

Post-Deployment Health Reassessment



PDHRA



Application User's Guide

March 2008

POST-DEPLOYMENT HEALTH REASSESSMENT

P D H R A

AFMOA / SGO3Q Point of Contact

Lt Col Alfred J. Ozanian, USAF, BSC, PhD
PDHRA Lead Agent for AF Surgeon General
Chief Consultant, BSC Clinical Services
(202) 767-4061
DSN 297-4061
alfred.ozanian@pentagon.af.mil

Points of Contact

Ms. Susana Middleton
PDHRA Operations Manager
(210) 536-4599
DSN 240-4599
susana.middleton.ctr@brooks.af.mil

Dr. Rebecca Myatt, DVM, MPH
ASIMS Program Manager
(210) 536-8329
DSN 240-8329
rebecca.myatt.@brooks.af.mil

Ms. Tonya Henry
PDHRA Utilization Manager
AMC, AFDW, AFSOC, AFSPC
(210) 536-4148
DSN 240-4148
tonya.henry.ctr@brooks.af.mil

Ms. Rhoda Kirkland
PDHRA Utilization Manager
AETC, AFMC, USAFE
(210) 536-4639
DSN 240-4639
rhoda.kirkland.ctr@brooks.af.mil

Ms. Kimberly Wright-Jackson
PDHRA Utilization Manager
ACC, PACAF
(210) 536-4617
DSN 240-4617
kimberly.wright-jackson.ctr@brooks.af.mil

Ms. Sarah Beams
PDHRA Communications Manager
(210) 536-4129
DSN 240-4129
sarah.beams.ctr@brooks.af.mil

ACKNOWLEDGEMENTS

This document was developed by the former Population Health Support Division, Air Force Modernization Directorate (AF/SGRKP), and Office of the USAF Surgeon General in conjunction with the Clinical Quality Management Division, Air Force Medical Support Agency (AFMSA/SGOC), Office of the USAF Surgeon General.

Editorial review and content contributions were received from Col Alton Powell, Col Donna Lake, Col Mark Holden, Col Kenneth Hall, Lt Col James Favret, Lt Col Dennis Fay, Lt Col James Haynes, Lt Col Daniel Burnett, Lt Col Joseph Schurhammer, Lt Col Lista Benson, Lt Col Sam Hall, Lt Col Paul Sjoberg, Lt Col Charles Clinton, Dr. Lucinda Frost, Dr. Rebecca Myatt, Dr. Robert Williams, Maj Nicole Frazer, Maj Ann Burns, Maj Dan Phillips, Maj Kevin Lier, Capt Samantha Elmore, CMSgt Jeffrey Hurst, MSgt Susana Middleton, Mr. Bill Kenyon, Ms. Bridgette Herron, Ms. Tonya Henry, Ms. Rita Garcia, Ms. Rhoda Kirkland, Ms. Kimberly Wright-Jackson, and Ms. April Korbel.

Special thanks to Col Donna Lake and her staff at Seymour Johnson AFB for beta testing the Post-Deployment Health Reassessment (PDHRA) process and application.

Special thanks to Dr. Robert Williams and Dr. Rebecca Myatt for the development of the PDHRA application and to Ms. Adriana Vargas for the contributions provided in this guidance.

TABLE OF CONTENTS

Revisions 1

Overview of the PDHRA 2

 The PDHRA Process 2

 Key Participants in the PDHRA Process 4

 UDM 4

 PDHRA Monitor 4

 PDHRA UMs 6

 PCM Team 6

 Contract Hires 6

 LSSC 7

 PDHRA Results 7

 Negative PDHRAs 7

 Positive PDHRAs 7

Instructions for the MTF 16

 Accessing PDHRA 16

 Reviewing Negative Forms 17

 Reviewing a Positive Form 20

 Completing the Provider Portion (Page 4) of the PDHRA 21

 Printing Forms 23

Instructions For UDMs 25

 Accessing Rosters 25

 Contacting Members Requiring a PDHRA 28

Instructions for PIMR ADMINISTRATORS 30

Instructions for the PRP 36

 Setting a Browser Cookie 36

 Establishing an Approved IP Address 38

 Transcribing a Hard Copy DD Form 2900 38

Additional Question Sets 40

 AUDIT 40

 AUDIT Scores 40

 AUDIT Questionnaire 40

 PCL-M 42

 PCL-M Scores 42

 PCL-M Questionnaire 42

 Modified PHQ-9 44

 Modified Questionnaire 44

 PHQ-9 Scores 45

Useful Links 46

Provider Resources 47

References 48

REVISIONS

| Page No | Section | Description |
|----------------|---|--|
| 7-8 | PDHRA Results | Updated description of what response constitutes which kind of positive, based on revised DD Form 2900. |
| 11-15 | PDHRA Results | Sample of revised DD Form 2900, including what response constitutes which kind of positive. |
| 20-21 | Reviewing a Positive Form | Updated instructions for reviewing positive forms, which are now viewed on the PDHRA Website, rather than in PIMR. |
| 21-23 | Completing the Provider Portion (Page 4) of the PDHRA | Revised instructions for completing page 4, which is now done on the PDHRA Website, rather than in PIMR. |
| 38-39 | Transcribing a Hard Copy DD Form 2900 | Added instructions for transcribing a hard copy DD Form 2900 into PIMR. |
| 47 | Provider Resources | Added list of resources for health care providers. |

OVERVIEW OF THE PDHRA

The health and wellbeing of Airmen is the cornerstone of war-fighting capabilities. For this reason, their health is aggressively monitored and managed before, during and after deployments. In December 2005, in addition to other tools already in place, the Air Force implemented the Post-Deployment Health Reassessment (PDHRA) (DD Form 2900) program and appropriate clinical assessments to ensure that forces are “fit to fight.” The PDHRA program is a Department of Defense (DoD) requirement that allows for the early identification and management of symptoms that may appear in the months following a deployment.

■ The PDHRA Process

The Air Force has automated the PDHRA process to ensure that important member information reaches the healthcare team in a timely and efficient manner. This process results in the reduction of unnecessary appointments and the optimization of the Military Treatment Facility's (MTF) efforts. Active Duty Air Force (ADAF) members returning from deployment after 1 March 2004 that required a DD Form 2796 (Post-Deployment Health Assessment, or PDHA) will be instructed by their Unit Deployment Managers (UDMs) to complete the web-based DD Form 2900 between 90-180 days after returning from deployment. In addition, any service member deployed after 11 September 2001 may also complete the PDHRA in absence of notification by their UDM. **Members in the Personnel Reliability Program (PRP) are an exception. These members must make an appointment to complete the PDHRA in-person at their MTF.**

Once a member completes the PDHRA online, the results will be immediately available for retrieval by the MTF via the Preventive Health Assessment and Individual Medical Readiness (PIMR) software. The PDHRA Monitor will review PDHRA results within one duty day to initiate a triaging process for their members and will be responsible for implementing procedures. If PDHRA results have not been reviewed within one duty day, the PDHRA Utilization Managers (UMs) will contact the MTF.

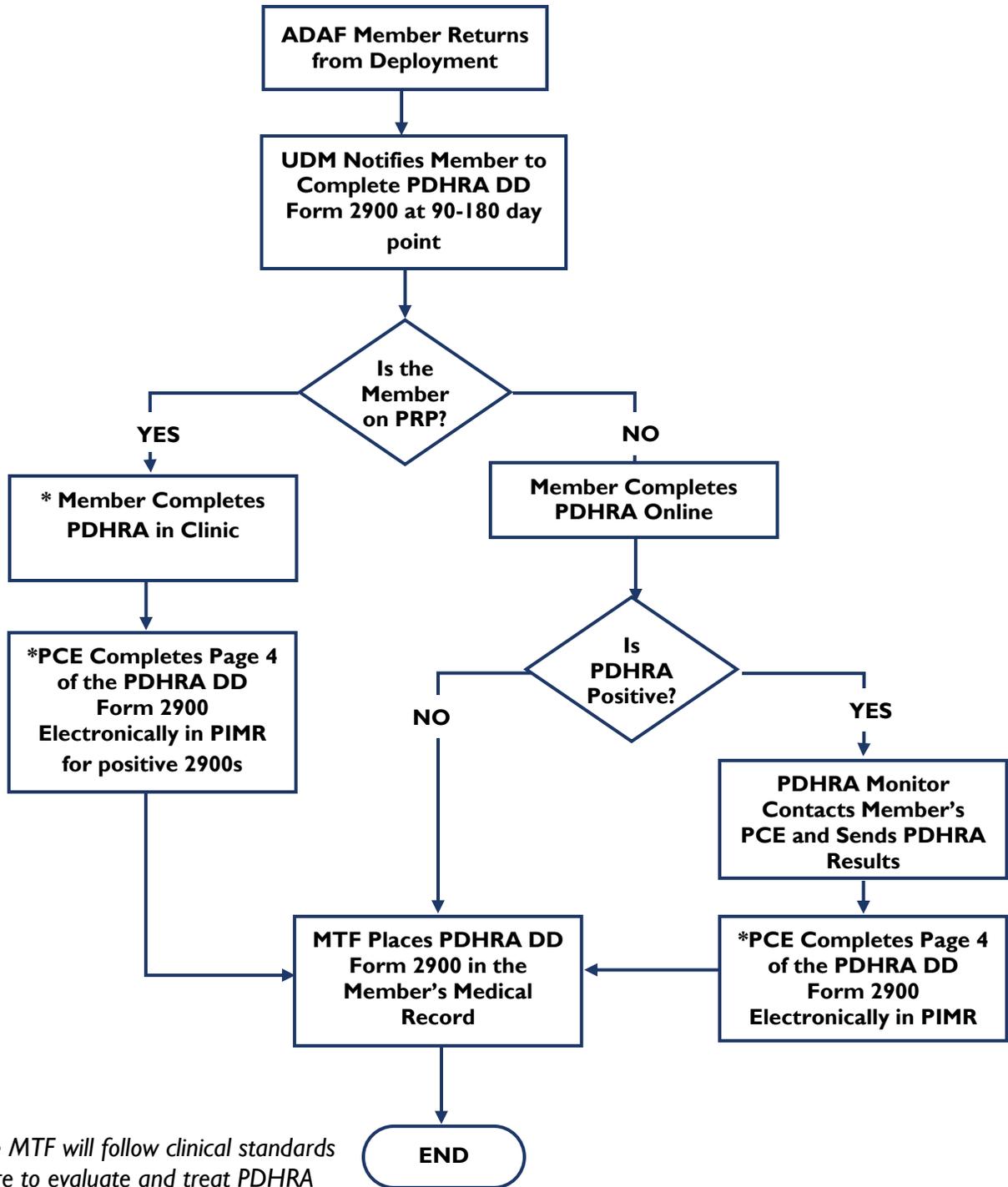


Figure 1 – PDHRA Process Flow Diagram

■ Key Participants in the PDHRA Process

While all healthcare providers and ancillary staff play an important role in post-deployment health, there are specifically defined roles in the PDHRA process. These include the UDM, the PDHRA Monitor, the PIMR Administrator, the Primary Care Management (PCM team) and the PDHRA UMs.

UDM

The UDM will:

- ◆ Use the AF PDHRA UDM website to view a list of due members. (This, however, should not be the primary means by which UDMs keep track of members due for PDHRAs. It is designed to be an assisting, but not comprehensive mechanism.) See the Instructions for UDMs section for guidance on accessing this site.
- ◆ Initially notify members when they are due for a PDHRA. This is done 90 to 180 days after they return from a deployment that required the member to complete a DD Form 2796.
- ◆ Provide members with the PDHRA educational brochure, available at: <https://kx.afms.mil/pdhra>. Those not on PRP will need to complete the online PDHRA.
- ◆ Instruct PRP personnel to make an appointment with their Primary Care Manager (PCM).
- ◆ Notify the PIMR Administrator of any UDM personnel changes within their unit.

