AUDIT-C)

■ RESPECT-Mil Resources
  □ Re-Engineering Systems for the Primary Care Treatment of Depression and PTSD in the Military

■ inTransition Program
The following pages show the DoD PHA tool questions in paper format. The DoD PHA will be completed electronically and have skip patterns so that SMs and health care personnel will only have to complete and review applicable questions. At the present time, displaying the DoD PHA questions in this paper format (which is longer) is the only version available.
### I. MENTAL HEALTH ASSESSMENT (MHA) PROVIDER INFORMATION

1. **Last Name:**
2. **First Name:**
3. **Middle Name:**

4. **Service Branch:**
   - Air Force
   - Army
   - Navy
   - Marine Corps
   - Coast Guard
   - U.S. Public Health Service

5. **Status:**
   - Active Duty
   - Traditional Guardsman
   - Reservist
   - Active Guard Reserve or Full-time Support
   - Civilian Government Employee
   - Civilian Contractor
   - Other (List): ______________________________________

6. **Select the appropriate title.**
   - Physician (MD, DO)
   - Nurse Practitioner (NP)
   - Physician Assistant (PA)
   - Advance Practice Nurse (Clinical Nurse Specialist)
   - Independent Duty Corpsman
   - Independent Duty Health Services Technician
   - Independent Duty Medical Technician
   - Special Forces Medical Sergeant
   - Clinical Psychologist
   - Licensed Clinical Social Worker

7. **Email:**

8. **Facility:**

9. **Unit:**

10. **Address:**
11. **State:**
12. **ZIP Code:**
13. **Phone (Commercial):**

14. **Date MHA Provider Review Initiated (dd/mmm/yyyy):**

### II. MENTAL HEALTH ASSESSMENT (Corresponds with Service Member Section VI. Behavioral Health (MHA))

**Service member reports most recent deployment was to (Country): ________________________, and has deployed: _______ times before in the past five years.**

1. **Major life stressor as reported on Service member (MHA1.a.).**

   a. Did Service member mark they have a concern or a difficulty with a major life stressor?
      - Yes
      - No (Skip to 2)
      - Not answered by Service member
      - If "Yes" list Service members concern(s):

   b. If "Yes," ask additional questions to determine level of problem:

   c. Consider need for referral. Referral indicated?
      - Yes (complete blocks 9 and 10)
      - No: Already under care
      - No significant impairment
      - Already has referral
      - Other reason (explain): ______________________________________
2. Address concerns as reported in Service member questions (MHA2 and MHA3).

<table>
<thead>
<tr>
<th>Service member question</th>
<th>Not answered</th>
<th>Yes response</th>
<th>Service member’s response:</th>
<th>Provider comments (if indicated):</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of mental health care</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Alcohol use as reported in Service member question (MHA4).

a. Service member’s AUDIT-C screening score was:

If score between 0-4 (men), or 0-3 (women) nothing required, go to block 4.

Not answered by Service member

Number of drinks per week: __________________________ Maximum number of drinks per occasion: __________________________

Based on the AUDIT-C score and assessment of alcohol use, follow the guidance below:

<table>
<thead>
<tr>
<th>Alcohol Use Intervention Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess Alcohol Use</td>
</tr>
<tr>
<td>AUDIT-C Score</td>
</tr>
<tr>
<td>(Men 5 – 7) Women (4 - 7)</td>
</tr>
</tbody>
</table>

- Alcohol use WITHIN recommended limits:
  - Men: ≤ 14 drinks per week OR ≤ 4 drinks on any occasion
  - Women: ≤ 7 drinks per week OR ≤ 3 drinks on any occasion
  - Advise patient to stay below recommended limits
  - Refer if indicated for further evaluation AND conduct BRIEF counseling*

- Alcohol use EXCEEDS recommended limits:
  - Men: >14 drinks per week OR > 4 drinks on any occasion
  - Women: > 7 drinks per week OR > 3 drinks on any occasion
  - Conduct BRIEF counseling* AND consider referral for further evaluation

* BRIEF counseling: Bring attention to elevated level of drinking; Recommend limiting use or abstaining; Inform about the effects of alcohol on health; Explore and help/support in choosing a drinking goal; Follow-up referral for specialty treatment, if indicated.

b. Referral indicated for evaluation:

- Yes (Complete blocks 9 and 10)
- No (Provide education/awareness as needed)
  - State reason if AUDIT-C Score was 8+:
    - Already under care
    - Already has referral
    - No significant impairment
    - Other reason (explain): __________________________

4. PTSD screening as reported in Service member question (MHA5).

a. Did Service member mark yes on two or more of questions (MHA5.a. through MHA5.d)?

