War Related Illness and Injury

Intake Database Variables

Version: 20130417

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Common Conventions

Unanswered Questions

For mandatory questions that are skipped or left blank, a numerical value of 999 is used.

For date variables, the first of non-specific elements is used, e.g., January 1, 1999 if 1999 is the only known date, or March 1, 2006, if March 2006 is the only known date. If no year is known but there is another date component such a month, then the year 9999 should be used.

If none of these situations applies, the variable should be set to null.

Numerical Values

Variables with true/false values and cannot be skipped can be stored in a bit.

Variables with true/false values and can be skipped should be stored in a smallint.

Tri-WRIISC Intake Packet (Version 1)

Every table uses a composite primary key in practice, consisting of the Social Security Number, questionnaire ID, and the date the questionnaire was completed. In order to facilitate table joins, a common **id** column links all data related to a specified **questionnaire** by a specific **respondent** on a specific **date**.

2.1. respondent

Column Name	Variable Description	Values
id	Primary Key	bigint
ssn	Social Security Number	char(9)
completed	Date questionnaire was completed.	datetime
qid	Questionnaire ID	varchar(25)
datestamp	When this record was added to database.	datetime

2.2. demographic (General Demographics)

Column Name	Variable Description	Values
id	Primary Key	bigint
dem_first	First name	varchar(18)
dem_last	Last name	varchar(18)
dem_ssn	Social Security Number	char(9)
dem_dob	Date of Birth:	datetime
dem_sex	Sex:	smallint, 0=Female, 1=Male
dem_datecom	Date packet was completed	datetime
dem_race01	American Indian or Alaskan Native	bit, 0=Unchecked, 1=Checked
dem_race02	Asian	
dem_race03	Black or African-American	
dem_race04	Native Hawaiian or Pacific Islander	
dem_race05	White	
dem_race06	Unknown	
dem_race07	Other	
dem_raceoth	Other (specified)	varchar(80)
dem_ethnic	What is your ethnicity?	smallint, 0=Non Hispanic or Non Latino, 1=Hispanic or Latino, 2=Unknown
dem_educ_str	Please fill in the highest year of school you completed. Fill in one answer.	smallint, range of 1 to 23, where 23 is "23+"
dem_educ	Please fill in all educational degrees obtained.	smallint, 0=High School diploma/GED, 1=Technical/Trade School, 2=Associate Degree, 3=Bachelor Degree, 4=Master's Degree, 5=PhD/Doctorate Degree, 6=MD, 7 = JD
dem_educ_oth	Other (specified)	varchar(80)
dem_lang1	Primary Language:	varchar(80)
dem_lang2	Secondary Language:	varchar(80)

Column Name	Variable Description	Values
dem_marital	Marital Status (Fill in one answer)	smallint, 0=Never Married, 1=Married, 2=Divorced, 3=Widowed, 4=Separated, 5=Living with a Partner
dem_mar_length	Number of years with current partner or spouse:	smallint
dem_mar_times	Number of times married:	smallint
dem_mar_health	How is your partner's/spouse's health? (Fill in one answer.)	smallint, 0=Poor, 1=Fair, 2=Good, 3=Very Good, 4=Excellent
dem_emp01	Employed Full-Time	bit, 0=Unchecked, 1=Checked
dem_emp02	Employed Part-Time	
dem_emp03	Unemployed	
dem_emp04	Student	
dem_emp05	Homemaker	
dem_emp06	Retired	
dem_emp07	Applying for Disability Benefits	
dem_emp08	Receiving Disability Benefits	
dem_emp09	Other	
dem_emp_oth	Other (specified)	varchar(80)
dem_handed	Are you right or left hand dominant?	smallint, 0=Right, 1=Left, 2=Both/Ambidextrous, 3=Don't Know

2.3. military (Military Demographics/History)

Conflict Codes: 1 = WWII, 2 = Korea, 3 = Vietnam, 4 = Lebanon, 5 = Panama, 6 = Grenada, 7 = Operation Desert Storm/Desert Shield, 8 = Kosovo, 9 = Bosnia, 10 = Croatia, 11 = Somalia, 12 = OEF, 13 = OIF, 14 = Operation New Dawn, 15=Other

Column Name	Variable Description	Values
id	Primary Key	bigint
mil_branch01_start	Start Date: Army	datetime
mil_branch01_end	End Date: Army	
mil_branch02_start	Start Date: Army Reserve	
mil_branch02_end	End Date: Army Reserve	
mil_branch03_start	Start Date: Army National Guard	
mil_branch03_end	End Date: Army National Guard	
mil_branch04_start	Start Date: Navy	
mil_branch04_end	End Date: Navy	
mil_branch05_start	Start Date: Navy Reserve	
mil_branch05_end	End Date: Navy Reserve	
mil_branch06_start	Start Date: Coast Guard	
mil_branch06_end	End Date: Coast Guard	
mil_branch07_start	Start Date: Public Health	
mil_branch07_end	End Date: Public Health	
mil_branch08_start	Start Date: Air Force	
mil_branch08_end	End Date: Air Force	
mil_branch09_start	Start Date: Air Force Reserve	

Column Name	Variable Description	Values
mil_branch09_end	End Date: Air Force Reserve	
mil_branch10_start	Start Date: Air National Guard	
mil_branch10_end	End Date: Air National Guard	
mil_branch11_start	Start Date: Marine Corps	
mil_branch11_end	End Date: Marine Corps	
mil_branch12_start	Start Date: Marine Corps Reserve	
mil_branch12_end	End Date: Marine Corps Reserve	
mil_branch13_start	Start Date: Coast Guard Reserve	
mil_branch13_end	End Date: Coast Guard Reserve	
mil_branch14_start	Start Date: Other	
mil_branch14_end	End Date: Other	
mil_pay_grade	Last Pay Grade	varchar(80)
mil_occ1_desc	List all primary and secondary assigned occupations (e.g., NEC, MOS) for your military service: Title/Description, Start Date, End Date	varchar(80)
mil_occ1_start		datetime
mil_occ1_end		datetime
mil_occ2_desc		varchar(80)
mil_occ2_start		datetime
mil_occ2_end		datetime
mil_occ3_desc		varchar(80)
mil_occ3_start		datetime
mil_occ3_end		datetime
mil_unit_names	Please state the name(s) of your Military Unit(s)	varchar(160)
mil_unit_0	Combat Arms	bit
mil_unit_1	Combat Support	
mil_unit_2	Combat Service Support	
mil_area_1	Combat zone	bit
mil_area_2	Other land area	
mil_area_3	Sea Duty	
mil_area_4	Don't Know	
mil_area_5	Other	
mil_area_oth	Other (specified)	varchar(260)
mil_discharge	Military Discharge	smallint, 0=Honorable, 1=General, 2=Dishonorable, 3=Medical
mil_pow	Were you ever a Prisoner of War?	smallint, 0=No, 1=Yes
mil_dep1_start	Start: Deployment 1	datetime
mil_dep1_end	End: Deployment 1	datetime
mil_dep1_loc	Location(s): Deployment 1	varchar(120)
mil_dep1_conflict	Conflict Code: Deployment 1	smallint
mil_dep1_job	Military Job Duties: Deployment 1	varchar(260)
mil_dep2_start	Start: Deployment 2	datetime
mil_dep2_end	End: Deployment 2	datetime
mil_dep2_loc	Location(s): Deployment 2	varchar(120)
mil_dep2_conflict	Conflict Code: Deployment 2	smallint
mil_dep2_job	Military Job Duties: Deployment 2	varchar(260)
mil_dep3_start	Start: Deployment 3	datetime
mil_dep3_end	End: Deployment 3	datetime

Column Name	Variable Description	Values
mil_dep3_loc	Location(s): Deployment 3	varchar(120)
mil_dep3_conflict	Conflict Code: Deployment 3	smallint
mil_dep3_job	Military Job Duties: Deployment 3	varchar(260)
mil_dep4_start	Start: Deployment 4	datetime
mil_dep4_end	End: Deployment 4	datetime
mil_dep4_loc	Location(s): Deployment 4	varchar(120)
mil_dep4_conflict	Conflict Code: Deployment 4	smallint
mil_dep4_job	Military Job Duties: Deployment 5	varchar(260)
mil_dep5_start	Start: Deployment 5	datetime
mil_dep5_end	End: Deployment 5	datetime
mil_dep5_loc	Location(s): Deployment 5	varchar(120)
mil_dep5_conflict	Conflict Code: Deployment 5	smallint
mil_dep5_job	Military Job Duties: Deployment 5	varchar(260)
mil_dep_conflict_oth	Other Conflict Code (specified)	varchar(80)

2.4. health (Health Concerns)

- All questions are public domain.