PDHRA Monitor

The PDHRA Monitor and alternate monitor are appointed by the MTF commander. Each MTF determines which personnel are best suited to serve as PDHRA Monitors based upon local needs, but generally the PDHRA Monitor requires access to PIMR, the ability to print DD Form 2900s for filing in medical records and access to the PCE and/or Life Skills Support Center (LSSC). The PDHRA Monitor will:

- ◆ Check PIMR daily for positive PDHRAs. Positive PDHRAs must be reviewed within 1 duty day
- ◆ Ensure positive PDHRA results are immediately brought to the attention of a clinical provider who is responsible for follow-up action.

- ◆ Function as a PIMR PDHRA-Administrative User within PIMR and receive e-mail notification when positive PDHRAs are pending.
- ◆ Contact PDHRA UMs to discuss issues/problems associated with PDHRA.
- ◆ Communicate information regarding the status of records exceeding the 30 day requirement by using the notes capability. Only enter information regarding the PDHRA completion status.
- ◆ Develop/maintain a tracking system for all positive PDHRAs and use it to ensure accountability and to monitor records throughout the process PIMR Administrator.

The PIMR Administrator at each MTF provides software management support for the PIMR application. Support includes managing the user list, user privileges, assigning administrative privileges and assisting all MTF personnel in the use of the PIMR application. The PIMR Administrator must have attended the PIMR training given at USAFSAM, Brooks City Base, Texas and will:

- ◆ Serve as the point of contact for technical issues with PIMR and PIMR-PDHRA. At most MTFs, the PIMR Administrator is an existing position, and there may be several individuals who serve in this role.
- ◆ Update the UDM roster as needed.
- ◆ Assign the following access levels for PDHRA:

Administrative User (PDHRA Monitor and alternate monitor)

This level of access allows a user to review PDHRAs and make entries on page 4. This level of access is provided to the PDHRA Monitor and alternate monitor. It allows emails to be received from a central AF PDHRA database regarding pending positive PDHRAs at their MTF.

Read and Edit User (Healthcare provider and support staff)

This level of access allows a user to review PDHRAs (e.g. complete the provider page of the PDHRA) and complete the Ancillary Staff/Administrative Section on page 5 of the PDHRA.

It is anticipated that all PCEs (i.e., providers, nurses, and technicians) will have this level of access.

This level of access will not receive the positive e-mail notifications.

PIMR PDHRA Read Only User (Force Health Management, Outpatient Records element, etc.)

This level of access allows read only access to only review PDHRA results.

PDHRA UMs

The PDHRA UMs will:

- ◆ Provide quality checks at each step of the PDHRA process.
- ◆ Follow-up with UDMs in cases where a member has not completed the PDHRA within 120 days.
- ◆ Follow-up with the PDHRA monitor in cases where positive PDHRA results have not been reviewed by the MTF within one duty day or when page 4 of the PDHRA has not been completed within 30 days of reviewing a positive PDHRA. When page 4 of the PDHRA has not been completed within 30 days, the UMs will contact both the PDHRA Monitor and the Chief of the Medical Staff (SGH).
- ◆ Work with the SGH to solve persistent issues concerning PDHRAs, e.g., incomplete positives, overdue assessment, and lack of documentation.
- ◆ Contact MAJCOM in cases where the SGH is unsuccessful in resolving persistent issues.

PCM Team

The PCM Team will:

- ◆ Review positive PDHRAs to determine what action is required.
- ◆ Provide initial follow-up for all patients who have endorsed any physical health concerns and close out page 4.
- ◆ Communicate information regarding the status of records exceeding the 30 day requirement by using the notes capability. Only enter information regarding the PDHRA completion status.

Contract Hires

At MTFs with the largest number of members who deploy, civilian positions have been created to enable placement of ADAF behavioral health providers (e.g., psychologists and social workers) directly in primary care to support and implement the behavioral health optimization project (BHOP). These ADAF providers are referred to as Behavioral Health Consultants (BHCs) and will work full-time in the primary care clinic.

The contract hires may:

- ◆ Work in the LSSC providing specialty behavioral healthcare, allowing the ADAF personnel to function as BHCs.
- ◆ Serve in the role of PDHRA Monitor, however please note that this is not required. Their primary purpose is to assist with the clinical management of positive PDHRAs and other behavioral health needs of all MTF enrollees.

LSSC

For MTFs with a contract PDHRA behavioral health provider, the LSSC will refer patients with positive behavioral health PDHRAs to the BHC in primary care.

For all other MTFs, the PCE and LSSC flight chiefs, under the direction of the SGH will devise local policy on how to process PDHRAs with behavioral health concerns only.

PDHRAs that are positive for physical health concerns only or both physical and behavioral health concerns must first be evaluated by the PCM Team **NOT** the LSSC or BHC.

■ PDHRA Results

Negative PDHRAs

Negative PDHRAs can be batch printed and placed in members' medical records. Negative PDHRAs require no further follow-up.

Positive PDHRAs

The web-based PDHRA application has been designed to identify certain responses as positives. A positive PDHRA is defined as an endorsement of any of the items noted on pp 12-13 of this document.

Supplementary question sets will be offered if members respond positively to depression questions, alcohol questions, or PTSD questions, as follows:

- On question 12, if members answer positively to any of the 4 response options, they will be offered the opportunity to complete the supplementary PCL-M.

- On question 13, if members answer positively to either 13a or 13 b, or if their scores¹ for 13c +13d+ 13e are ≥ 4 for men or ≥ 3 for women, then they will be offered the opportunity to complete the supplementary AUDIT.
- On question 14, if members answer “more than half the days” or “nearly every day” for either question 14a or 14 b, they will be offered the opportunity to complete the Modified Patient Health Questionnaire-9 (PHQ-9).

Positives are categorized as being either BEHAVIORAL HEALTH or PHYSICAL. The following shows how each of the items are categorized, if positive:

| <u>Positive Behavioral Health</u> | <u>Positive Physical</u> |
|---|--------------------------------------|
| #4 (somewhat, very, extremely) | #1 (fair or poor), |
| #11 (yes or unsure) | #2 (somewhat or much worse) |
| #12 (yes for any symptom) | #3 (somewhat, very, extremely) |
| #13 (yes for a or b; <u>or</u> if c + d + e = ≥ 4 for men or ≥ 3 for women) | #5 (4-5 visits; or 6 or more visits) |
| #14 (if more than half the days or nearly every day for either a or b) | #6 (yes) |
| #15 (yes) | #7a (yes or unsure) |
| #16 (yes) | #8 (yes or unsure) |
| #17 (yes) | #9d (yes for any symptom) |
| #18 (yes) | #10 (yes) |

Members with positive PDHRAs will need appropriate follow-up at the MTF, usually with their PCEs. A credentialed healthcare provider must complete page 4 of the PDHRA DD Form 2900. The form must be completed within PIMR or through the Air Force PDHRA provider website to enable its required electronic submittal to the Army Medical Surveillance Agency (AMSA). The PDHRA UMs will contact an MTF if a required page 4 has not been completed within 30 days of the time a member completed the initial part of the form.

¹ The score for each question ranges from 0 to 4, with responses reflecting less frequent drinking and fewer drinks receiving lower scores.'

Depending on members' responses on the PDHRA, they may be asked to complete additional question sets in order to help providers fully assess symptoms. These questions may refer to substance use, post-traumatic stress disorder (PTSD), mood, and overall functioning. These questions come from the Alcohol Use Disorders Identification Test (AUDIT), the PTSD Checklist-Military Version (PCL-M), and the Modified Patient Health Questionnaire (PHQ-9). Responses to additional questions are printed automatically with the PDHRA form for provider review. Scoring information for each additional questionnaire is provided in the printout. Directions for scoring the PHQ-9 can be found in the Additional Question Sets section of this document.

The SGH is responsible for ensuring that the appropriate action is taken for positive PDHRAs. Appropriate clinical follow-up on positive PDHRAs should be based on prevailing clinical standards of care.

A positive PDHRA does not automatically require an in-person follow-up. Sometimes a positive PDHRA simply reflects a health concern that already has been appropriately addressed. These cases should be noted on page 4, and no further action is necessary, other than questions 1 and 2. In some cases, a phone call may be adequate to clarify the nature of the concern and to determine if further action is needed.

For all positive PDHRAs, the minimum requirement is to document on page 4 (see page 13) that a clinical assessment took place, along with the rationale for action or lack of further action. All patients with a positive PDHRA will be contacted. MTF personnel must follow local policies and guidelines for contacting patients for follow-up and addressing appointment no-show issues. MTF personnel are highly encouraged to use the patient's chain of command to address follow-up and no-show issues. Unit first sergeants are a valuable resource; they are extremely helpful in supporting the MTF in locating ADAF patients and helping correct no-show and non-compliance issues.

PDHRAs should only be closed out when the service member has been contacted, and the appropriate assessment has been documented. Page 4 should not be closed out for reasons of expediency or convenience.

In cases in which a member's responses on the PDHRA are judged by the clinician to be of greater than minimal risk – and the ADAF member resists further evaluation (e.g., doesn't return calls or other contact attempts, or verbally refuses further evaluation) – providers have the following options:

- ◆ Consult with a behavioral health provider on how best to proceed if behavioral health concerns were endorsed.
- ◆ Give the individual the choice of either cooperating with further evaluation or the provider can choose one or more of the following:
 - a. Discuss the risks and alternatives both medically and militarily to resisting further evaluation and appropriately document the issues discussed.
 - b. Put the individual on a profile pending further evaluation.
 - c. Contact the member's unit commander to inform him or her of unresolved medical or fitness for duty concerns if the concern is sufficient to warrant a Command Direct Evaluation (CDE).

POST-DEPLOYMENT HEALTH RE-ASSESSMENT (PDHRA)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, 1074f, 3013, 5013, 8013 and E.O. 9397.