- Yes
- No (go to block 5)
- Not answered by Service member

b. If yes, Service member responses to questions (MHA5.e. through MHA5.u.) resulted in a PCL-C score of (X), and the Service member’s response to level of impairment with life events (MHA5.v.) is indicated in the table below.

- Enter PCL-C Score: __________________________
- (MHA5.e.) through (MHA5.v.) were not answered or are incomplete

Based on the PCL-C score, the Service member’s level of functioning, and your exploration of responses, follow the guidance below:

<table>
<thead>
<tr>
<th>Post-Traumatic Stress Disorder Intervention Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Reported Level of Functioning</td>
</tr>
<tr>
<td>PCL-C Score &lt; 30 (Sub-Threshold or no Symptoms)</td>
</tr>
<tr>
<td>PCL-C Score 30 – 39 (Mild Symptoms)</td>
</tr>
<tr>
<td>PCL-C Score 40 – 49 (Moderate Symptoms)</td>
</tr>
<tr>
<td>PCL-C Score ≥ 50 (Severe Symptoms)</td>
</tr>
</tbody>
</table>

- Not Difficult at All or Somewhat Difficult
  - No Intervention
  - Assess need for further evaluation AND provide PTSD education*
  - Provide PTSD Education
  - Consider referral for further evaluation AND provide PTSD education*
  - Consider referral for further evaluation AND provide PTSD education*
  - Refer for further evaluation AND provide PTSD education*

- Very Difficult to Extremely Difficult
  - Not Difficult at All or Somewhat Difficult
  - Very Difficult to Extremely Difficult

* PTSD Education = Reassurance/supportive counseling, providing literature on PTSD, encourage self management activities, and counsel Service member to seek help for worsening symptoms.
5. Depression screening as reported in Service member question (MHA6).

a. Did Service member mark “More than half the days,” or “Nearly every day” on question (MHA6.a. or MHA6.b.)?
   - Yes
   - No (go to block 6)
   - Not answered by Service member

b. If yes, Service member’s responses to questions (MHA6.a. – MHA6.h.) resulted in a PHQ-8 score of (X), and the Service member’s response level of impairment with life events (MHA6.i.) is indicated in the table below.

   Enter PHQ-8 Score:__________
   - (MHA6.c.) through (MHA6.i.) were not answered or incomplete

Based on the PHQ-8 score, Service member’s level of functioning, and exploration of responses, follow the guidance below.

<table>
<thead>
<tr>
<th>Depression Intervention Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Reported Level of Functioning</strong></td>
</tr>
<tr>
<td>Not Difficult at All or Somewhat Difficult</td>
</tr>
<tr>
<td>No Intervention</td>
</tr>
<tr>
<td>Very Difficult to Extremely Difficult</td>
</tr>
</tbody>
</table>

*Depression Education = Reassurance/supportive counseling, provide literature on depression, encourage self-management activities, and counsel Service member to seek help for worsening symptoms.

6. Suicide risk evaluation.

a. Ask “Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?”
   - Yes
   - No (go to block 7)

b. If 6.a. was yes, ask: “How often have you been bothered by these thoughts?”
   - Few or several days
   - More than half of the time
   - Nearly every day

c. If 6.a. was yes, ask: “Have you had thoughts of hurting yourself?”
   - Yes (If yes, ask questions 6.d. through 6.g.)
   - No (If no thoughts of self-harm, go to block 7)

d. Ask “Have you thought about how you might actually hurt yourself?”
   - Yes
   - No (If Yes, how?)
e. **Ask** “There is 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?”

- Not at all likely
- Somewhat likely
- Very likely

f. **Ask** “Is there anything that would prevent or keep you from harming yourself?”