Question ID	Text	Values
concern1	Please list your top 3 most bothersome health concerns	varchar(120)
concern2		
concern3		

2.5. ros

- ROS designed by WRIISC Clinical Team in integration with PHQ (DD 2900)
  http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2900.pdf.
- All questions are public domain.

Question ID	Text	Values
ros_palp	Palpitations or heart pounding	smallint, 0=Almost never, 1=Once a year, 2=Once a month, 3=Once a week, 4=Twice a week, 5=Every day
ros_sob	Difficulty breathing (short of breath)	
ros_wheez	Wheezing	
ros_headac	Headaches	
ros_faint	Passing out and fainting	
ros_paraly	Paralysis	
ros_musc	Muscle weakness	
ros_urine	Difficulty with urination (passing water)	
ros_blurine	Blood in the urine	
ros_std	Genital sores/hsitory of STD (VD)	
ros_neck	Neck aches or pains	
ros_limb	Arm, hand, foot or leg aches or pains	
ros_nausea	Nausea or vomiting	
ros_gi	Intestinal or stomach problems	
ros_diarr	Diarrhea	

Question ID	Text	Values
ros_weight	Gaining/losing > 15 pounds without effort	
ros_gas	Excessive gas	
ros_temp	Feeling hot or cold regardless of weather	
ros_sleep	Difficulty sleeping	
ros_tempsen	Sensitivity to cold or heat	
ros_skin	Skin trouble (Rashes, boils or itching)	
ros_chest	Chest pains	
ros_cough	Chronic cough	
ros_dizzy	Dizziness	
ros_numb	Numbness or tingling in any body part	
ros_eyes	Troubles or redness with eyes or vision	
ros_taste	Trouble with the senses of taste and smell	
ros_seize	Seizures (convulsions or fits)	
ros_niteuri	Need to urinate at night	
ros_sexual	Erectile dysfunction/sexual activity problems	
ros_back	Back pain	
ros_swell	Swelling of arms, hands, legs or feet	
ros_swallow	Difficulty swallowing	
ros_constip	Constipation	
ros_appet	Poor appetite	
ros_teeth	Trouble with teeth	
ros_stool	Black stool or blood in stool	
ros_shaky	Shakiness	
ros_sweat	Excessive perspiration	
ros_fever	Fever/feeling feverish	
ros_gland	Swollen glands or unusual lumps	
ros_conc	Trouble concentrating, easily distracted	
ros_mem	Forgetful or trouble remembering things	
ros_dec	Hard to make up your mind or make decisions	
ros_irr	Increased irritability	
ros_risk	Taking more risk such as driving faster	
ros_hear	Trouble with ears/hearing	
ros_birth	Have you (or your partner or spouse) had any problems with infertility, miscarriages, or still births? (Fill in one answer.)	smallint, 0=No, 1=Yes, 2=Unknown
ros_birthdefect	Have any of your biological children been diagnosed with birth defects? (Fill in one answer.)	smallint, 0=No, 1=Yes, 2=Unknown

2.6. pmh (Patient Medical History)

- Patient Medical History
- All questions are public domain.

Question ID	Text	Values
pmh_h_bp	High blood pressure	bit, 0=Unchecked, 1=Checked
pmh_l_bp	Low blood pressure	
pmh_heart	Heart murmur or mitral valve prolapse	

Question ID	Text	Values
pmh_col	Angina, heart attack or coronary heart disease	
pmh_arryth	Arrhythmia or irregular heart beat	
pmh_perneur	Peripheral neuropathy	
pmh_spine	Spinal cord injury	
pmh_asthma	Asthma or reactive airways disease	
pmh_pneumo	Pneumonia or pleurisy (painful breathing)	
pmh_apnea	Sleep apnea	
pmh_allerg	Allergies, nasal plyps, or hay fever	
pmh_kidney	Kidney or bladder stones	
pmh_arthrit	Arthritis or gout	
pmh_broken	Broken bones or joint surgery or back surgery	
pmh_transfus	Blood transfusions	
pmh_anemia	Anemia or thalassemia	
pmh_leuk	Leukemia or lymphoma or Hodgkin's disease	
pmh_hepat	Hepatitis or liver disease or cirrhosis	
pmh_pancrea	Pancreatitis or colitis	
pmh_heatst	Heat exhaustion or heat stroke or frostbite	
pmh_fm	Fibromyalgia	
pmh_mcs	Multiple Chemical Sensitivity	
pmh_lupus	Lupus or sarcoidosis	
pmh_dep	Depression	
pmh_schizo	Schizophrenia	
pmh_hives	Hives or allergic dermatitis	
pmh_cancski	Skin cancer other than melanoma	
pmh_cancoth	Other cancer	
pmh_chf	Congestive heart failure or fluid on the lungs	
pmh_stroke	Stroke or mini-stroke or Transient Ischemic Attack	
pmh_alz	Dementia or Alzheimer's disease	
pmh_cog	Cognitive disorder	
pmh_tbi	Brain injury	
pmh_men	Meningitis	
pmh_hun	Huntington's disease	
pmh_par	Parkinson's disease	
pmh_clot	Poor circulation, varicose veins or blood clots	
pmh_seize	Seizures	
pmh_mig	Migraines	
pmh_ms	Multiple sclerosis	
pmh_lung	Emphysema or chronic lung disease	
pmh_bronch	Chronic bronchitis	
pmh_asbest	Silicosis or asbestosis	
pmh_sinusit	Chronic sinusitis	
pmh_prostate	Benign prostatic hypertrophy (enlarged prostate)	
pmh_hearloss	Hearing loss	
pmh_kidstone	Repeated kidney or bladder infections	
pmh_back	Chronic back pain, sciatica or herniated disk	
pmh_hiv	HIV positive test/AIDS	
pmh_sickle	Sickle cell disease or trait	

Question ID	Text	Values
pmh_bleed	Problems with blood clotting or bleeding	
pmh_nutr	Malnutrition	
pmh_ulcer	Ulcer or reflux or hiatal hernia	
pmh_gall	Gall bladder disease or stones	
pmh_ibs	Irritable bowel syndrome	
pmh_diabet	Diabetes or high blood sugar	
pmh_cfs	Chronic fatigue syndrome	
pmh_lyme	Lyme's disease	
pmh_thyroid	Thyroid disease or goiter	
pmh_ptsd	Post-traumatic stress disorder	
pmh_panic	Panic attacks or anxiety disorder	
pmh_bip	Bipolar disorder	
pmh_alc	Alcohol abuse or alcoholism	
pmh_sub	Substance abuse	
pmh_add	Attention deficit/hyperactivity disorder	
pmh_dys	Learning disorder or dyslexia	
pmh_psoria	Psoriasis or eczema	
pmh_melan	Melanoma	
pmh_tmj	Tempero-mandibular Joint Syndrome (TMJ)	
pmh_mono	Mononucleosis (Mono)	
pmh_other	Other	
pmh_other_spec	Other (specified)	varchar(260)
pmh_surg1	Please list any surgeries you may have had during your lifetime:	varchar(260)
pmh_surg2		
pmh_surg3		
pmh_surg4		
pmh_surg5		
pmh_hosp1	Please list any hospitalizations you may have had during your lifetime:	varchar(260)
pmh_hosp2		
pmh_hosp3		
pmh_hosp4		
pmh_hosp5		