PRINCIPAL PURPOSE(S): To assess your state of health after deployment in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care you may need. The information you provide may result in a referral for additional healthcare that may include medical, dental or behavioral healthcare or diverse community support services.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, to other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

DISCLOSURE: Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before entering your response or marking your selection. **YOU ARE ENCOURAGED TO ANSWER EACH QUESTION.** Withholding or providing inaccurate information may impair a healthcare provider's ability to identify health problems and refer you to appropriate sources for additional evaluation or treatment. If you do not understand a question, please ask for help. Please respond based on your **MOST RECENT DEPLOYMENT.**

DEMOGRAPHICS

| | | |
|--|---|----------------------------------|
| Last Name _____ | First Name _____ | Middle Initial _____ |
| Social Security Number _____ | Date of Birth (dd/mmm/yyyy) _____ | Today's Date (dd/mmm/yyyy) _____ |
| Date arrived theater (dd/mmm/yyyy) _____ | Date departed theater (dd/mmm/yyyy) _____ | |

| | | | |
|-------------------------------------|---|---|---|
| Gender | Service Branch | Status Prior to Deployment | Pay Grade |
| <input type="radio"/> Male | <input type="radio"/> Air Force | <input type="radio"/> Active Duty | <input type="radio"/> E1 <input type="radio"/> O1 <input type="radio"/> W1 |
| <input type="radio"/> Female | <input type="radio"/> Army | <input type="radio"/> Selected Reserves - Reserve - Unit | <input type="radio"/> E2 <input type="radio"/> O2 <input type="radio"/> W2 |
| | <input type="radio"/> Navy | <input type="radio"/> Selected Reserves - Reserve - AGR | <input type="radio"/> E3 <input type="radio"/> O3 <input type="radio"/> W3 |
| | <input type="radio"/> Marine Corps | <input type="radio"/> Selected Reserves - Reserve - IMA | <input type="radio"/> E4 <input type="radio"/> O4 <input type="radio"/> W4 |
| Marital Status | <input type="radio"/> Coast Guard | <input type="radio"/> Selected Reserves - National Guard - Unit | <input type="radio"/> E5 <input type="radio"/> O5 <input type="radio"/> W5 |
| <input type="radio"/> Never Married | <input type="radio"/> Civilian Employee | <input type="radio"/> Selected Reserves - National Guard - AGR | <input type="radio"/> E6 <input type="radio"/> O6 |
| <input type="radio"/> Married | <input type="radio"/> Other | <input type="radio"/> Ready Reserves - IRR | <input type="radio"/> E7 <input type="radio"/> O7 <input type="radio"/> Other |
| <input type="radio"/> Separated | | <input type="radio"/> Ready Reserves - ING | <input type="radio"/> E8 <input type="radio"/> O8 |
| <input type="radio"/> Divorced | | <input type="radio"/> Civilian Government Employee | <input type="radio"/> E9 <input type="radio"/> O9 |
| <input type="radio"/> Widowed | | <input type="radio"/> Other | <input type="radio"/> O10 |

Location of Operation
To what areas were you mainly deployed (*land-based operations more than 30 days*)? Please mark all that apply, including the number of months spent at each location.

| | | | |
|---------------------------------|-------|--------|-------|
| <input type="radio"/> Country 1 | _____ | Months | _____ |
| <input type="radio"/> Country 2 | _____ | Months | _____ |
| <input type="radio"/> Country 3 | _____ | Months | _____ |
| <input type="radio"/> Country 4 | _____ | Months | _____ |
| <input type="radio"/> Country 5 | _____ | Months | _____ |

Since return from deployment I have:

- Maintained/returned to previous status
- Transitioned to Selected Reserves
- Transitioned to IRR
- Transitioned to ING
- Retired from Military Service
- Separated from Military Service

Current Contact Information:

Phone: _____

Cell: _____

DSN: _____

Email: _____

Address: _____

Total Deployments in Past 5 Years:

| | | |
|---------------------------------|---------------------------------|---------------------------------|
| OIF | OEF | Other |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 or more | <input type="radio"/> 5 or more | <input type="radio"/> 5 or more |

Current Unit of Assignment

Current Assignment Location

Point of Contact who can always reach you:

Name: _____

Phone: _____

Email: _____

Mailing Address: _____

Physical Positive
 Behavioral Health Positive
 Conditional

Service Member's Social Security Number: _____

- Overall, how would you rate your health during the PAST MONTH?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor
- Compared to before your most recent deployment, how would you rate your health in general now?
 - Much better now than before I deployed
 - Somewhat better now than before I deployed
 - About the same as before I deployed
 - Somewhat worse now than before I deployed
 - Much worse now than before I deployed
- During the past 4 weeks, how difficult have physical health problems (*illness or injury*) made it for you to do your work or other regular daily activities?
 - Not difficult at all
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- During the past 4 weeks, how difficult have emotional problems (*such as feeling depressed or anxious*) made it for you to do your work, take care of things at home, or get along with other people?
 - Not difficult at all
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- Since you returned from deployment, about how many times have you seen a healthcare provider for any reason, such as in sick call, emergency room, primary care, family doctor, or mental health provider?
 - No visits
 - 1 visit
 - 2-3 visits
 - 4-5 visits
 - 6 or more
- Since you returned from deployment, have you been hospitalized?
 - Yes
 - No
- During your deployment, were you wounded, injured, assaulted or otherwise physically hurt?
 - Yes
 - No
 - Unsure
- If YES, are you still having problems related to this wound, assault, or injury?
 - Yes
 - No
 - Unsure
- In addition to wounds or injuries you listed in question 7., do you currently have a health concern or condition that you feel is related to your deployment?
 - Yes
 - No
 - Unsure
- If YES, please mark the item(s) that best describe your deployment-related condition or concern:

| | |
|---|---|
| <input type="radio"/> Fever | <input type="radio"/> Dimming of vision, like the lights were going out |
| <input type="radio"/> Cough lasting more than 3 weeks | <input type="radio"/> Chest pain or pressure |
| <input type="radio"/> Trouble breathing | <input type="radio"/> Dizzy, light headed, passed out |
| <input type="radio"/> Bad headaches | <input type="radio"/> Diarrhea, vomiting, or frequent indigestion/heartburn |
| <input type="radio"/> Generally feeling weak | <input type="radio"/> Problems sleeping or still feeling tired after sleeping |
| <input type="radio"/> Muscle aches | <input type="radio"/> Trouble concentrating, easily distracted |
| <input type="radio"/> Swollen, stiff or painful joints | <input type="radio"/> Forgetful or trouble remembering things |
| <input type="radio"/> Back pain | <input type="radio"/> Hard to make up your mind or make decisions |
| <input type="radio"/> Numbness or tingling in hands or feet | <input type="radio"/> Increased irritability |
| <input type="radio"/> Trouble hearing | <input type="radio"/> Taking more risks such as driving faster |
| <input type="radio"/> Ringing in the ears | <input type="radio"/> Skin diseases or rashes |
| <input type="radio"/> Watery, red eyes | <input type="radio"/> Other (<i>please list</i>): _____ |

- During this deployment, did you experience any of the following events? (*Mark all that apply*)

| | Yes | No |
|---|-----------------------|-----------------------|
| (1) Blast or explosion (<i>IED, RPG, land mine, grenade, etc.</i>) | <input type="radio"/> | <input type="radio"/> |
| (2) Vehicular accident/crash (<i>any vehicle, including aircraft</i>) | <input type="radio"/> | <input type="radio"/> |
| (3) Fragment wound or bullet wound above your shoulders | <input type="radio"/> | <input type="radio"/> |
| (4) Fall | <input type="radio"/> | <input type="radio"/> |
| (5) Other event (<i>for example, a sports injury to your head</i>). Describe: _____ | <input type="radio"/> | <input type="radio"/> |
- Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the event(s) you just noted in question 9a.? (*Mark all that apply*)

| | Yes | No |
|---|-----------------------|-----------------------|
| (1) Lost consciousness or got "knocked out" | <input type="radio"/> | <input type="radio"/> |
| (2) Felt dazed, confused, or "saw stars" | <input type="radio"/> | <input type="radio"/> |
| (3) Didn't remember the event | <input type="radio"/> | <input type="radio"/> |
| (4) Had a concussion | <input type="radio"/> | <input type="radio"/> |
| (5) Had a head injury | <input type="radio"/> | <input type="radio"/> |
- Did any of the following problems begin or get worse after the event(s) you noted in question 9a.? (*Mark all that apply*)

| | Yes | No |
|-----------------------------------|-----------------------|-----------------------|
| (1) Memory problems or lapses | <input type="radio"/> | <input type="radio"/> |
| (2) Balance problems or dizziness | <input type="radio"/> | <input type="radio"/> |
| (3) Ringing in the ears | <input type="radio"/> | <input type="radio"/> |
| (4) Sensitivity to bright light | <input type="radio"/> | <input type="radio"/> |
| (5) Irritability | <input type="radio"/> | <input type="radio"/> |
| (6) Headaches | <input type="radio"/> | <input type="radio"/> |
| (7) Sleep problems | <input type="radio"/> | <input type="radio"/> |
- In the past week, have you had any of the symptoms you indicated in 9c.? (*Mark all that apply*)

| | Yes | No |
|-----------------------------------|-------------------------------------|-----------------------|
| (1) Memory problems or lapses | <input checked="" type="checkbox"/> | <input type="radio"/> |
| (2) Balance problems or dizziness | <input checked="" type="checkbox"/> | <input type="radio"/> |
| (3) Ringing in the ears | <input checked="" type="checkbox"/> | <input type="radio"/> |
| (4) Sensitivity to bright light | <input checked="" type="checkbox"/> | <input type="radio"/> |
| (5) Irritability | <input checked="" type="checkbox"/> | <input type="radio"/> |
| (6) Headaches | <input checked="" type="checkbox"/> | <input type="radio"/> |
| (7) Sleep problems | <input checked="" type="checkbox"/> | <input type="radio"/> |

Physical Positive Behavioral Health Positive Conditional

Service Member's Social Security Number: _____

10. Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed? Yes No
 If NO, skip to question 11.

10a. If YES, please mark the item(s) that best describe your concern:

| | |
|---|---|
| <input type="checkbox"/> Animal bites | <input type="checkbox"/> Loud noises |
| <input type="checkbox"/> Animal bodies (dead) | <input type="checkbox"/> Paints |
| <input type="checkbox"/> Chlorine gas | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Depleted uranium (if yes, explain) _____ | <input type="checkbox"/> Radar/Microwaves |
| <input type="checkbox"/> Excessive vibration | <input type="checkbox"/> Sand/dust |
| <input type="checkbox"/> Fog oils (smoke screen) | <input type="checkbox"/> Smoke from burning trash or feces |
| <input type="checkbox"/> Garbage | <input type="checkbox"/> Smoke from oil fire |
| <input type="checkbox"/> Human blood, body fluids, body parts, or dead bodies | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Industrial pollution | <input type="checkbox"/> Tent heater smoke |
| <input type="checkbox"/> Insect bites | <input type="checkbox"/> Vehicle or truck exhaust fumes |
| <input type="checkbox"/> Ionizing radiation | <input type="checkbox"/> Other exposures to toxic chemicals or materials, such as ammonia, nitric acid, etc.: (if yes, explain) _____ |
| <input type="checkbox"/> JP8 or other fuels | |
| <input type="checkbox"/> Lasers | |

11. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern? Yes No Unsure

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you

- a. Have had nightmares about it or thought about it when you did not want to? Yes No
- b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes No
- c. Were constantly on guard, watchful, or easily startled? Yes No
- d. Felt numb or detached from others, activities, or your surroundings? Yes No

13a. In the PAST MONTH, Did you use alcohol more than you meant to? Yes No

b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking? Yes No

c. How often do you have a drink containing alcohol?

- Never Monthly or less 2 to 4 times a month 2 to 4 times a week 4 or more times a week

d. 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

e. How often do you have six or more drinks on one occasion?

- Never Less than monthly Monthly Weekly Daily

Positive if
 c.+d.+e. =
 ≥4 for men or
 ≥3 for women.

14. Over the PAST MONTH, have you been bothered by the following problems?

| | Not at all | Few or several days | More than half the days | Nearly every day |
|--|-----------------------|-----------------------|----------------------------------|----------------------------------|
| a. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| b. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

15. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)? Yes No

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

17. Are you currently interested in receiving assistance for a family or relationship concern? Yes No

18. Would you like to schedule a visit with a chaplain or a community support counselor? Yes No

Service Member's Social Security Number:

Date (dd/mmm/yyyy):

Assessment and Referral: After my interview with the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple concerns.)

| 7. Identified Concerns | Minor Concern | Major Concern | Already Under Care | | 8. Referral Information | Within 24 hours | Within 7 days | Within 30 days |
|---|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|
| | | | Yes | No | | | | |
| <input type="radio"/> Physical Symptom(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. Primary Care, Family Practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Exposure Symptom(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. Behavioral Health in Primary Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Depression symptoms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. Mental Health Specialty Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> PTSD symptoms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. Other specialty care: | | | |
| <input type="radio"/> Anger/Aggression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Audiology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Suicidal Ideation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cardiology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Social/Family Conflict | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dentistry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Alcohol Use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dermatology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Other: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ENT | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | | | | | GI | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | Internal Medicine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | Neurology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | OB/GYN | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | Ophthalmology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | Optometry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | Orthopedics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | Pulmonology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | Urology | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | e. Case Manager, Care Manager | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | f. Substance Abuse Program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | g. Health Promotion, Health Education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | h. Chaplain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | i. Family Support, Community Service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | | j. Military OneSource | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | | k. Other: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | | | | l. No referral made | <input type="radio"/> | | | |

I certify that this review process has been completed.