- Yes
- No

If Yes, what?

---

**g. Ask** “Have you ever attempted to harm yourself in the past?”

- Yes
- No

If Yes, how?

---

**h. Conduct further risk assessment** (e.g., interpersonal conflicts, social isolation, alcohol/substance abuse, hopelessness, severe agitation/anxiety, diagnosis of depression or other psychiatric disorder, recent loss, financial stress, legal disciplinary problems, or serious physical illness).

Comments:

---

**i. Does Service member pose a current risk of harm to self?**

- Yes (complete blocks 9 and 10)
- No

---

**7. Violence/harm risk evaluation.**

a. **Ask** “Over the past month have you had thoughts or concerns that you might hurt or lose control with someone?”

- Yes
- No (go to block 8)

If yes, ask additional questions to determine extent of problem (target, plan, intent, past history).

Comments:

---

b. Does the member pose a current risk to others?

- Yes (complete blocks 9 and 10)
- No

If no, briefly state reason:

---

**8. Service member issues with this assessment (mark as appropriate):**

- Service member declined to complete this form
- Service member declined to complete interview/assessment

---

Assessment and Referral: After review of the Service member’s response and interview with the Service member, the assessment and need for further evaluation is indicated in blocks 9 through 12.

---

**9. Summary of Provider’s identified concerns needing referral(s) (Mark all that apply):**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. None Identified</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Physical Health</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>c. Dental Health</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>d. Mental Health Symptoms</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>e. Alcohol Use</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>f. PTSD Symptoms</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>g. Depression Symptoms</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>h. Environmental/Work Exposure</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>i. Risk of Self-Harm</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>j. Risk of Violence</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>k. Other (List):</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
10. Recommended referral(s) (Mark all that apply even if the Service member does not desire):

<table>
<thead>
<tr>
<th>Service Member Question</th>
<th>Within 24 Hours</th>
<th>Within 7 Days</th>
<th>Within 30 Days</th>
<th>Within 24 Hours</th>
<th>Within 7 Days</th>
<th>Within 30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Primary Care, Family Practice, Internal Medicine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Behavioral Health in Primary Care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>c. Mental Health Specialty Care</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>d. Dental</td>
<td>☐</td>
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<td>e. Other Specialty Care:</td>
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<td>Audiology</td>
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<td>Dermatology</td>
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<td>OB/GYN</td>
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<td>TBI/Rehab Med</td>
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<td>Podiatry</td>
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<td>Other</td>
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</tr>
</tbody>
</table>

11. Comments:

12. Address requests as reported on Service member questions 7 through 10 (in Service Member Section VI. Behavioral Health)

<table>
<thead>
<tr>
<th>Service Member Question</th>
<th>Not Answered</th>
<th>Yes Response</th>
<th>Comments (If Indicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request medical appointment</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Request Information on stress/emotional/alcohol</td>
<td>☐</td>
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<tr>
<td>Family/Relationship concern assistance</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Chaplain/Counselor visit request</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

13. Supplemental services recommended/information provided.

- ☐ Appointment Assistance: ☐ Family Support ☐ Other (List):
- ☐ Contract Support: ☐ Military One Source
- ☐ Community Service: ☐ TRICARE Provider
- ☐ Chaplain ☐ VA Medical Center or Community Clinic
- ☐ Health Education and Information ☐ Veteran's Center
- ☐ Health Care Benefits and Resources Information ☐ In Transition

☐ I hereby certify that the Mental Health Assessment process has been completed.

Mental Health Assessment (MHA) Provider Digital Signature (Sign if completing ONLY PART C, Section II, Mental Health Assessment portion of the PHA):

Date Completed (dd/mmm/yyyy):
Health Care Provider (Part C):
PHA Provider
Part C- PHA Provider Review and Sign Off

PHA Provider review is the second step that occurs during Part C and the final step in the DoD PHA process. The PHA Provider is authorized to:

- Review and assess the results of the SM’s self-assessment, documenting significant findings and recommendations
- Review and validate the RR’s summary
- Document missing and overdue IMR requirements and any unidentified and/or outstanding medical condition requiring further evaluation or referral
- Determine if further evaluation and/or health education is necessary
- Conduct a F2F encounter if necessary and is determined by SM responses, if requested by the SM, or specified by regulatory requirements
- Sign the PHA as complete