2.7. family (Family Medical History)

Column Name	Variable Description	Values
id	Primary Key	bigint
fam_mom	Please tell us the current state of health of your biological mother (Fill in one answer.):	smallint, 0=Deceased,1=Poor, 2=Good,3=Unknown
fam_momage	Age at death:	smallint
fam_momcaus	Cause of Death:	varchar(80)
fam_mommed	Please list any past or present medical conditions for your biological mother	varchar(160)
fam_dad	Please tell us the current state of health of your biological father (Fill in one answer.):	smallint, 0=Deceased,1=Poor, 2=Good,3=Unknown
fam_dadage	Age at death:	smallint
fam_dadcaus	Cause:	varchar(80)
fam_dadmed	Please list any past or present medical conditions for your biological mother	varchar(160)
fam_sib_bro	Do you have any biological brothers	smallint, 0=No, 1=Yes
fam_bronum	If you indicated you have biological brother(s), please tell us how many	smallint
fam_bromed	Please list any past or present medical conditions for your biological brother(s)	varchar(160)
fam_broage	Brother age at death:	smallint
fam_brocaus	Brother cause of death:	varchar(80)
fam_sib_sis	Do you have any biological sisters	smallint, 0=No, 1=Yes
fam_sisnum	If you indicated you have biological sister(s), please tell us how many	smallint
fam_sismed	Please list any past or present medical conditions for your biological sister(s)	varchar(160)
fam_sisage	Sister age at death:	smallint
fam_siscaus	Sister cause of death:	varchar(80)
fam_child	Do you have any biological children?	smallint, 0=No, 1=Yes
fam_son	How many biological son(s)	smallint
fam_daught	How many biological daughter(s)	smallint
fam_childmed	Please list any past or present medical conditions for your biological children	varchar(160)
fam_childage	Children age at death:	smallint
fam_childcaus	Children cause of death:	varchar(80)

2.8. medications

Column Name	Variable Description	Values
id	Primary Key	bigint
allergy	Are you allergic to any medications?	smallint, 0=No, 1=Yes
all_name1	Name of medication	varchar(50)
all_reac1	Reaction	varchar(50)
all_name2	Name of medication	varchar(50)
all_reac2	Reaction	varchar(50)

Column Name	Variable Description	Values
all_name3	Name of medication	varchar(50)
all_reac3	Reaction	varchar(50)
medication	Are you currently taking any medications, drugs, food supplements or over the counter medications?	smallint, 0=No, 1=Yes
med_name1	Name of medication	varchar(50)
med_dose1	Dosage	varchar(50)
med_name2	Name of medication	varchar(50)
med_dose2	Dosage	varchar(50)
med_name3	Name of medication	varchar(50)
med_dose3	Dosage	varchar(50)
med_name4	Name of medication	varchar(50)
med_dose4	Dosage	varchar(50)
med_name5	Name of medication	varchar(50)
med_dose5	Dosage	varchar(50)
med_depend	Do you consider yourself dependent on any prescription drugs?	smallint, 0=No, 1=Yes

2.9. sf36 – Veterans Rand SF-36

- Veterans Rand SF-36 is developed from the original RAND version of the 36-Item Health Survey version 1.0 (also known as MOS SF-36) at the RAND Corporation as part of the Medical Outcomes Study. http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html
- Permission for research use was granted by the Rand Corporation and Lewis E. Kazis, Sc.D.

Question ID	Text	Values
id	Primary Key	bigint
sf36_01	In general, would you say your health is	0=Excellent, 1=Very Good, 2=Good, 3=Fair, 4=Poor
sf36_02a	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	0=Yes, limited a lot, 1=Yes, limited a little, 2=No, not limited at all
sf36_02b	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	
sf36_02c	Lifting or carrying groceries	
sf36_02d	Climbing several flights of stairs	
sf36_02e	Climbing one flight of stairs	
sf36_02f	Bending, kneeling, or stooping	
sf36_02g	Walking more than a mile	
sf36_02h	Walking several blocks	
sf36_02i	Walking one block	
sf36_02j	Bathing or dressing yourself	
sf36_03a	Cut down the amount of time you spent on work or other activities	0=No, none of the time, 1=Yes, a little of the time, 2=Yes, some of the time, 3=Yes, most of the time, 4=Yes, all of the time
sf36_03b	Accomplished less than you would like	
sf36_03c	Were limited in the kind of work or other activities	
sf36_03d	Had difficulty performing the work or other activities (for example, it took extra effort)	
sf36_04a	Cut down the amount of time you spent on work or other activities	0=No, none of the time, 1=Yes, a little of the time, 2=Yes, some of the time, 3=Yes, most of the time, 4=Yes, all of the time
sf36_04b	Accomplished less than you would like	
sf36_04c	Didn't do work or other activities as carefully as usual	
sf36_05	During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with families, friends, neighbors, or groups?	0=None at all, 1=Slightly, 2=Moderately, 3=Quite a bit, 4=Extremely
sf36_06	How much bodily pain have you had during the past 4 weeks?	0=None, 1=Very Mild, 2=Mild, 3=Moderate, 4=Severe, 5=Very Severe
sf36_07	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and house work)?	0=Not at all, 1=Slightly, 2=Moderately, 3=Quite a bit, 4=Extremely
sf36_08a	Did you feel full of pep?	0=All of the time, 1=Most of the time, 2=A good bit of the time, 3=Some of the time, 4=A little of the time, 5=None of the time
sf36_08b	Have you been a very nervous person?	
sf36_08c	Have you felt so down in the dumps that nothing could cheer you up?	

Question ID	Text	Values
sf36_08d	Have you felt calm and peaceful?	
sf36_08e	Did you have a lot of energy?	
sf36_08f	Have you felt downhearted and blue?	
sf36_08g	Did you feel worn out?	
sf36_08h	Have you been a happy person?	
sf36_08i	Did you feel tired?	
sf36_09	<u>During the past 4 weeks</u>, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	0=All of the time, 1=Most of the time, 2=Some of the time, 3=A little of the time, 4=None of the time
sf36_10a	I seem to get sick a little easier than other people	0=Definitely true, 1=Mostly true, 2=Don't know, 3=Mostly false, 4=Definitely false
sf36_10b	I am as healthy as anybody I know	
sf36_10c	I expect my health to get worse	
sf36_10d	My health is excellent	
sf36_11a	Compared to one year ago, how would you rate your *health in general* now?	1=Much better, 2=Somewhat better, 3=About the same, 4=Somewhat worse, 5=Much worse
sf36_11b	Compared to one year ago, how would you rate your *physical health* in general now?	
sf36_11c	Compared to one year ago, how would you rate your emotional problems now (such as feeling anxious, depressed, or irritable)?	

2.10. phq (Patient Health Questionnaire)

- Patient Health Questionnaire http://www.pdhealth.mil/guidelines/downloads/appendix2.pdf
- PHQ Question 1 is encompassed by the PHQ-15 (see the PHQ15 table).
- PHQ Question 2i is intentionally omitted, as it is a self-harm trigger.
- PHQ Question 4 consolidates 4a through 4k
- Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at rls8@columbia.edu. The names PRIME-MD® and PRIME-MD TODAY® are trademarks of Pfizer Inc. TX221Y99A © 1999, Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Column Name	Variable Description	Values
id	Primary Key	bigint
phq_02a	Little interest or pleasure in doing things	0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day
phq_02b	Feeling down, depressed, or hopeless	
phq_02c	Trouble falling or staying asleep, or sleeping too much	
phq_02d	Feeling tired or having little energy	
phq_02e	Poor appetite or overeating	
phq_02f	Feeling bad about yourself –or that you are a failure or have let yourself or your family down	
phq_02g	Trouble concentrating on things, such as reading the newspaper or watching television	
phq_02h	Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been movjng around a lot more than usual	