10. Provider's signature and stamp:

ICD-9 Code for this visit: V70.5 _ F

Ancillary Staff/Administrative Section

| | |
|--|--|
| 11. Member was provided the following: | 12. Referral was made to the following healthcare or support system: |
| <input type="radio"/> Health Education and Information | <input type="radio"/> Military Treatment Facility |
| <input type="radio"/> Health Care Benefits and Resources Information | <input type="radio"/> Division/Line-based medical resource |
| <input type="radio"/> Appointment Assistance | <input type="radio"/> VA Medical Center or Community Clinic |
| <input type="radio"/> Service member declined to complete form | <input type="radio"/> Vet Center |
| <input type="radio"/> Service member declined to complete interview/assessment | <input type="radio"/> TRICARE Provider |
| <input type="radio"/> Service member declined referral for services | <input type="radio"/> Contract Support: _____ |
| <input type="radio"/> LOD | <input type="radio"/> Community Service: _____ |
| <input type="radio"/> Other: _____ | <input type="radio"/> Other: _____ |
| | <input type="radio"/> None |

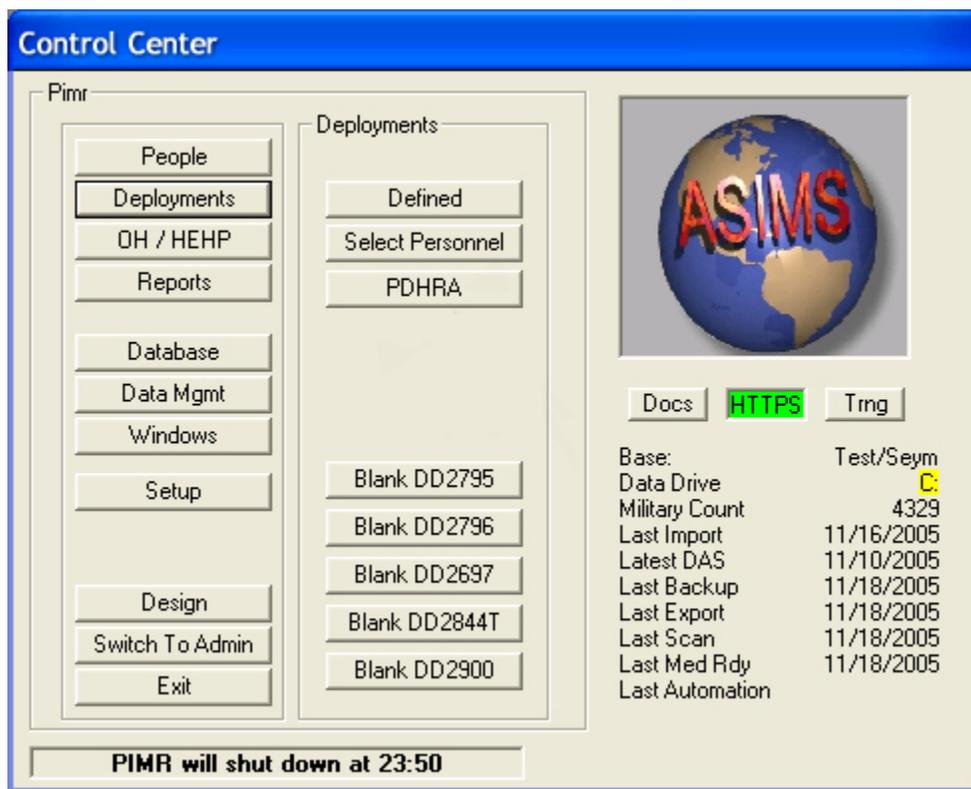
INSTRUCTIONS FOR THE MTF

■ Accessing PDHRA

To access the PDHRA:

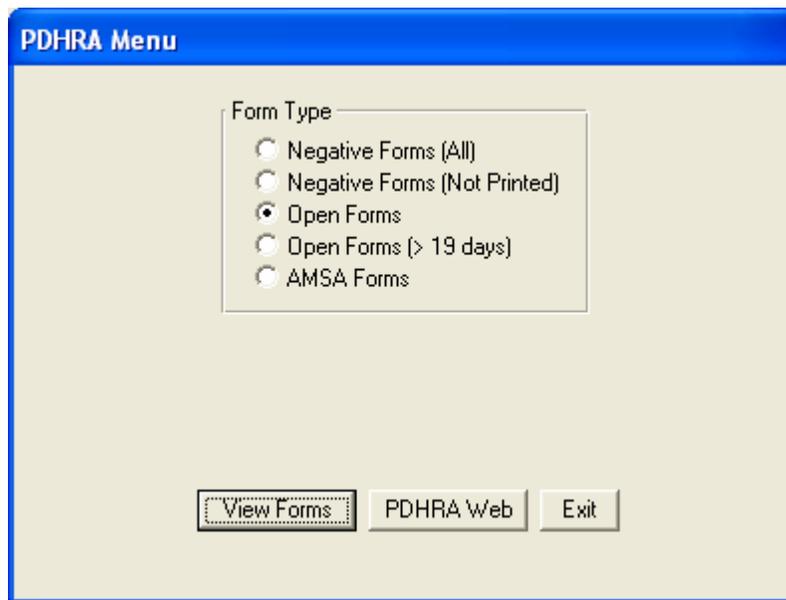
1. From the PIMR Control Center screen, click the **Deployments** button.

The Deployments menu options will be displayed as shown below.



2. Click the **PDHRA** button.

The PDHRA Menu will be displayed as shown below.



From the PDHRA menu, the user can access the negative PDHRAs, positive PDHRA (open), or the PDHRA web application.

■ Reviewing Negative Forms

To review a negative form:

1. Select the Negative Forms (All) option in the Form Type section of the PDHRA Menu window.

The Completed Forms With All Negative Responses section will be displayed in the PDHRA Menu window as shown below.



- In the First Date and Last Date text fields, enter the date range of the forms you would like to review.

Note: The application uses the date when the member completed the form.

- Click the  button.

The List of Negative forms will be displayed as shown below.

| Sel | Status | Edited | N... | Grade | Arrived | Departed | Location | Printed | E... |
|--------------------------|----------------|------------|------|-------|------------|------------|---------------|---------|-------|
| <input type="checkbox"/> | No Appt Needed | 12/30/2005 | C... | O05 | 09/13/2004 | 01/20/2005 | Iraq | | J... |
| <input type="checkbox"/> | No Appt Needed | 01/18/2006 | J... | E06 | 09/02/2005 | 09/28/2005 | North America | | W... |
| <input type="checkbox"/> | No Appt Needed | 01/18/2006 | C... | E05 | 09/02/2005 | 09/16/2005 | North America | | E... |
| <input type="checkbox"/> | No Appt Needed | 01/18/2006 | W... | O06 | 09/02/2005 | 09/16/2005 | North America | | D... |
| <input type="checkbox"/> | No Appt Needed | 01/20/2006 | G... | E06 | 07/07/2005 | 08/10/2005 | Iraq | | C... |
| <input type="checkbox"/> | No Appt Needed | 01/20/2006 | R... | E05 | 05/12/2005 | 09/20/2005 | Iraq | | W... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | Y... | E06 | 09/02/2005 | 09/16/2005 | North America | | R... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | M... | O03 | 12/27/2004 | 05/03/2005 | Other | | A... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | M... | E04 | 09/09/2004 | 01/16/2005 | Iraq | | J... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | R... | E07 | 09/19/2004 | 01/24/2005 | Iraq | | R... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | B... | O04 | 04/25/2005 | 09/28/2005 | Kuwait | | R... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | M... | E05 | 09/07/2004 | 01/13/2005 | Iraq | | P... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | C... | E04 | 09/02/2005 | 09/16/2005 | | | C... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | M... | E04 | 05/09/2005 | 09/20/2005 | Iraq | | B... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | A... | E04 | 01/26/2005 | 06/02/2005 | | | M... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | T... | O04 | 09/03/2005 | 09/11/2005 | North America | | E... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | Q... | E04 | 05/12/2005 | 09/20/2005 | Iraq | | E... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | H... | E05 | 09/02/2005 | 09/16/2005 | North America | | B... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | B... | E05 | 04/30/2005 | 09/14/2005 | Iraq | | B... |
| <input type="checkbox"/> | No Appt Needed | 01/31/2006 | M... | E04 | 04/28/2005 | 09/06/2005 | | | TI... |

- Select the check box next to the form you want to view.
- Click the  button.

Note: To review negative forms that have not been printed, select the Negative Forms (Not Printed) option from the PDHRA Menu window and click the  buttons. Follow the same steps listed above.



The screenshot shows the PDHRA Summary section. At the top, there is a blue header with the text "PDHRA Post-Deployment Health Reassessment". Below the header is a white search bar. The main content area is divided into two sections: "Summary" and "Notes". The "Summary" section contains a question: "Q10. Member has a persistent major concern about a health effect of something she believes she may have been exposed to or encountered while deployed." Below the question is a list of exposure types: "Uranium (Uranium)", "Fog oils (smoke screen)", "Ionizing radiation", "Vehicle or truck exhaust fumes", and "Other". The "Notes" section contains a "New Note:" text input field and an "Add Note" button. At the bottom of the form, there are five navigation links: "Address Data", "Preview DD2900", "Preview Summary", "Provider Review", and "Close".

■ Completing the Provider Portion (Page 4) of the PDHRA

To access the provider portion of the PDHRA:

1. From the PDHRA List of Positive forms, select the check box next to the form you want to complete.
2. Click the button. The PDHRA website will open, and the Summary section of page 4 will be displayed as shown below.



This screenshot is identical to the one above, showing the PDHRA Summary section with the same question, exposure types, notes section, and navigation links.

3. Click the Provider Review link.

The first section of the Provider Review and Interview screen will be displayed as shown below.

PDHRA

Post-Deployment Health Reassessment

Provider Review and Interview

- Review symptoms and deployment concerns identified on form:
 - Confirmed screening results as reported
 - Screening results modified, amended, clarified during interview:
- Ask behavioral risk questions.
 - a. 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
 - IF YES, about how often have you been bothered by these thoughts?
 - Very few days
 - More than half of the time
 - Nearly every day
 - b. Since return from your deployment, have you had thoughts or concerns that you might hurt or lose control with someone?
 - Yes
 - No
 - Unsure
- IF YES OR UNSURE to behavioral risk questions, conduct risk assessment.
 - a. Does member pose a current risk for harm to self or others?
 - No, not a current risk
 - Yes, poses a current risk
 - Unsure, referred
 - b. Outcome of assessment:
 - Immediate referral
 - Routine follow-up referral
 - Referral not indicated
- Alcohol screening result
 - No evidence of alcohol-related problems
 - Potential alcohol problem (positive response to either question 15.a. or 15.b. and/or AUDIT-C (questions 15.c.-e.) score of 4 or more for men or 3 or more for women)
 - Refer to PCM for evaluation Yes No
- Traumatic Brain Injury (TBI) risk assessment
 - No evidence of risk based on responses to questions 9.a. - d.
 - Potential TBI with persistent symptoms, based on responses to question 9.d.
 - Refer for additional evaluation. Yes No
- Record additional questions or concerns identified by patient during interview:

[Next](#)

4. Enter the appropriate information and click Next to display item 7 as shown below.

PDHRA

Post-Deployment Health Reassessment

Provider Review and Interview

Assessment and Referral: After my interview with the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple concerns.)

| 7. Identified Concerns | Level of Concern | | | Already Under Care | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | No Concern | Minor | Major | Yes | No |
| Physical Symptom | <input type="radio"/> |
| Exposure Concern | <input type="radio"/> |
| Depression Symptoms | <input type="radio"/> |
| PTSD Symptoms | <input type="radio"/> |
| Anger/Aggression | <input type="radio"/> |
| Suicidal Ideation | <input type="radio"/> |
| Social/Family Conflict | <input type="radio"/> |
| Alcohol Use | <input type="radio"/> |
| Other: <input style="width: 150px;" type="text"/> | <input type="radio"/> |

[Previous](#)
[Next](#)

5. Continue entering the appropriate information and clicking Next until all items 1-12 have been completed.
6. Choose your provider signature from the drop-down menu and then click Sign.
7. Click Close.