“Medically Ready Force...Ready Medical Force”
Duties of the PHA Provider include the following:

- Completing the PHA Provider demographic section
- Reviewing the summary matrix of the SM’s answers and RR’s input
- Documenting any discussions, actions taken, and/or recommendations with regard to the SM’s:
  - Information and demographics, deployment history, medical surveillance, deployment-limiting medical conditions, IMR, mental health, family history and lifestyle, women’s health, reserve component, other medical, and separation and retirement sections
  - Accuracy of current medications and any polypharmacy concerns
  - General health history since their last PHA
PHA Provider Referrals

After review of the SM’s responses, RR’s inputs, and MHA Provider recommendations, the PHA Provider documents recommended referrals for further SM evaluation.

Recommended referrals include, but are not limited to, the following:

- Primary Care, Family Practice, Internal Medicine
- Behavioral Health in Primary Care
- Dental
- Other Specialty Care: Audiology, Dermatology, OB/GYN, Physical Therapy, TBI/Rehab Med, Podiatry
- Case Manager/Care Manager
- Substance Abuse Program
Recording of IMR Disposition by the PHA Provider

- PHA Providers will be asked to confirm or update the SM’s IMR status by stating whether they are medically ready or medically not ready regarding IMR elements listed in the table below.
  - Ready: IMR elements are complete
  - Not Ready: IMR elements are not complete-Item(s) are missing, due, or overdue

<table>
<thead>
<tr>
<th>IMR STATUS</th>
<th>R</th>
<th>NR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DLC</td>
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<tr>
<td>DEN</td>
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<td>LAB</td>
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<tr>
<td>ME</td>
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</tbody>
</table>

**VI. INDIVIDUAL MEDICAL READINESS DISPOSITION DETERMINATION**

- **FULLY MEDICALLY READY.** (Service member is current in PHA (completed), Dental Readiness Assessment classified as DRC 1 or 2, immunization status, medical readiness and laboratory studies, individual medical equipment; and without any deployment-limiting medical conditions.)

- **PARTIALLY MEDICALLY READY.** (Service member is lacking one or more immunizations, medical readiness laboratory studies, and/or individual medical equipment.)

- **NOT MEDICALLY READY.** (Service member has a chronic or prolonged deployment-limiting medical or mental condition. These conditions may also include hospitalization, recovery, or rehabilitation time from serious illness or injury, and/or individuals in DRC 3.)

- **MEDICAL READINESS INDETERMINATE.** (Inability to determine the Service member’s current health status because of missing health information such as a lost medical record, an overdue PHA, and/or being in DRC 4.)

- Service member has separated or retired; medical readiness determination NOT required.
Completing the DoD PHA

- The DoD PHA is considered current and complete when the following have been accomplished by a HCP:
  - Medical records review and self-assessment tool review are completed and signed off by a HCP trained in PHA-specific processes
  - P2P MHA is completed and/or reviewed and signed off
  - All items potentially requiring further evaluation and/or health education are identified, reviewed, and appropriate referrals are initiated
  - Required CPS information has been provided and referrals and recommendations have been documented

- The DoD PHA is considered current and complete when the following electronic components have been accomplished:
  - The PHA completion date has been recorded in the IMR electronic tracking system of record
  - Data collected from the PHA is sent and archived in an approved central data repository
Example of Notes Received by PHA Provider

13. During the PAST 2 YEARS, how many times have you been placed on a temporary profile or on limited duty?

- When does PHA Provider receive note? If SM states they have been on a temporary profile/limited duty more than twice in the past 2 years
- Note received: Consider need for Medical Review Board

“Medically Ready Force...Ready Medical Force”
Example of Notes Received by PHA Provider

When does PHA Provider receive note?
If SM states "yes, impacted duty performance, but did not get medical care"

Note received: Item flagged. Consider for referral on this condition.