Column Name	Variable Description	Values
phq_03a	In the **LAST 4 WEEKS**, have you had an anxiety attack - suddenly feeling fear or panic?	0=No, 1=Yes
phq_03b	Has this ever happened before?	0=No, 1=Yes
phq_03c	Do some of these attacks come <u>suddenly out of the blue</u> – that is, in situations where you don't expect to be nervous or uncomfortable?	
phq_03d	Do these attacks bother you a lot or are you worried about having another attack?	
phq_04	During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, or nausea or upset stomach?	
phq_05a	Over the **LAST 4 WEEKS**, how often have you been bothered by feeling nervous, anxious, on edge, or worrying about a lot of different things?	0=Not at all, 1=Several Days, 2=More than half the days, 3=Nearly every day
phq_14	What are the most stressful things in your life right now?	text (640)

2.11. pcptsd (Primary Care PTSD Screen)

Column Name	Variable Description	Values
id	Primary Key	
pcptsd_01	Have had any nightmares about it or thought about it when you did not want to?	0=No, 1=Yes
pcptsd_02	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	0=No, 1=Yes
pcptsd_03	Were constantly on guard, watchful, or easily startled?	0=No, 1=Yes
pcptsd_04	Felt numb or detached from others, activities, or your surroundings?	0=No, 1=Yes

2.12. pclc (PTSD Checklist for Civilians)

- PTSD Checklist for Civilians (PCL-C): http://vaww.ptsd.va.gov/PTSD/docs/APCLC.pdf (Intranet only)
- All questions are in the public domain.

Question ID	Text	Values
pcl_01	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	0=Not at all, 1=A little bit, 2=Moderately,3=Quite a bit, 4=Extremely
pcl_02	Repeated, disturbing dreams of a stressful experience from the past?	
pcl_03	Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?	
pcl_04	Feeling very upset when something reminded you of a stressful experience from the past?	
pcl_05	Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	

Question ID	Text	Values
pcl_06	Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?	
pcl_07	Avoiding activities or situations because they reminded you of a stressful experience from the past?	
pcl_08	Trouble remembering important parts of a stressful experience from the past?	
pcl_09	Loss of interest in activities that you used to enjoy?	
pcl_10	Feeling distant or cut off from other people?	
pcl_11	Feeling emotionally numb or being unable to have loving feelings for those close to you?	
pcl_12	Feeling as if your future will somehow be cut short?	
pcl_13	Trouble falling or staying asleep?	
pcl_14	Feeling irritable or having angry outbursts?	
pcl_15	Having difficulty concentrating?	
pcl_16	Being "super-alert" or watchful or on guard?	
pcl_17	Feeling jumpy or easily startled?	

2.13. cfs (CDC CFS Symptom Inventory)

- CDC CFS Symptom Inventory: http://www.cdc.gov/cfs/case-definition/
- All questions are in the public domain

Column Name	Variable Description	Values
id	Primary Key	
cfs_fatig_f	Prolonged fatigue or feeling of illness lasting longer than a day after mild exercise (frequency)	0=Never, 1=A little of the time, 2=Some of the time, 3=Most of the time, 4=All of the time
cfs_rest_f	Unrefreshing sleep (frequency)	
cfs_memor_f	Substantial problems remembering (frequency)	
cfs_conce_f	Substantial problems concentrating (frequency)	
cfs_muscl_f	Muscle discomfort or pains/aches (frequency)	
cfs_joint_f	Pain in joints such as elbows, knees and fingers, without redness or swelling (frequency)	
cfs_throat_f	Sore throat (frequency)	
cfs_gland_f	Tender glands in neck, jaw, or armpits (frequency)	
cfs_heada_f	New types of headaches (frequency)	
cfs_diarr_f	Diarrhea (frequency)	
cfs_fever_f	Feeling feverish (frequency)	
cfs_chill_f	Chills (frequency)	
cfs_sleep_f	Sleeping problems (frequency)	
cfs_nause_f	Nausea (frequency)	
cfs_gi_f	Stomach or abdominal pain (frequency)	
cfs_ur_f	Sinus or nasal problems (frequency)	
cfs_lung_f	Shortness of breath (frequency)	
cfs_light_f	Sensitivity to light (frequency)	
cfs_depre_f	Depression (frequency)	
cfs_fatig_i	Prolonged fatigue or feeling of illness lasting longer than a day after mild exercise (intensity)	0=Mild, 1=Moderate, 2=Severe

Column Name	Variable Description	Values
cfs_rest_i	Unrefreshing sleep (intensity)	
cfs_memor_i	Substantial problems remembering (intensity)	
cfs_conce_i	Substantial problems concentrating (intensity)	
cfs_muscl_i	Muscle discomfort or pains/aches (intensity)	
cfs_joint_i	Pain in joints such as elbows, knees and fingers, without redness or swelling (intensity)	
cfs_throat_i	Sore throat (intensity)	
cfs_gland_i	Tender glands in neck, jaw, or armpits (intensity)	
cfs_heada_i	New types of headaches (intensity)	
cfs_diarr_i	Diarrhea (intensity)	
cfs_fever_i	Feeling feverish (intensity)	
cfs_chill_i	Chills (intensity)	
cfs_sleep_i	Sleeping problems (intensity)	
cfs_nausa_i	Nausea (intensity)	
cfs_gi_i	Stomach or abdominal pain (intensity)	
cfs_ur_i	Sinus or nasal problems (intensity)	
cfs_lung_i	Shortness of breath (intensity)	
cfs_light_i	Sensitivity to light (intensity)	
cfs_depre_i	Depression (intensity)	
cfs_fatig	Prolonged fatigue or feeling of illness lasting longer than a day after mild exercise (present for 6 months or more)	0=No, 1=Yes
cfs_rest	Unrefreshing sleep (present for 6 months or more)	
cfs_memor	Substantial problems remembering (present for 6 months or more)	
cfs_conce	Substantial problems concentrating (present for 6 months or more)	
cfs_muscl	Muscle discomfort or pains/aches (present for 6 months or more)	
cfs_joint	Pain in joints such as elbows, knees and fingers, without redness or swelling (present for 6 months or more)	
cfs_throat	Sore throat (present for 6 months or more)	
cfs_gland	Tender glands in neck, jaw, or armpits (present for 6 months or more)	
cfs_heada	New types of headaches (present for 6 months or more)	
cfs_diarr	Diarrhea (present for 6 months or more)	
cfs_fever	Feeling feverish (present for 6 months or more)	
cfs_chill	Chills (present for 6 months or more)	
cfs_sleep	Sleeping problems (present for 6 months or more)	
cfs_nause	Nausea (present for 6 months or more)	
cfs_gi	Stomach or abdominal pain (present for 6 months or more)	
cfs_ur	Sinus or nasal problems (present for 6 months or more)	
cfs_lung	Shortness of breath (present for 6 months or more)	
cfs_light	Sensitivity to light (present for 6 months or more)	
cfs_depre	Depression (present for 6 months or more)	

Column Name	Variable Description	Values
cfs_fat_6mo	To what degree has your fatigue limited your daily activity OVER THE PAST 6 MONTHS?	0=0% normal overall activity: no limitations, 1=1%-25%, 1=26%-49%, 2=50% activity level reduced to 50% of normal, 3=51%-75%, 3=76%-99%, 4=100% totally disabled bedridden constantly

2.14. fibro (Fibromyalgia Preliminary Diagnostic Criteria)

- Fibromyalgia preliminary diagnostic criteria, Table 4:
  http://www.rheumatology.org/practice/clinical/classification/fibromyalgia/2010_preliminary_diagnostic_criteria.pdf
- All questions are in the public domain

Column Name	Variable Description	Values
id	Primary Key	bigint
fibro_shldr_l	Left shoulder pain lasting 1 week over 3 months	smallint, 0=No, 1=Yes
fibro_shldr_r	Right shoulder pain lasting 1 week over 3 months	
fibro_arm_ul	Left upper arm pain lasting 1 week over 3 months	
fibro_arm_ur	Right upper arm pain lasting 1 week over 3 months	
fibro_arm_ll	Left lower arm pain lasting 1 week over 3 months	
fibro_arm_lr	Right lower arm pain lasting 1 week over 3 months	
fibro_hip_l	Left hip pain lasting 1 week over 3 months	
fibro_hip_r	Right hip pain lasting 1 week over 3 months	
fibro_leg_ul	Left upper leg pain lasting 1 week over 3 months	
fibro_leg_ur	Right upper leg pain lasting 1 week over 3 months	
fibro_leg_ll	Left lower leg pain lasting 1 week over 3 months	
fibro_leg_lr	Right lower leg pain lasting 1 week over 3 months	
fibro_jaw_l	Left jaw pain lasting 1 week over 3 months	
fibro_jaw_r	Right jaw pain lasting 1 week over 3 months	
fibro_chest	Chest pain lasting 1 week over 3 months	
fibro_abdom	Abdomen pain lasting 1 week over 3 months	
fibro_back_u	Upper back pain lasting 1 week over 3 months	
fibro_back_l	Lower back pain lasting 1 week over 3 months	
fibro_neck	Neck pain lasting 1 week over 3 months	
fibro_length	If you have checked any of the above locations has this pain lasted for more than 3 months?	