Note: Once the provider's signature is entered, the form will be closed and will disappear from the Open Forms List. Therefore, it is important to complete all relevant sections of page 4 before the provider signs off. The completed form can be viewed at any time by using the Search By SSAN button in the PDHRA web application, or by pulling up the member in PIMR (People, Military) and clicking the Deployment button.

Tip: If the provider's name is not displayed in the signature block drop down menu, it needs to be added into PIMR. From the PIMR Control Center:

1. Click Switch to Admin.
2. Click Setup.
3. Click Providers.
4. Enter the provider's name, signature block, and Social Security Number (SSN). Select the HCP box.

■ Printing Forms

1. From the List of forms (Negative or Positive) select the check box next to the form you want to print.

Note: To select all the check boxes, click the  button near the bottom of the screen.

To clear all of the check boxes, click the  button near the bottom of the screen.

2. Click the  button at the bottom of the screen.

Tip: The MTF may want to put a process in place to review negative PDHRAs weekly, print them and place them in members' medical records as required per DOD policy.

3. Click the  button to return to the PDHRA menu.

Note: Both positive and negative PDHRAs must be printed for the member's medical record. After reviewing a positive PDHRA, it must be printed. The DD2900, Provider Summary, and Supplemental Forms (e.g. the Additional Question Sets), if any, will print automatically. PIMR version 1430 and higher will display an indicator when the member has completed at least one supplemental form.

INSTRUCTIONS FOR UDMs

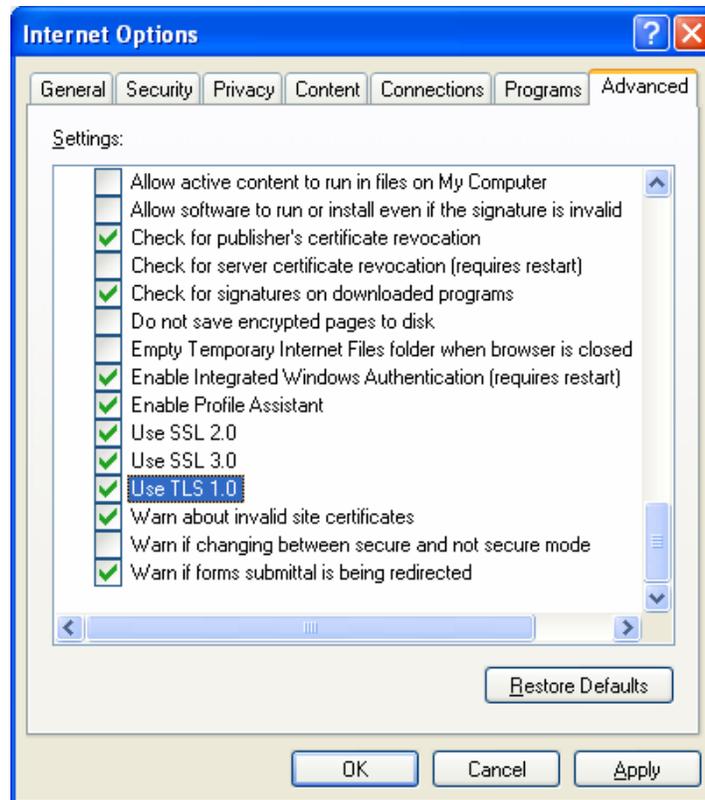
■ Accessing Rosters

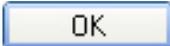
1. From Internet Explorer, select the Internet Options item in the Tools menu.

The Internet Options window will be displayed as shown below.



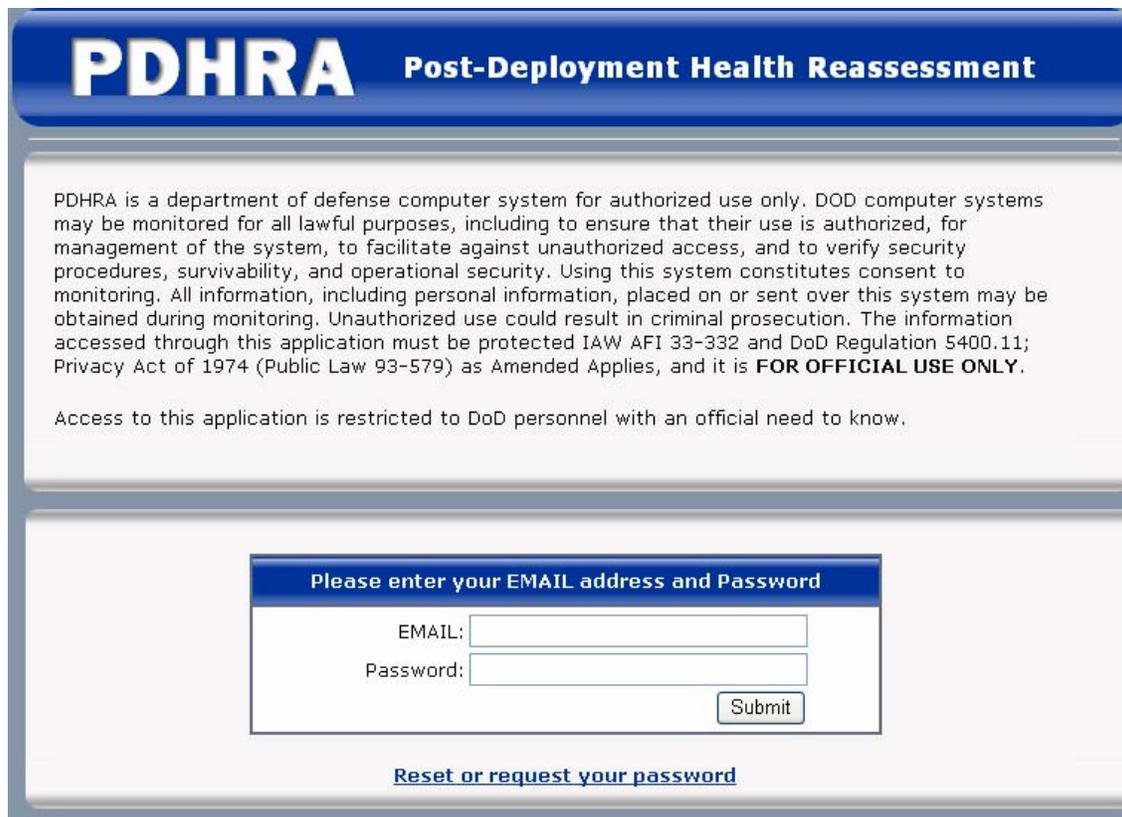
2. Click the Advanced Tab and scroll to the bottom of the list.
3. Check the Use TLS 1.0 checkbox.



4. Click the  button.
5. Go to the PDHRA website at https://www.afchips.brooks.af.mil/pdhra/pdhra_udm.aspx

The PDRHA Login page will be displayed.

Note: If your information is already in the system, the page listing the members due for PDHRAs will be displayed.



PDHRA Post-Deployment Health Reassessment

PDHRA is a department of defense computer system for authorized use only. DOD computer systems may be monitored for all lawful purposes, including to ensure that their use is authorized, for management of the system, to facilitate against unauthorized access, and to verify security procedures, survivability, and operational security. Using this system constitutes consent to monitoring. All information, including personal information, placed on or sent over this system may be obtained during monitoring. Unauthorized use could result in criminal prosecution. The information accessed through this application must be protected IAW AFI 33-332 and DoD Regulation 5400.11; Privacy Act of 1974 (Public Law 93-579) as Amended Applies, and it is **FOR OFFICIAL USE ONLY**.

Access to this application is restricted to DoD personnel with an official need to know.

Please enter your EMAIL address and Password

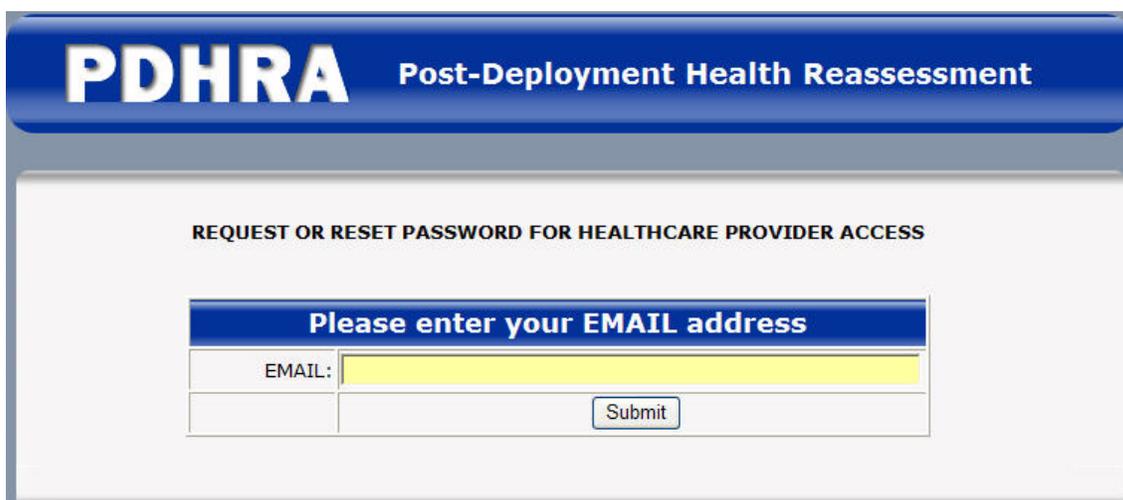
EMAIL:

Password:

[Reset or request your password](#)

6. Click the [Reset or request your password](#) link.

The Request or Reset Password page will be displayed as shown below.



PDHRA Post-Deployment Health Reassessment

REQUEST OR RESET PASSWORD FOR HEALTHCARE PROVIDER ACCESS

Please enter your EMAIL address

EMAIL:

7. Enter your e-mail address and click the button.

An e-mail will be sent containing the new password

Note: The e-mail will only be sent if the e-mail address has been entered correctly in the PIMR Unit POC data table. If an e-mail address is not in the PIMR Unit POC data table, contact the medical point of contact and request that the email address be corrected.