“Medically Ready Force...Ready Medical Force”
The following pages show the DoD PHA tool questions in paper format. The DoD PHA will be completed electronically and have skip patterns so that SMs and health care personnel will only have to complete and review applicable questions. At the present time, displaying the DoD PHA questions in this paper format (which is longer) is the only version available.
### III. PERIODIC HEALTH ASSESSMENT (PHA) PROVIDER INFORMATION

1. Last Name:  
2. First Name:  
3. Middle Name:  

4. Service Branch:  
   - [ ] Air Force  
   - [ ] Army  
   - [ ] Navy  
   - [ ] Marine Corps  
   - [ ] Coast Guard  
   - [ ] U.S. Public Health Service  

5. Status:  
   - [ ] Active Duty  
   - [ ] Traditional Guardsman  
   - [ ] Reservist  
   - [ ] Active Guard Reserve or Full-time Support  
   - [ ] Civilian Government Employee  
   - [ ] Civilian Contractor  
   - [ ] Other (List): __________________  

6. Select the appropriate title.  
   - [ ] Physician (MD, DO)  
   - [ ] Nurse Practitioner (NP)  
   - [ ] Physician Assistant (PA)  
   - [ ] Advance Practice Nurse (Clinical Nurse Specialist)  
   - [ ] Independent Duty Corpsman  
   - [ ] Independent Duty Health Services Technician  
   - [ ] Independent Duty Medical Technician  
   - [ ] Special Forces Medical Sergeant  

7. Email:  
8. Facility:  
9. Unit:  

10. Address:  
11. State:  
12. ZIP Code:  
13. Phone (Commercial):  

14. Date HCP Review Initiated (dd/mmm/yyyy):  

### IV. PERIODIC HEALTH ASSESSMENT PROVIDER RECOMMENDATIONS & REFERRALS

1. Provider concerns with this assessment (mark as appropriate):  
   - [ ] No issues or concerns identified.  (Skip to Section V. Summary & Comments)  
   - [ ] Issue or concerns identified after review of Service member responses, medical documentation, and Mental Health Assessment.  (Continue)  
   - [ ] Issue or concerns identified after review of Service member responses, medical documentation, Mental Health Assessment, and person-to-person (or face-to-face) Service member interview.  (Continue)  

Assessment and Referral: Provider concerns and recommended referrals are indicated in blocks 2 through 4.

2. Summary of Provider’s identified concerns (Mark all that apply):  
   
<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>a. Physical Health</td>
<td></td>
<td></td>
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<tr>
<td>b. Dental Health</td>
<td></td>
<td></td>
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<tr>
<td>c. Environmental/Work Exposure</td>
<td></td>
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<tr>
<td>d. Alcohol Use</td>
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<tr>
<td>e. PTSD Symptoms</td>
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<tr>
<td>f. Depression Symptoms</td>
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<tr>
<td>g. Mental Health Symptoms</td>
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<tr>
<td>h. Risk of Self-Harm</td>
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<tr>
<td>i. Risk of Violence</td>
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<td>j. Other (List):</td>
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<tr>
<td>e. Other Specialty Care</td>
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<td></td>
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<tr>
<td>a. Primary Care, Family Practice, Internal Medicine</td>
<td></td>
<td></td>
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<tr>
<td>b. Behavioral Health in Primary Care</td>
<td></td>
<td></td>
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<tr>
<td>c. Mental Health Specialty Care</td>
<td></td>
<td></td>
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<tr>
<td>d. Dental</td>
<td></td>
<td></td>
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<tr>
<td>f. Case Manager/Care Manager</td>
<td></td>
<td></td>
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<tr>
<td>g. Substance Abuse Program</td>
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<td>h. Other (List):</td>
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</table>

3. Recommended referral(s) (Mark all that apply even if the Service member does not desire):  
   - WITHIN 24 HOURS  
   - WITHIN 7 DAYS  
   - WITHIN 30 DAYS  
   
   | a. Primary Care, Family Practice, Internal Medicine |   |   |  |
   | b. Behavioral Health in Primary Care |   |   |  |
   | c. Mental Health Specialty Care |   |   |  |
   | d. Dental |   |   |  |
   | f. Case Manager/Care Manager |   |   |  |
   | g. Substance Abuse Program |   |   |  |
   | h. Other (List): |   |   |  |