2.15. pain (VA Pain)

- Question 1 from the VA Pain Numeric Rating Scale: http://www.va.gov/PAINMANAGEMENT/docs/PainNRS.pdf
- All questions are in the public domain

Question ID	Text	Values
id		bigint
vapain_01	How would you rate your pain RIGHT NOW	smallint, number, 0 (no pain) to
vapain_02	How would you rate your USUAL level of pain during last week	10 (worst pain imaginable)

Question ID	Text	Values
vapain_03	How would you rate your BEST level of pain during last week	
vapain_04	How would you rate your WORST level of pain during last week	

2.16. ibs (IBS Module - Rome III Criteria)

- IBS Module-Rome III Criteria: http://romecriteria.org/questionnaires/
- Permission for research use granted by Michele Pickard of the Rome Foundation, Inc.

Question ID	Text	Values
id		bigint
ibs_01	In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?	smallint, 0=Never, 1=Less than one day a month, 2=One day a month, 3=Two to three days a month, 4=One day a week, 5=More than one day a week, 6=Every day
ibs_02	FOR WOMEN: Did this discomfort or pain occur only during your menstrual bleeding and not at other times?	0=No, 1=Yes, 2=Does not apply
ibs_03	Have you had this discomfort or pain 6 months or longer?	0=No, 1=Yes
ibs_04	How often did this discomfort or pain get better or stop after you had a bowl movement?	0=Never or rarely, 1=Sometimes, 2=Often, 3=Most of the time, 4=Always
ibs_05	When this discomfort or pain started, did you have more frequent bowel movements?	
ibs_06	When this discomfort or pain started, did you have less frequent bowel movements?	
ibs_07	When this discomfort or pain started, were your stools (bowel movements) looser?	
ibs_08	When this discomfort or pain started, how often did you have harder stools?	
ibs_09	In the last 3 months, how often did you have hard or lumpy stools?	
ibs_10	In the last 3 months, how often did you have loose, mushy, or watery stools?	

2.17. msq (Migraine Specific Quality of Life Questionnaire 2.1)

- Migraine Specific Quality of Life Questionnaire (MSQ) version 2.1:
  http://www.ncbi.nlm.nih.gov/pubmed/17468941
- Permission for research use granted by M. Chris Runken of GlaxoSmithKline.

Question ID	Text	Values
migraines	Do you experience migraine headaches?	0=No, 1=Yes
msq_01	How often have migraines interfered with how well you dealt with family, friends and others who are close to you?	0=Never, 1=A little of the time, 2=Some of the time, 3=A good bit of the time, 4=Most of the time, 5=All of the time
msq_02	How often have migraines interfered with your leisure time activities, such as reading or exercising?	
msq_03	How often have you had difficulty in performing work or daily activities because of migraine symptoms?	

Question ID	Text	Values
msq_04	How often did migraines keep you from getting as much done at work or at home?	
msq_05	How often did migraines limit your ability to concentrate on work or daily activities?	
msq_06	How often have migraines left you too tired to do work or daily activities?	
msq_07	How often have migraines limited the number of days you have felt energetic?	
msq_08	How often have you had to cancel work or daily activities because you had a migraine?	
msq_09	How often did you need help in handling routine tasks such as every day household chores, doing necessary business, shopping, or caring for others, when you had a migraine?	
msq_10	How often did you have to stop work or daily activities to deal with migraine symptoms?	
msq_11	How often were you not able to go to social activities such as parties, dinner with friends, because you had a migraine?	
msq_12	How often have you felt fed up or frustrated because of your migraines?	
msq_13	How often have you felt like you were a burden on others because of your migraines?	
msq_14	How often have you been afraid of letting others down because of your migraines?	

2.18. psqi (Pittsburg Sleep Quality Index)

- Pittsburg Sleep Quality Index (PSQI): http://www.sleep.pitt.edu/content.asp?id=1484
- Permission for research use granted by Daniel J. Buysse, M.D., Professor of Psychiatry and Clinical and Translational Science, University of Pittsburgh School of Medicine

Question ID	Text	Values
psqi_01	During the past month, what time have you usually gone to bed at night?	text, containing a time in 24-hour format, of hour and minute only.
psqi_02	During the past month, how long (in minutes) has it usually taken you to fall asleep each night?	number
psqi_03	During the past month, what time have you usually gotten up in the morning?	text, containing a time in 24-hour format, of hour and minute only.
psqi_04	During the past month, how many hours of actual sleep did you get at night?	number
psqi_05a	Cannot get to sleep within 30 minutes past month	0=not during the past month, 1=less than once a week, 2=once or twice a week, 3=three or more times a week
psqi_05b	Wake up in the middle of the night or early morning past month	
psqi_05c	Have to get up to use the bathroom past month	
psqi_05d	Cannot breathe comfortably past month	
psqi_05e	Cough or snore loudly past month	
psqi_05f	Feel too cold past month	
psqi_05g	Feel too hot past month	

Question ID	Text	Values
psqi_05h	Had bad dreams past month	
psqi_05i	Have pain past month	
psqi_05j	Other reason(s)…	
psqi_05j_spec	Please describe other reason(s)	text
psqi_06	During the past month, how would you rate your sleep quality overall?	0=very good, 1=fairly good, 2=fairly bad, 3=very bad
psqi_07	During the past month, how often have you taken medicine to help you sleep (prescribed or "Over the counter")?	0=not during the past month, 1=less than once a week, 2=once or twice a week, 3=three or more times a week
psqi_08	During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	
psqi_09	During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?	0=no problem, 1=only very slight, 2=somewhat, 3=a very big problem
psqi_10	Do you have a bed partner or roommate?	0=no bed partner or roommate, 1=partner/roommate in other room, 2=partner in same room, but not same bed, 3=partner in same bed
psqi_10a	Loud snoring	0=not during the past month, 1=less than once a week, 2=once or twice a week, 3=three or more times a week
psqi_10b	Long pauses between breaths while asleep	
psqi_10c	Legs twitching or jerking while you sleep	
psqi_10d	Episodes of disorientation or confusion during sleep	
psqi_10e	Other restlessness while you sleep…	
psqi_10e_spec	Please describe	text

2.19. expomil (Deployment Air Respiratory Exposures)

For each exposure, there is:

- Have you been exposed to…, a smallint where 0=No, 1=Yes, 2=Don't Know
- Frequency, smallint from 0 to 4
- Intensity, smallint from 0 to 4
- Concern, smallint from 0 to 4

Question ID	Variable Description	Values
id	Primary Key	bigint
expo_herb	Agent Orange or other herbicides	smallint
expo_herb_f		smallint
expo_herb_i		smallint
expo_herb_c		smallint
expo_bite	Animal bites	smallint
expo_bite_f		smallint
expo_bite_i		smallint
expo_bite_c		smallint
expo_anim	Animal bodies	smallint
expo_anim_f		smallint