8. Go back to the PDHRA login page and enter your e-mail address as the Login and the password received in the e-mail.

The PDHRA_UDM page listing the names of personnel needing to complete the PDHRA will be displayed as shown below. This list may be exported to Excel.

| PDHRA Post-Deployment Health Reassessment | | | | | | |
|---|----------------------|------------|------------|------|-----|-----------------|
| Post-Deployment Health Reassessment (PDHRA) Unit Deployment Manager Due List | | | | | | |
| Change Password | Unit | Last Name | First Name | Rank | PRP | TDY Return Date |
| Export to Excel | 27 CIVIL ENGINEER SQ | STORY | CLAYTON | SSG | | 3/4/2004 |
| Log Off | 27 CIVIL ENGINEER SQ | VANNES | GARET | TSG | | 5/30/2004 |
| | 27 CIVIL ENGINEER SQ | HUBL | BRANT | SSG | | 8/9/2004 |
| | 27 CIVIL ENGINEER SQ | SANSOM | TREVOR | SRA | | 9/3/2004 |
| | 27 CIVIL ENGINEER SQ | NUTT | JERROD | SSG | | 12/28/2004 |
| | 27 CIVIL ENGINEER SQ | DERFLINGER | CHARLES | TSG | | 1/5/2005 |

Note: This list is intended to be an aid to your own internal tracking process. This list is not intended to be the absolute list, since it will only contain names of people who have medically processed for deployment.

Their name will drop off of the due roster as soon as they complete their portion of the Form DD2900.

Note: Contact your local MTF's point of contact for assistance.

Note: If the roster is not accessible due to an incorrect e-mail, the PIMR Administrator should perform the steps outlined in the section beginning on page 26 of this document.

■ Contacting Members Requiring a PDHRA

It is best to e-mail people using the blind carbon copy (bcc) address line to maintain their privacy. The following is a sample e-mail.

Good Day,

The Department of Defense requires all individuals who have deployed to have the opportunity to complete a Post Deployment Health Reassessment. This questionnaire is similar to the Post Deployment Questionnaire you completed either immediately prior to or following your deployment, but it is designed to help identify health problems that may have occurred after you've settled back into your home and unit life. The goal of this form is to assess your health status 90-180 days post-deployment and give you the opportunity to address any concerns you might have with a healthcare provider.

This is a web-based questionnaire and only takes about 10 minutes to complete. To access the website, you must enable TLS 1.0 on your browser. To do this:

1. Go into **Internet Explorer**
2. Select **Tools**, then **Internet Options**, and then select the **Advanced Tab**
3. Scroll to the bottom of the list and check the checkbox for "**Use TLS 1.0.**"

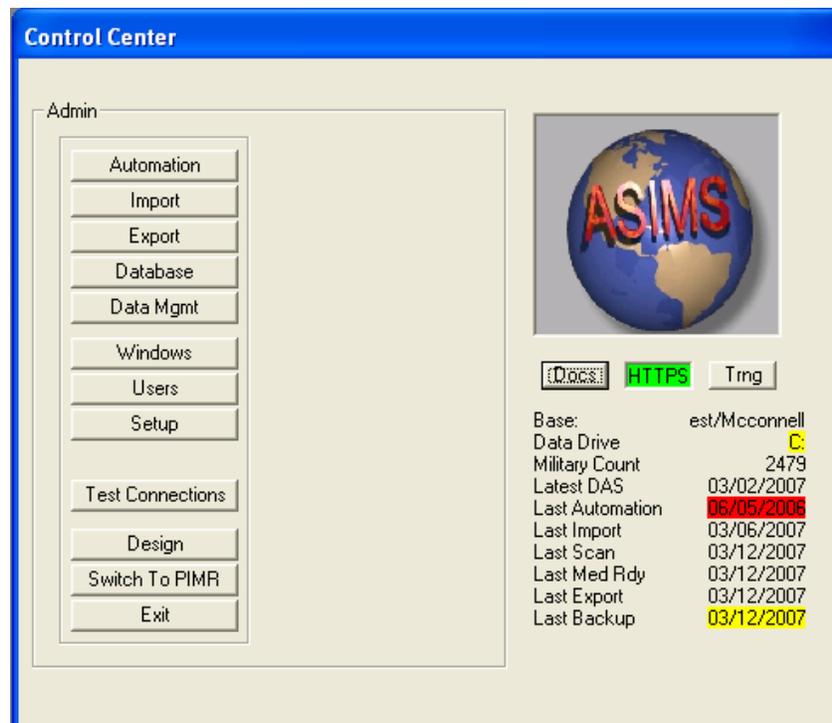
You cannot access the PDHRA website without making this change.

After you have completed that step, go to <https://www.afchips.brooks.af.mil/pdhra> and using your SSN (do not hyphenate) and your birth date, login and complete the PDHRA. Please answer the questionnaire completely. If there are indicators in your responses that suggest you need to be seen by a healthcare provider, your healthcare team will make every attempt to contact you. However, if for some reason you don't hear from your healthcare team within a duty day or sooner and you feel this matter is pressing, please contact your PCM to schedule an appointment.

INSTRUCTIONS FOR PIMR ADMINISTRATORS

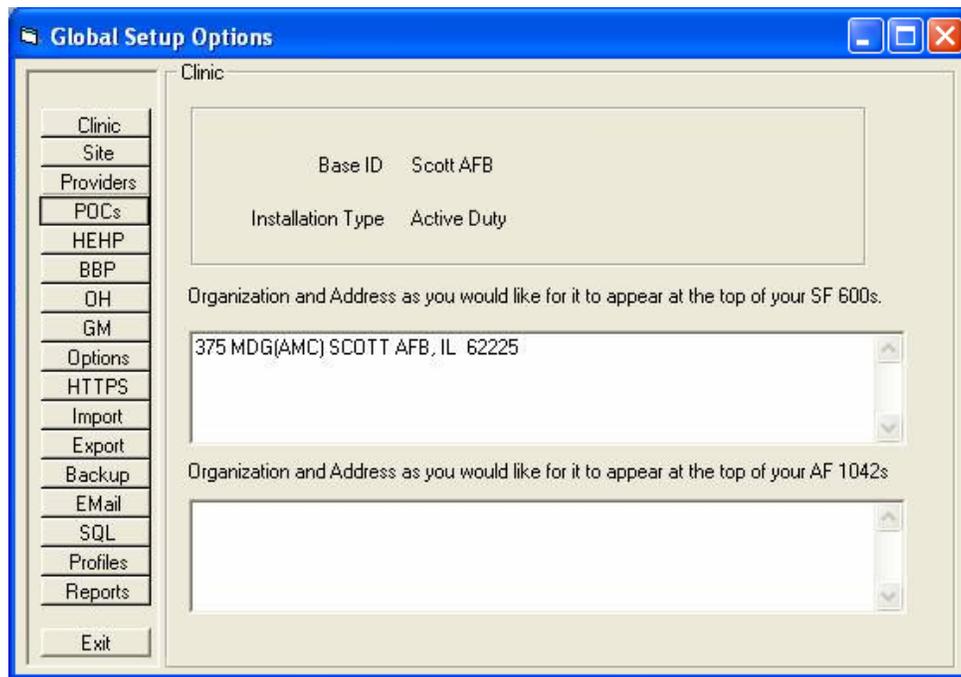
If the roster is not accessible due to an incorrect e-mail, the PIMR Administrator should perform the following steps:

1. From the PIMR Control Center screen, click the **Switch To Admin** button.
The Admin screen will be displayed as shown below.



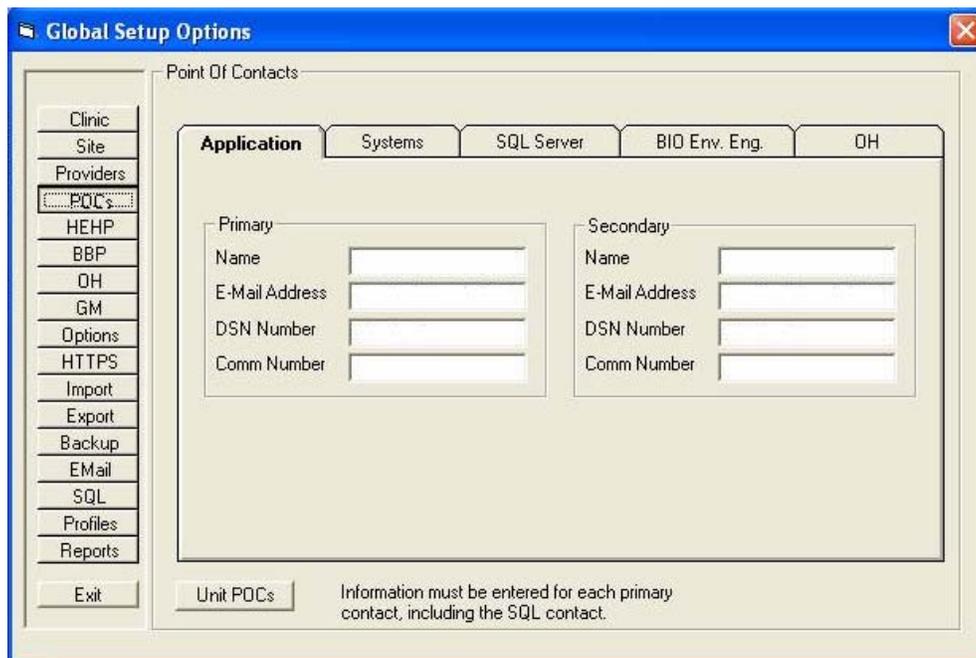
2. Click the **Setup** button.

The Global Setup Options window will be displayed as shown below.



3. Click the **POCs** button.

The Points Of Contacts screen will be displayed as shown below.



- Click the **Unit POCs** button.

The Unit Points of Contact screen will be displayed as shown below.

| Unit Points of Contact | | | |
|--------------------------|---------------------------------|----------------|----------|
| Unit | Commander | Health Monitor | UDM |
| 1 SPECIAL OPERATIONS WG | | | |
| 10 COMBAT WEATHER SQ | | | |
| 10 MEDICAL GP | | | |
| 11 LOGISTICS READINES SQ | | | |
| 12 OP WEATHER | | | |
| 126 MEDICAL GP | unknown/not Scott AFB affiliate | | Somebody |
| 134 SERVICES | | | |
| 143 MEDICAL GP | unknown/not Scott AFB affiliate | | Somebody |
| 15 AIRLIFT WG | unknown/not Scott AFB affiliate | | Somebody |
| 15 OP WEATHER SQ | Col Duff | | |
| 17 AIR SUPT OPNS SQ | | | |

Buttons: Report, Edit, Names, Email, Exit

- Select the appropriate unit and click the **Edit** button.

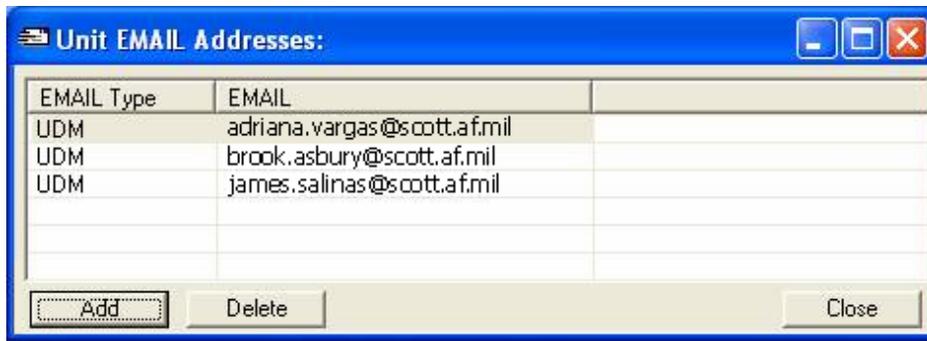
The UNIT POC INFORMATION screen will be displayed as shown below.

| UNIT POC INFORMATION: 3 MANPOWER RQMNTS SQ | |
|--|-------------------------------|
| Name | Phone |
| Commander | |
| Health Monitor | |
| Unit Deployment Monitor | Vargas, Adriana; Asbury Brook |
| GMIS | |
| Other POC | |
| Note | |
| <p>Note: This information is used to log HIPAA disclosure rosters for PIMR and AFCITA.</p> | |
| <p>Buttons: Edit EMAIL, Close</p> | |

- Enter the correct name in the Unit Deployment Monitor field and their phone number in the corresponding Phone field.