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

### V. SUMMARY AND COMMENTS

1. Additional information summarizing findings (if any) during the Service member assessment.

<table>
<thead>
<tr>
<th>PHA CATEGORIES</th>
<th>PROVIDER SUMMARY &amp; COMMENTS (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Service Member Information and Demographics</td>
<td></td>
</tr>
<tr>
<td>II. Deployment Information</td>
<td></td>
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<tr>
<td>III. Occupational Information</td>
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<tr>
<td>IV. Medical Conditions</td>
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<tr>
<td>V. Individual Medical Readiness</td>
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<td>VI. Behavioral Health</td>
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<tr>
<td>VII. Family History and Lifestyle</td>
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<td>VIII. Women’s Health</td>
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<td>IX. Reserve Component</td>
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<td>X. Other Medical</td>
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<tr>
<td>XI. Separation and Retirement</td>
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</tbody>
</table>

2. Provider Comments:
VI. INDIVIDUAL MEDICAL READINESS DISPOSITION DETERMINATION

<table>
<thead>
<tr>
<th>IMR STATUS</th>
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<th>NR</th>
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<td>ME</td>
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</table>

- **FULLY MEDICALLY READY.** (Service member is current in PHA (completed), Dental Readiness Assessment classified as DRC 1 or 2, immunization status, medical readiness and laboratory studies, individual medical equipment; and without any deployment-limiting medical conditions.)
- **PARTIALLY MEDICALLY READY.** (Service member is lacking one or more immunizations, medical readiness laboratory studies, and/or individual medical equipment.)
- **NOT MEDICALLY READY.** (Service member has a chronic or prolonged deployment-limiting medical or mental condition. These conditions may also include hospitalization, recovery, or rehabilitation time from serious illness or injury, and/or individuals in DRC 3.)
- **MEDICAL READINESS INDETERMINATE.** (Inability to determine the Service member’s current health status because of missing health information such as a lost medical record, an overdue PHA, and/or being in DRC 4.)
- Service member has separated or retired; medical readiness determination NOT required.

KEY: DLC – Duty Limiting Condition, DEN – Dental, IMM – Immunizations, LAB – Laboratory, ME – Medical Equipment
R – READY (Individual Medical Readiness element IS complete.)
NR – NOT READY (Individual Medical Readiness element is NOT complete. Item(s) missing, due or overdue.)
Reference: DoDI 6025.19, Individual Medical Readiness (IMR), June 9, 2014

VII. CERTIFICATION AND CODING

- I hereby certify that the Periodic Health Assessment has been completed.
- This visit is ICD-10 coded by DOD_0225

VIII. PERIODIC HEALTH ASSESSMENT (PHA) PROVIDER DIGITAL SIGNATURE AND COMPLETION DATE

Periodic Health Assessment (PHA) Provider Digital Signature:
Date Completed (dd/mmm/yyyy):

DD FORM 3024, APR 2016
Supplemental Resources
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASIMS</td>
<td>Air Force-Aeromedical Services Information Management System</td>
</tr>
<tr>
<td>CHCS</td>
<td>Composite Health Care System</td>
</tr>
<tr>
<td>CPS</td>
<td>U.S. Preventive Services Task Force Clinical Preventive Services</td>
</tr>
<tr>
<td>DEERS</td>
<td>Defense Enrollment Eligibility Reporting System</td>
</tr>
<tr>
<td>DHA</td>
<td>Defense Health Agency</td>
</tr>
<tr>
<td>DoD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>DRHA</td>
<td>Deployment-Related Health Assessment</td>
</tr>
<tr>
<td>eDHA</td>
<td>Electronic Deployment Health Assessment</td>
</tr>
<tr>
<td>F2F</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>HAIMS</td>
<td>Health Artifact and Image Management Solution</td>
</tr>
<tr>
<td>HCP</td>
<td>Health Care Provider</td>
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<td>Health Readiness Record</td>
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<tr>
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<td>Individual Medical Readiness</td>
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<tr>
<td>ITS</td>
<td>Immunization Tracking System</td>
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<td>MEDBOLTS</td>
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<td>Medical Readiness Reporting System</td>
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<td>Person-to-person</td>
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<td>PRIMS</td>
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<td>Service member</td>
</tr>
<tr>
<td>Web HA</td>
<td>Web-based Health Assessment</td>
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</table>

**“Medically Ready Force...Ready Medical Force”**
Glossary

- Clinical Preventive Services (CPS): Services recommended by the U.S. Preventive Services Task Force intended to prevent or reduce the risk for heart disease, cancer, infectious diseases, and other conditions and events that impact health.