Question ID	Variable Description	Values
expo_anim_i		smallint
expo_anim_c		smallint
expo_anth	Anthrax Vaccine	smallint
expo_anth_f		smallint
expo_anth_i		smallint
expo_anth_c		smallint
expo_asbe	Asbestos	smallint
expo_asbe_f		smallint
expo_asbe_i		smallint
expo_asbe_c		smallint
expo_biow	Biological warfare agents	smallint
expo_biow_f		smallint
expo_biow_i		smallint
expo_biow_c		smallint
expo_mopp	Chemical alarms/MOPP4	smallint
expo_mopp_f		smallint
expo_mopp_i		smallint
expo_mopp_c		smallint
expo_napp	Chemical nerve agent antidotes (pyridostigmine bromide or	smallint
expo_napp_f	NAPP)	smallint
expo_napp_i		smallint
expo_napp_c		smallint
expo_wche	Chemical weapons	smallint
expo_wche_f		smallint
expo_wche_i		smallint
expo_wche_c		smallint
expo_chem	Chemicals (solvents, cleaners, degreasers, etc.)	smallint
expo_chem_f		smallint
expo_chem_i		smallint
expo_chem_c		smallint
expo_chlo	Chlorine gas	smallint
expo_chlo_f		smallint
expo_chlo_i		smallint
expo_chlo_c		smallint
expo_npw	Ingestion of contaminated water	smallint
expo_npw_f		smallint
expo_npw_i		smallint
expo_npw_c		smallint
expo_wash	Bathed or washed in contaminated water	smallint
expo_wash_f		smallint
expo_wash_i		smallint
expo_wash_c		smallint
expo_vibr	Excessive vibration	smallint
expo_vibr_f		smallint
expo_vibr_i		smallint
expo_vibr_c		smallint
expo_fogo	Fog oils (smoke screen)	smallint

Question ID	Variable Description	Values
expo_fogo_f		smallint
expo_fogo_i		smallint
expo_fogo_c		smallint
expo_bloo	Human blood, body fluids	smallint
expo_bloo_f		smallint
expo_bloo_i		smallint
expo_bloo_c		smallint
expo_poll	Industrial air pollution (e.g., from factories)	smallint
expo_poll_f		smallint
expo_poll_i		smallint
expo_poll_c		smallint
expo_infe	Infectious disease (i.e., skin, stomach, respiratory, etc.)	smallint
expo_infe_f		smallint
expo_infe_i		smallint
expo_infe_c		smallint
expo_inse	Insect bites	smallint
expo_inse_f		smallint
expo_inse_i		smallint
expo_inse_c		smallint
expo_pest	Insecticides, pesticides, flea collars	smallint
expo_pest_f		smallint
expo_pest_i		smallint
expo_pest_c		smallint
expo_radi	Ionizing radiation or radiological agents	smallint
expo_radi_f		smallint
expo_radi_i		smallint
expo_radi_c		smallint
expo_lase	Lasers	smallint
expo_lase_f		smallint
expo_lase_i		smallint
expo_lase_c		smallint
expo_nois	Loud noises	smallint
expo_nois_f		smallint
expo_nois_i		smallint
expo_nois_c		smallint
expo_pain	Paint/Painting operations (vehicles or equipment) or exposed to Peeling Paint?	smallint
expo_pain_f		smallint
expo_pain_i		smallint
expo_pain_c		smallint
expo_petr	Petrochemical fuels or fumes (vehicle exhaust)	smallint
expo_petr_f		smallint
expo_petr_i		smallint
expo_petr_c		smallint
expo_wexh	Weapons' exhaust within an enclosed space	smallint
expo_wexh_f		smallint
expo_wexh_i		smallint
expo_wexh_c		smallint

Question ID	Variable Description	Values
expo_prop	Prophylactic meds (antimalarials, antibiotics)	smallint
expo_prop_f		smallint
expo_prop_i		smallint
expo_prop_c		smallint
expo_rada	Radar/microwaves	smallint
expo_rada_f		smallint
expo_rada_i		smallint
expo_rada_c		smallint
expo_sand	Sand/dust	smallint
expo_sand_f		smallint
expo_sand_i		smallint
expo_sand_c		smallint
expo_burn	Smoke from burning trash or feces	smallint
expo_burn_f		smallint
expo_burn_i		smallint
expo_burn_c		smallint
expo_oilf	Smoke from oil fire	smallint
expo_oilf_f		smallint
expo_oilf_i		smallint
expo_oilf_c		smallint
expo_heat	Tent heater smoke	smallint
expo_heat_f		smallint
expo_heat_i		smallint
expo_heat_c		smallint
expo_vacc	Vaccinations (small pox, yellow fever, hepatitis A/B, etc.)	smallint
expo_vacc_f		smallint
expo_vacc_i		smallint
expo_vacc_c		smallint
expo_du	Depleted Uranium	smallint
expo_du_f		smallint
expo_du_i		smallint
expo_du_c		smallint
expo_meta	Embedded metal fragments	smallint
expo_meta_f		smallint
expo_meta_i		smallint
expo_meta_c		smallint
expo_othm	Other comments	varchar(320)
expo_occh	While in the military, were you monitored or assessed as part of any occupational health program?	smallint, 0=No, 1=Yes
expo_occh_1	Respiratory Protection Program	bit
expo_occh_2	Medical Surveillance Program	bit
expo_occh_3	Asbestos Surveillance Program	bit
expo_occh_oth	Other/Comment (specified)	varchar(160)
expo_mask	While deployed, how many days did you wear an N95 or other respirator or an M40 or other mask? Number of days:	smallint
expo_mask_desc	If worn, please describe the type(s) of respirator(s)/mask(s), associated job duty (duties), and duration(s) worn:	varchar(400)

Question ID	Variable Description	Values
expo_crav	While deployed, how often did you wear a cravat (large kerchief-type cloths) to minimize air exposures? Number of days:	smallint
expo_visi	While deployed, how many days was the air quality so bad that it was a "no fly day" and/or most outdoor missions were halted due to lack of visibility? Number of days:	smallint
expo_hosp_desc	Health conditions: Hospitalization	varchar(160)
expo_hosp_date	Date: Hospitalization	datetime
expo_evac_desc	Health conditions: Evacuation out of area of operation	varchar(160)
expo_evac_date	Date: Evacuation out of area of operation	datetime
expo_temp_desc	Health conditions: Temporary profile with duty limitations	varchar(160)
expo_temp_date	Date: Temporary profile with duty limitations	datetime
expo_limi_desc	Health conditions: Limitation of your duties by your commander	varchar(160)
expo_limi_date	Date: Limitation of your duties by your commander	datetime
expo_mos_desc	Health conditions: Change of MOS/assigned occupational series	varchar(160)
expo_mos_date	Date: Change of MOS/assigned occupational series	datetime
expo_moos_desc	Health conditions: Medically boarded out of service	varchar(160)
expo_moos_date	Date: Medically boarded out of service	datetime

2.20. expociv (Civilian Exposures)

Column Name	Variable Description	Values
id	Primary Key	bigint
expo_duso	Dust from baking flours, grains, wood, cotton, plants, or animals	smallint
expo_duso_f		smallint
expo_duso_i		smallint
expo_duso_c		smallint
expo_duss	Dust from rock, sand, concrete, coal, asbestos, silica, or soil	smallint
expo_duss_f		smallint
expo_duss_i		smallint
expo_duss_c		smallint
expo_cgas	Chemical gases or vapors (e.g., from paints, cleaning products, glues, solvents, and acids)	smallint
expo_cgas_f		smallint
expo_cgas_i		smallint
expo_cgas_c		smallint
expo_metf	Metal fumes (e.g., welding/soldering fumes)	smallint
expo_metf_f		smallint
expo_metf_i		smallint
expo_metf_c		smallint
expo_exhf	Exhaust fumes (e.g., from trucks, buses, heavy machinery, or diesel engines)	smallint
expo_exhf_f		smallint
expo_exhf_i		smallint
expo_exhf_c		smallint
expo_othc_spec	Other (Please describe.):	varchar(80)
expo_othc		smallint
expo_othc_f		smallint
expo_othc_i		smallint

Column Name	Variable Description	Values
expo_othc_c		smallint
expo_resp	Have you had to wear respiratory protection for any of your civilian jobs? (e.g., firefighter)	smallint
expo_resp_spec	If **YES**, please describe	varchar(320)
expo_medi	Did any of these civilian exposures require medical treatment or evaluation?	smallint
expo_medi_spec	If **YES**, please describe	varchar(320)
expo_work	Have you ever been put on a work restriction or received disability for any of these civilian exposures?	smallint
expo_work_spec	If **YES**, please describe	varchar(320)

2.21. ces (Combat Exposure Scale)

- Combat Exposure Scale (CES): http://www.ptsd.va.gov/professional/pages/assessments/ces.asp
- All questions are in the public domain.