- Click the **Edit EMAIL** button.

The Unit EMAIL Addresses screen will be displayed as shown below.



8. Click the  button to enter a new UDM

Note: You can also click the  button to remove a UDM from the list.

The POC EMAIL screen will be displayed as shown below.

9. Select UDM from the EMAIL Type drop-down list and enter the correct e-mail in the EMAIL field.

10. Click the  button.

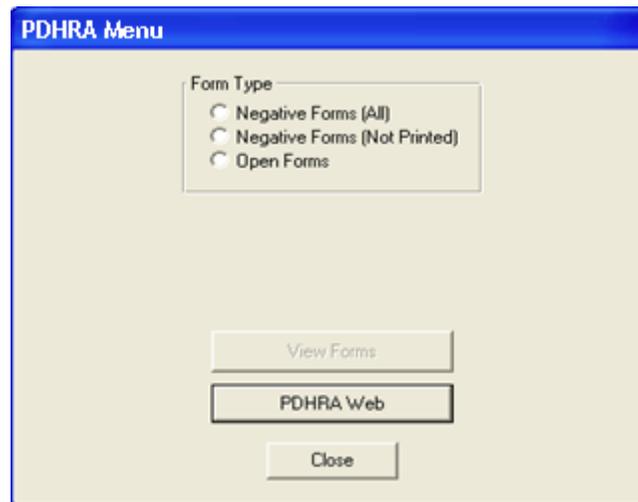
11. To force an immediate update to the central server, run AFCITA and select "Send Status Report" from the Tools menu at the top of the screen.

12. If there are any errors during this process, call the help desk at 210-536-8190.

Note: The central processor will import the changes within 30 minutes. Actual speed will depend on how busy it is at the moment.

The UDM must verify that the e-mail has been edited/added correctly.

1. Go the PDHRA menu in PIMR.



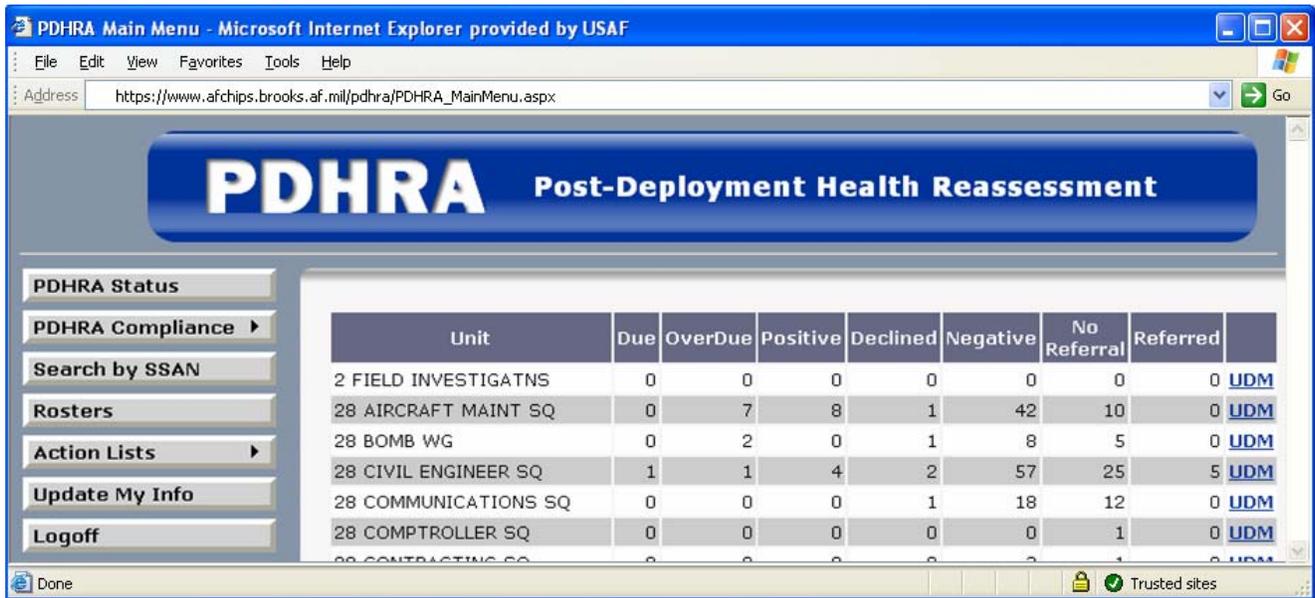
2. Click the  button.

The PDHRA website will be displayed as shown below.

| | Base | Due | OverDue | Positive | Declined | Negative | No Referral | Referred | |
|------------------------|-------------------|-----|---------|----------|----------|----------|-------------|----------|---------------------|
| Select | Barksdale AFB | 26 | 28 | 2 | 40 | 962 | 342 | 93 | POC |
| Select | Beale AFB | 85 | 141 | 21 | 32 | 447 | 210 | 88 | POC |
| Select | Cannon AFB | 27 | 220 | 2 | 16 | 144 | 93 | 31 | POC |
| Select | Davis-Monthan AFB | 89 | 72 | 31 | 99 | 1,148 | 664 | 138 | POC |
| Select | Dyess AFB | 158 | 309 | 344 | 68 | 861 | 71 | 24 | POC |
| Select | Ellsworth AFB | 7 | 22 | 26 | 14 | 334 | 193 | 46 | POC |

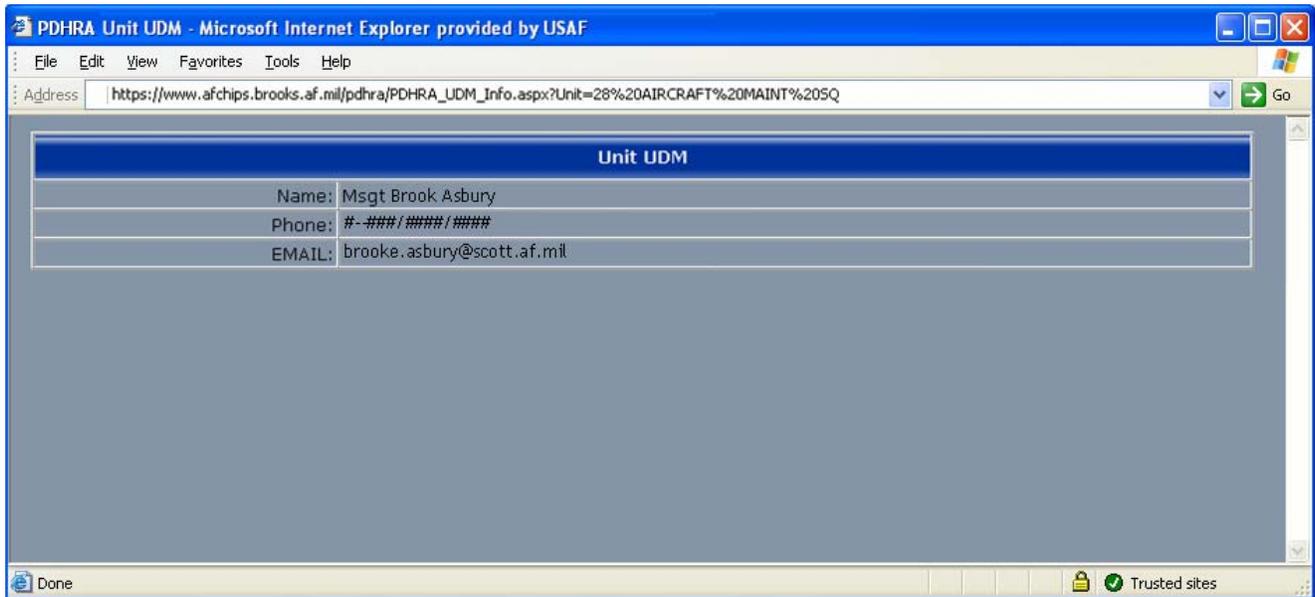
3. Click the [Select](#) link next to the Base's name.

The Base information will be displayed as shown below.



4. Scroll down to the Unit and click the [UDM](#) link for the Unit.

The Unit UDM page will be displayed as shown below.



5. Confirm that the corrected e-mail address is now available in the central Unit POC table.

INSTRUCTIONS FOR THE PRP

Members in the PRP must make an appointment to complete the PDHRA in-person at the MTF. The PDHRA application currently has two methods to validate that a computer's configuration is in compliance with Air Force policy. Use the validation method that will work best at the MTF.

■ Setting a Browser Cookie

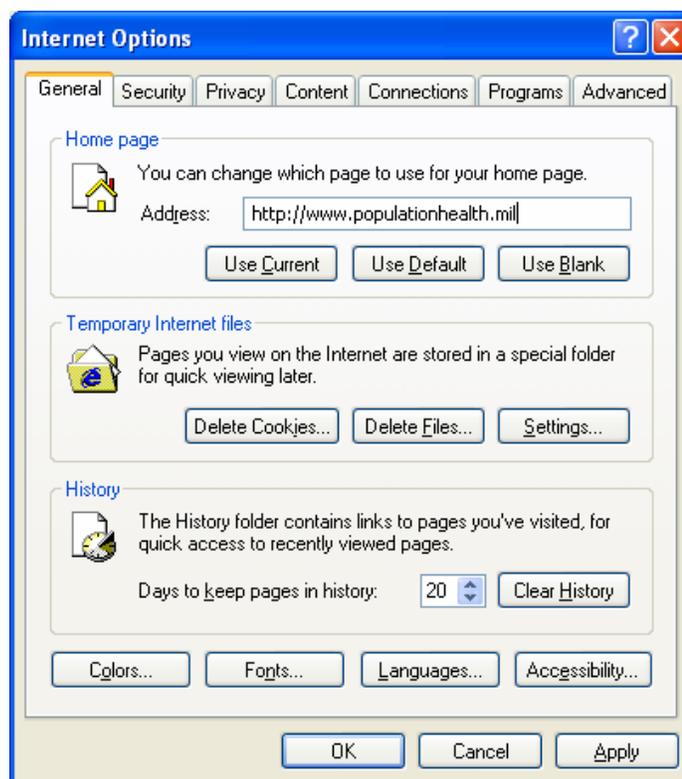
The Air Force's PDHRA application can place a cookie on the computer in the MTF.

Work with the medical systems personnel to establish a user account (e.g., "PDHRA.PRP") with restricted access on the local computer. The PRP member only requires access to the Air Force's PDHRA website (<https://www.afchips.brooks.af.mil/pdhra>).