- Face-to-Face (F2F): An encounter when the individuals are physically in the presence of each other.

- Health Care Provider (HCP): Licensed or certified health care personnel (specifically, a physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent duty health services technician) who have received PHA Program-specific training. This definition does not imply prescriptive rights.

- Licensed Mental Health Professional: A health professional who is trained and certified to perform MHAs and able to make appropriate clinical referrals.

- Medical Surveillance: The ongoing, systematic collection, analysis, and interpretation of data derived from instances of medical care or medical evaluation, and the reporting of population-based information for characterizing and countering threats to a population’s health, well-being, and performance.

- Person-to Person (P2P): Face-to-face, telephone, or video teleconference dialogue with the individual that is conducted in a private setting to foster trust and openness in discussing sensitive health concerns.

“Medically Ready Force... Ready Medical Force”
Glossary (continued)

- **PHA Program**: A program that provides over-arching management of the PHA, to include: DHA-PI; update and maintenance of the PHA tool in accordance with the U.S. Preventive Services Task Force’s recommendations; development of IM/IT specifications and requirements; targeted health education for the SM; Record Reviewer and HCP education; and quality assurance measures.

- **PHA Self-Assessment**: Annual requirement for SMs to communicate their medical and health readiness status as required by DoD IMR standards.

- **PHA tool**: Comprehensive, web-based application with standardized questions and medical assessment procedures for conducting required annual PHAs of SMs.

- **Special Physicals**: Examinations which, because of the individual’s military occupation (e.g., divers, aviators), are required.

- **Health Care Personnel**: Health care personnel who have received PHA Program-specific training.

- **U.S. Preventive Services Task Force**: An independent, volunteer panel of national Public Health experts in prevention and evidenced-based medicine. The Task Force makes recommendations such as screenings, counseling services, and preventive medications as a means to improve the health of all Americans.

“Medically Ready Force...Ready Medical Force”
DD Forms

- DD Form 3024, Annual Periodic Health Assessment:

- DD 2766, Adult Preventive and Chronic Care Flowsheet:

- DD Form 2795, Pre-Deployment Health Assessment:

- DD Form 2796, Post Deployment Health Assessment:

- DD Form 2900, Post Deployment Health Re-Assessment:

- DD Form 2978, Deployment Mental Health Assessment:

“Medically Ready Force...Ready Medical Force”
DoD Instructions

- DoDI 6200.06, Periodic Health Assessment (PHA) Program:

- DoDI 6025.19, Individual Medical Readiness (IMR):

- DoDI 6490.12, Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation:

- DoDI 1332.18, Disability Evaluation System (DES):

- DoDI 6040.45, DoD Health Record Life Cycle Management:

- DoDI 6490.03, Deployment Health:

“Medically Ready Force...Ready Medical Force”
DoD Instructions (continued)


DoD Directives

- DoD 5400.11-R, Department of Defense Privacy Program:

- DoD 6025.18-R, DoD Health Information Privacy Regulation:

- DoDD 5124.02, Under Secretary of Defense for Personnel and Readiness (USD(P&R)):

- DoDD 5125.01, Assistant Secretary of Defense for Reserve Affairs (ASD(RA)):

- DoDD 5400.11, DoD Privacy Program:

“Medically Ready Force...Ready Medical Force”
Educational Resources

- U.S. Preventive Services Task Force Recommendations
  http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations

- Secure messaging system
  http://www.airforcemedicine.af.mil/micare/

- Sleep
  http://www.cdc.gov/Sleep/index.html

- Substance abuse
Educational Resources (continued)

- Tobacco cessation and exposure
  http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quit/index.html

- Women’s health

- Tricare
  http://www.tricare.mil