Column Name	Variable Description	Values
id	Primary Key	bigint
ces_01	1. Did you ever go on combat patrols or have other dangerous duty?	0=No, 1=1-3 times, 2=4-12 times, 3=13-50 times, 4=51 or more times
ces_02	2. Were you ever under enemy fire?	0=Never, 1=less than 1 month, 2=1-3 months, 3=4-6 months, 4=7 months or more
ces_03	3. Were you ever surrounded by the enemy?	0=No, 1=1-2 times, 2=3-12 times, 3=13-25 times, 4=26 or more times
ces_04	4. What percentage of the soldiers in your unit were killed (KIA), wounded or missing in action (MIA)?	0=None, 1=1-25%, 2=26-50%, 3=51-75%, 4=76% or more
ces_05	5. How often did you fire rounds at the enemy?	0=Never, 1=1-2 times, 2=3-12 times, 3=13-50 times, 4=51 or more times
ces_06	6. How often did you see someone hit by incoming or outgoing rounds?	0=Never, 1=1-2 times, 2=3-12 times, 3=13-50 times, 4=51 or more times
ces_07	7. How often were you in danger of being injured or killed (ie., being pinned down, overrun, ambushed, near miss etc.)?	0=Never, 1=1-2 times, 2=3-12 times, 3=13-50 times, 4=51 or more times

2.22. dd2900 (Deployment)

- PDHRA/DD 2900: http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2900.pdf

Column Name	Variable Description	Values
id	Primary Key	
pdhra_03	8. During your deployment(s), were you wounded, injured, assaulted or otherwise physically hurt?	0=No, 1=Yes, 2=Unsure

Column Name	Variable Description	Values
pdhra_03a	9. If you were wounded, injured, assaulted or otherwise physically hurt, are you still having problems related to this wound, assault or injury?	0=No, 1=Yes, 2=Unsure, 3=Not applicable"
dep_med	10. Did you seek or receive medical attention during your deployment (s)? If so, please tell a WRIISC staff member about your experience when you arrive.	0=No, 1=Yes
dep_med_spec	If Yes, Please describe:	varchar(260)
pdhra_05	11. Since you returned from deployment(s), about how many times have you seen a healthcare provider for any reason, such as sick call, emergency room, primary care, family doctor or mental health provider?	0=No visits, 1=2-4 visits, 2=5-9 visits, 3=10-14 visits, 4=15-20 visits, 5=21-25 visits, 6=26-30 visits, 7=More than 30 visits

2.23. drri (DRRI Section F (Unit Cohesion))

This is the Deployment Risk and Resilience Inventory (DRRI), Section F: Unit Support:

http://vaww.ptsd.va.gov/Assessment.asp (intranet only)

Question ID	Text	Values
drri_f01	My unit was like family to me.	1=Strongly disagree, 2=Somewhat disagree, 3=Neither agree nor disagree, 4=Somewhat agree, 5=Strongly agree
drri_f02	I felt a sense of camaraderie between myself and other soldiers in my unit.	
drri_f03	Members of my unit understood me.	
drri_f04	Most people in my unit were trustworthy.	
drri_f05	I could go to most people in my unit for help when I had a personal problem.	
drri_f06	My commanding officer(s) were interested in what I thought and how I felt about things.	
drri_f07	I was impressed by the quality of leadership in my unit.	
drri_f08	My superiors made a real attempt to treat me as a person.	
drri_f09	The commanding officer(s) in my unit were supportive of my efforts.	
drri_f10	I felt like my efforts really counted to the military.	
drri_f11	The military appreciated my service.	
drri_f12	I was supported by the military.	

2.24. auditc (Audit-C Alcohol Screen)

Column Name	Variable Description	Values
id	Primary Key	
auditc_01	1. In the PAST 12 MONTHS, how often did you have a drink containing alcohol?	0=Never, 1=Monthly or less, 2=2-4 times a month, 3=2-3 times a week, 4=4 or more times per week
auditc_02	2. In the PAST 12 MONTHS, how many drinks containing alcohol did you have on a typical day that you drank?	0=0, 1=1-2, 2=3-4, 3=5-6, 4=7-9, 5=10 or more
auditc_03	3. In the PAST 12 MONTHS, how often did you have six or more drinks on one occasion?	0=Never, 1=Less than monthly, 2=Monthly, 3=Weekly, 4=Daily or almost daily

2.25. substance (WRIISC Substance Screen)

Column Name	Variable Description	Values
id	Primary Key	
sa_caff	Caffeine	0=Never, 1=In the past, 2=Presently
sa_cig	Cigarettes	
sa_chew	Chewing tobacco/Snuff	
sa_mari	Marijuana	
sa_alco	Beer/Alcohol	
sa_amph	Amphetamines (e.g., metamphetamines)	
sa_coca	Cocaine or crack	
sa_hall	Hallucinogenics (LSD, acid, etc.)	
sa_inha	Inhalants (glue, nitrous oxide, etc.)	
sa_hero	Heroin	
sa_pcp	PCP (or "angel dust")	
sa_bath	Bath salts	
sa_pres	Prescription drugs to the point of abuse	
sa_oth	Other…	
sa_oth_spec	Please describe:	text (240)
dare_c2sha1	5. Did you grow up in a household with a smoker?	0=No, 1=Yes
dare_c2sha2	6. Are you living in a household with a smoker?	0=No, 1=Yes

2.26. tbi (VA TBI Screen)

- VA TBI Screen as in CPRS.

Column Name	Variable Description	Values
id	Primary Key	
tbi_01a	Blast or explosion (IED, RPG, land mine, grenade, etc.)	0=No, 1=Yes
tbi_01b	Vehicular accident/crash (any vehicle including aircraft)	
tbi_01c	Fragment wound or bullet wound above your shoulders	
tbi_01d	Fall	
tbi_01e	Blow to the head (sports injury, hit head against something)	
tbi_01f	Other injury to head	text (160)
tbi_02a	Losing consciousness/"knocked out"	0=No, 1=Yes
tbi_02b	Being dazed, confused, or "seeing stars"	
tbi_02c	Not remembering the event	
tbi_02d	Told you had a concussion	
tbi_02e	Head injury (visible wound)	
tbi_03a	Memory problems or lapses	0=No, 1=Yes
tbi_03b	Balance problems or dizziness	
tbi_03c	Sensitivity to bright light	
tbi_03d	Irritability	
tbi_03e	Headaches	
tbi_03f	Sleep problems	
tbi_04a	Memory problems or lapses	0=No, 1=Yes
tbi_04b	Balance problems or dizziness	
tbi_04c	Sensitivity to bright light	
tbi_04d	Irritability	

Column Name	Variable Description	Values
tbi_04e	Headaches	
tbi_04f	Sleep problems	
tbi_05	11. Other than during your deployment(s), have you ever experienced an event that resulted in your being dazed, losing consciousness, or being unable to remember the event?	0=No, 1=Yes
tbi_05_spec	If you answered YES, please describe the event(s)	text (800)

2.27. wriisc (WRIISC Program)

Column Name	Variable Description	Values
id	Primary Key	
wriisc_vapro	VA health care provider	0=Unchecked, 1=Checked
wriisc_provider	Non-VA health care provider	
wriisc_vetpeer	Fellow veteran	
wriisc_vetcent	Vet Center Provider/Personnel	
wriisc_oefoif	OEF/OIF/OND coordinator	
wriisc_vetorg	Veteran Service Organization	
wriisc_military	Military person or event	
wriisc_flyer	Flyer	
wriisc_flyer_spec	Flyer (specified)	varchar(100)
wriisc_web	Web site	0=Unchecked, 1=Checked
wriisc_web_spec	Web site (specified)	varchar(100)
wriisc_other	Other	0=Unchecked, 1=Checked
wriisc_other_spec	Other (specified)	varchar(100)
wriisc_rsn_caus	Understand the cause of my symptoms	0=Not at all, 1=A little, 2=A lot
wriisc_rsn_redu	Reduce my symptoms even if I don't have an explanation	
wriisc_rsn_expo	Understand what effect war-related exposures may have had	
wriisc_rsn_exam	Obtain a complete examination	
wriisc_rsn_ment	Obtain a mental health evaluation	
wriisc_rsn_othe	Make it easier for other people like me to get help	
wriisc_src_prin	Newspaper/Magazines	0=None at all, 1=A little, 2=A lot
wriisc_src_frie	Friends/Family	
wriisc_src_vahe	VA/DOD health care professionals	
wriisc_src_hea	Non-VA health care professionals	
wriisc_src_tele	Television	
wriisc_src_webs	Web sites	
wriisc_src_supp	Support groups	
wriisc_src_soci	Social Media (i.e., Facebook, Twitter, LinkedIn)	
wriisc_src_othe	Other	
wriisc_src_spec	Other (specified)	varchar(160)

2.28. phq15 (PHQ-15 (Somatic Symptom Severity))

- Patient Health Questionnaire, 15-Item Somatic Symptom Severity Scale (PHQ-15), http://www.phqscreeners.com
- Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Column Name	Variable Description	Values
id		
phq15_a	Stomach pain	0=Not bothered at all, 1=Bothered a little, 2=Bothered a lot
phq15_b	Back pain	
phq15_c	Pain in your arms, legs, or joints (knees, hips, etc.)	
phq15_d	Menstrual cramps or other problem with your periods (Women only)	
phq15_e	Headaches	
phq15_f	Chest pain	
phq15_g	Dizziness	
phq15_h	Fainting spells	
phq15_i	Feeling your heart pound or race	
phq15_j	Shortness of breath	
phq15_k	Pain or problems during sexual intercourse	
phq15_l	Constipation, loose bowels, or diarrhea	
phq15_m	Nausea, gas, or indigestion	
phq15_n	Feeling tired or having low energy	
phq15_o	Trouble sleeping	

2.29. oefoif (VA OEF/OIF Screen)

- VA OEF/OIF Screen as found in CPRS on July 20, 2012.
- All questions are in the public domain.

Column Name	Variable Description	Values
id		
oefoif_01	Did you serve in Iraq or Afghanistan, left on the ground, or in nearby coastal waters, or in the air, after September 11, 2001?	0=No, 1=Yes
oefoif_02	Do you have any problems with chronic diarrhea or other gastrointestinal complaints since serving in the area of conflict?	
oefoif_03	Do you have any popular or nodular (bumpy) skin rash that began after your deployment?	
oefoif_04	Do you have any unexplained fevers?	
oefoif_05	Do you have or suspect that you have retained fragments or shrapnel as a result of injuries while serving in the area of conflict?	

2.30. tobacco (WRIISC Tobacco Use)

- Derived and adapted from:
  - Clinical Epidemiology Research Center (CERC),
  - Deployment Air Respiratory Exposure (DARE) Questionnaire,
  - US Army Public Health Command (USAPHC),
- In consultation with:
  - WRIISC Clinical Environmental Exposure Team,
  - Office of Public Health, Environmental Health Strategic Healthcare Group.
- All questions are in the public domain.

Column Name	Variable Description	Values
id		
tobacco01	Have you smoked more than 100 cigarettes or 20 cigars or 20 ounces of pipe tobacco in your lifetime?	0=No, 1=Yes
tobacco02a	Cigarettes	0=0 (none), 1=1-2 a day/intermittent/occasional, 2=3-10 (up to half a pack) a day, 3=11-20 (up to a pack) a day, 4=21-40 (1-2 packs) a day, 5=More than 40 cigarettes (more than 2 packs a day)
tobacco02b	Cigars	0=0 (none), 1=Less than 7 per week, 2=7-14 per week, 3=More than 14 per week
tobacco02c	Pipe/Tobacco	
tobacco03	How old were you when you started smoking regularly?	Number
tobacco04a	Do you still smoke?	0=No, 1=yes
tobacco04b	How old were you when you stopped?	Number
tobacco04c	If you quit, why did you stop?	0=Personal decision, 1=Medical condition…
tobacco04c_text	Please describe:	text (400 characters)

Cognitive and Behavioral Health (20120717)

3.1. Neurobehavioral Symptom Inventory (NSI)

Question ID	Text	Values
id		database primary key
ssn	SSN:	text (9 characters, no dashes)
nsi_01	Feeling dizzy	0 = none, 1 = mild, 2 = moderate, 3 = severe, 4 = very severe
nsi_02	Loss of balance	
nsi_03	Poor coordination, clumsy	
nsi_04	Headaches	
nsi_05	Nausea	
nsi_06	Vision problems, blurring, tourble seeing	
nsi_07	Sensitivity to light	
nsi_08	Hearing difficulty	
nsi_09	Sensitivity to noise	
nsi_10	Numbness or tingling on parts of my body	
nsi_11	Change in taste and/or smell	
nsi_12	Loss of appetite or increased appetite	
nsi_13	Poor concentration, can't pay attention, easily distracted	
nsi_14	Forgetfulness, can't remember things	
nsi_15	Difficulty making decisions	
nsi_16	Slowed thinking, difficulty getting organized, can't finish things	
nsi_17	Fatigue, loss of energy, getting tired easily	
nsi_18	Difficulty falling or staying asleep	
nsi_19	Feeling anxious or tense	
nsi_20	Feeling depressed or sad	
nsi_21	Irritability, easily annoyed	
nsi_22	Poor frustration tolerance, feeling easily overwhelmed by things	

3.2. Cognitive Difficulties Scale (CDS)

o 26-item version is used in the questionnaire, while the numbering of the full 37-item scale is used in the database for future-proofing.

Question ID	Text	Values
id		database primary key
ssn	SSN:	
cds_03	When interrupted while reading, I have trouble finding my place again	0 = never, 1 = rarely, 2 = sometimes, 3 = often, 4 = very often
cds_04	I need a written list when I do errands	
cds_05	I forget appointments, dates, or meetings	
cds_06	I forget to return phone calls	
cds_07	I have trouble getting my keys into a lock	
cds_08	I forget errands I planned to do	
cds_09	I have trouble recalling names of people I know	

cds_10	I find it hard to keep my mind on a task or a job	
cds_11	I have trouble describing a program I have just watched on television	
cds_12	I have trouble expressing what I mean to say	
cds_13	I fail to recognize people I know	
cds_14	I have trouble getting out a word that's on the tip of my tongue	
cds_16	I find it hard to understand what I read	
cds_18	I forget names of people soon after being introduced	
cds_19	I lose my train of thought when I listen to somebody else	
cds_20	I forget what day of the week it is	
cds_23	I make mistakes in writing or calculating	
cds_24	I cannot keep my mind on one thing	
cds_26	I have trouble manipulating buttons or zips	
cds_28	I have trouble sewing, mending, making minor household repairs	
cds_29	I have trouble fixing my mind on what I'm reading	
cds_30	I forget right away what people say to me	
cds_33	I forget to pay bills, record cheques, or mail letters	
cds_35	My mind just goes blank at times	
cds_36	I forget the date of the month	
cds_37	I have trouble manipulating tools, scissors, corkscrews or can-openers	