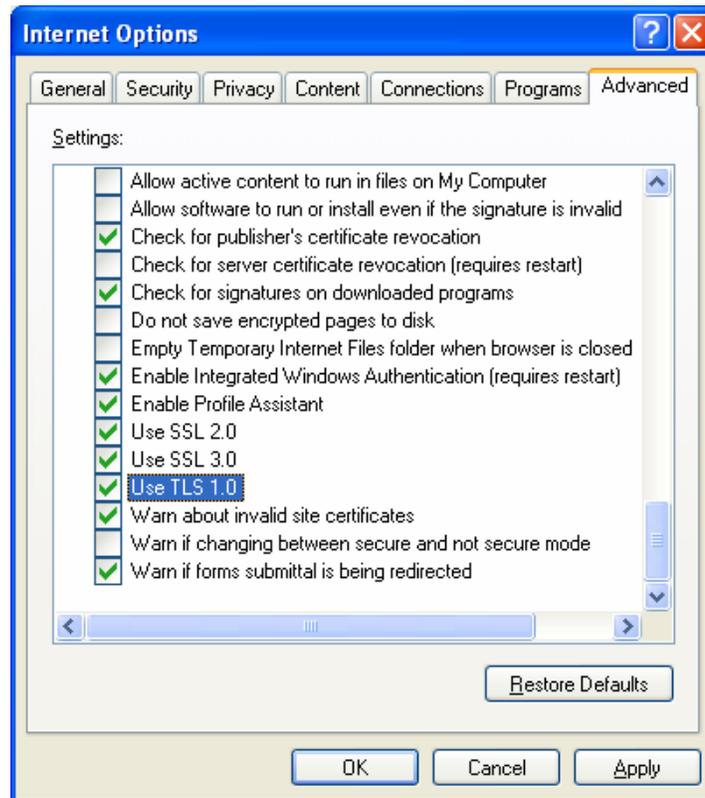
Once the user account has been established on the computer:

1. From Internet Explorer, select the Internet Options item in the Tools menu.

The Internet Options window will be displayed as shown below.



- Click the Advanced Tab and scroll to the bottom of the list.
- Check the Use TLS 1.0 checkbox.



- Click the button.
- Go to https://www.afchips.brooks.af.mil/pdhra/pdhra_prp_medical.aspx.
- Log in with your PIMR login.

Note: This is normally the same login used to log in to the network.

- Enter your SSN.

Note: The web application will validate this information against the central PIMR users' data table and will go to the standard PDHRA data entry form.

A person on PRP status will now be able to use this computer to complete the DD2900.

■ Establishing an Approved IP Address

This solution makes the following assumptions:

- ◆ Each PRP member has an active NIPRNet account on the base at which they are completing the form.
- ◆ Each MTF has one or more dedicated computers within the MTF that will be used for this purpose.

1. Establish static IP Addresses on the designated computers in the MTF.
2. Work with the base network control center to ensure these IP addresses are cleared through the proxy server to <https://www.afchips.brooks.af.mil>.

Note: It is important that the web server can see the static IP addresses and not the address of the base's proxy server.

3. E-mail the list of approved IP Addresses to the PDHRA website administrator: Robert.Williams.ctr@brooks.af.mil.

Once cleared by the PDHRA website administrator, the PRP member can log on to the computer using their NIPRNet account and access <https://www.afchips.brooks.af.mil/pdhra> to complete the DD2900.

■ Transcribing a Hard Copy DD Form 2900

If there is no computer available for PRP members to use, they can complete a hard copy DD Form 2900. Hard copy forms can be printed from PIMR. (In PIMR, click Deployments, then choose Blank DD2900.)

After the PRP member completes the form, the PDHRA Monitor transcribes the 2900 into electronic format using the following steps:

1. Go to the PDHRA menu in PIMR
2. Click on the PDHRA Web button
3. Click on search by SSAN
4. Enter service member's SSAN
5. Click find
6. Click on Transcribe Hard Copy

7. Click on Use these deployment dates if they are correct. If not, enter the correct deployment dates from the service member's 2900.
8. Verify the service member's demographics and then enter the location of operation/number of previous OEF/OIF deployments
9. Click next
10. Enter all data from the service member's hard copy

ADDITIONAL QUESTION SETS

Individuals identified as positive for behavioral health issues will be offered additional questions to further assess their concerns and aid their healthcare provider in addressing their needs. Individuals may be asked to complete up to three additional questions sets depending on their responses on the PDHRA. These include the AUDIT, the PCL-M, and selected questions from the PHQ-9. These are validated tools to help further assess problem drinking, PTSD, and depression, respectively.

■ AUDIT

If members answer positively to either 13a or 13 b, or if their scores for 13c +13d+ 13e is ≥ 4 for men or ≥ 3 for women, then they will be offered the opportunity to answer additional questions that will help the healthcare provider address their needs. If they agree, they will then complete the AUDIT.

The AUDIT is a 10-item screening questionnaire with three questions on the amount and frequency of drinking, three questions on alcohol dependence, and four questions on problems caused by alcohol. The AUDIT has a decision process that includes brief intervention with heavy drinkers, or referral to specialized treatment for patients who show evidence of more serious alcohol involvement.

AUDIT Scores

Scores for each question range from 0 to 4, with the first response for each question (never) scoring 0, the second (less than monthly) scoring 1, the third (monthly) scoring 2, the fourth (weekly) scoring 3, and the last response (daily or almost daily) scoring 4. For questions 9 and 10, which only have 3 responses, the scoring is 0, 2, and 4 (from left to right). **A score of 8 or more is associated with harmful or hazardous drinking. A score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.**

AUDIT Questionnaire

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?

| | | | | |
|-------|--------------------|-----------------------|---------------------|---------------------------|
| never | monthly or less | 2– 4 times a month | 2–3 times a week | 4 or more times a week |
|-------|--------------------|-----------------------|---------------------|---------------------------|

2. How many standard drinks containing alcohol do you have on a typical day when drinking?
- 1 or 2 3 or 4 5 or 6 7 to 9 10 or more
3. How often do you have six or more drinks on one occasion?
- never less than monthly monthly weekly daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?
- never less than monthly monthly weekly daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
- never less than monthly monthly weekly daily or almost daily
6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?
- never less than monthly monthly weekly daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
- never less than monthly monthly weekly daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- never less than monthly monthly weekly daily or almost daily
9. Have you or someone else been injured as a result of your drinking?
- no yes, but not in the last year yes, during the last year
10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?
- no yes, but not in the last year yes, during the last year

■ PCL-M

If members answer yes to any of the 4 response options on question 12, suggesting potential PTSD concerns, at the completion of the PDHRA they will be offered the opportunity to answer additional questions that will help the healthcare provider address their needs. If they agree, they will then complete the PCL-M.

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist:

- 1) PCL-M is specific to PTSD caused by military experiences
- 2) PCL-Civilian (PCL-C) is applied generally to any traumatic event

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events specific to a deployment. Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1** *Not at All* – **5** *Extremely*

PCL-M Scores

It is recommended that response categories **3–5** (*Moderately* or above) be considered as symptomatic and responses **1–2** (below *Moderately*) as non-symptomatic. For any response categories **3–5** (*Moderately* or above) further evaluation by a behavioral health provider is suggested.

PCL-M Questionnaire

Patient's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an “X” in the box to indicate how much you have been bothered by that problem *in the last month*.

| No. | Response | Not at all (1) | A little bit (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
|-----|---|----------------|------------------|----------------|-----------------|---------------|
| 1. | Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience from the past? | | | | | |
| 2. | Repeated, disturbing <i>dreams</i> of a stressful military experience from the past? | | | | | |

| No. | Response | Not at all (1) | A little bit (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
|-----|--|-------------------|---------------------|-------------------|--------------------|------------------|
| 3. | Suddenly <i>acting</i> or <i>feeling</i> as if a stressful military experience <i>were happening</i> again (as if you were reliving it)? | | | | | |
| 4. | Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience from the past? | | | | | |
| 5. | Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful military experience from the past? | | | | | |
| 6. | Avoid <i>thinking about</i> or <i>talking about</i> a stressful military experience from the past or avoid <i>having feelings</i> related to it? | | | | | |
| 7. | Avoid <i>activities</i> or <i>situations</i> because they <i>remind you</i> of a stressful military experience from the past? | | | | | |
| 8. | Trouble <i>remembering important parts</i> of a stressful military experience from the past? | | | | | |
| 9. | Loss of <i>interest in things that you used to enjoy</i> ? | | | | | |
| 10. | Feeling <i>distant</i> or <i>cut off</i> from other people? | | | | | |
| 11. | Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you? | | | | | |
| 12. | Feeling as if your <i>future</i> will somehow be <i>cut short</i> ? | | | | | |
| 13. | Trouble <i>falling</i> or <i>staying asleep</i> ? | | | | | |
| 14. | Feeling <i>irritable</i> or having <i>angry outbursts</i> ? | | | | | |
| 15. | Having <i>difficulty concentrating</i> ? | | | | | |
| 16. | Being " <i>super alert</i> " or watchful on guard? | | | | | |
| 17. | Feeling <i>jumpy</i> or easily startled? | | | | | |

■ Modified PHQ-9

If members answer “more than half the days” or “nearly every day” for either question 14a or 14 b, they will be offered the opportunity to answer additional questions that will help the health provider address their needs. If they agree, they will then complete the modified PHQ-9.

The modified PHQ-9 includes all questions except for the assessment of suicidal ideation.

Modified Questionnaire

| Over the last 2 weeks, how often have you been bothered by any of the following problems? | Not at all 0 | Several days 1 | More than half the days 2 | Nearly every day 3 |
|--|-----------------|-------------------|------------------------------|-----------------------|
| 1. Little interest or pleasure in doing things. | | | | |
| 2. Feeling down, depressed, or hopeless. | | | | |
| 3. Trouble falling/staying asleep, sleep too much. | | | | |
| 4. Feeling tired or having little energy. | | | | |
| 5. Poor appetite or overeating. | | | | |
| 6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down. | | | | |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television. | | | | |
| 8. 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. | | | | |

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all Somewhat Difficult Very Difficult Extremely Difficult

Question 9, a question about suicidality, has been removed from this measure because patients completing the PHQ-9 are not necessarily being

immediately evaluated after completing the questionnaire. Therefore, the scoring algorithm for the PHQ-9 is not applicable and the results for this question set are reported as raw data only.

Note: To use the scoring for the PHQ-9, the member must be asked question 9 as follows (which could be accomplished at an in-person follow-up, saving the time needed to get the information for the first eight questions):

| Over the last 2 weeks, how often have you been bothered by any of the following problems? | Not at all 0 | Several days 1 | More than half the days 2 | Nearly every day 3 |
|---|-----------------|-------------------|------------------------------|-----------------------|
| 9. Thoughts that you would be better off dead or of hurting yourself in some way. | | | | |

PHQ-9 Scores

The complete PHQ-9 would be scored as follows:

Scoring for depression severity:

0-4 None

5-9 Mild

10-14 Moderate

15-19 Moderately Severe

20-27 Severe

*Kroenke, K. & Spitzer, R.L. The PHQ-9: a new depression diagnostic and severity measure. *Psychiatric Annals*, 2002; 32: 509-521.

USEFUL LINKS

- ◆ PDHRA Form
<https://www.afchips.brooks.af.mil/phdra>
This is the site where service members complete the DD FORM 2900.
- ◆ PDHRA Knowledge Junction
<https://kx.afms.mil/pdhra>
This site includes the User's guide, brochures, policy information, provider training, and other useful information.
- ◆ PDhealth PDHRA Page
<http://www.pdhealth.mil/dcs/pdhra.asp>
This is a comprehensive Tri-Service site.
- ◆ PDHRA Provider Training
<http://www.pdhealth.mil/dcs/BlueSky/index.html>
- ◆ UDM PDHRA Web Application
https://www.afchips.brooks.af.mil/pdhra/pdhra_udm.aspx

PROVIDER RESOURCES

- ◆ Deployment-Health CPGs, Full Versions
http://www.pdhealth.mil/clinicians/va-dod_cpg.asp
- ◆ Deployment-Health CPGs, Condensed Versions
<http://www.pdhealth.mil/trainingbriefs/default.asp>
- ◆ TBI Screening CPGs
https://kx.afms.mil/kxweb/dotmil/file/web/ctb_090157.pdf
- ◆ Alcohol Screening CPGs
https://kx.afms.mil/kxweb/dotmil/file/web/ctb_090159.pdf
- ◆ PDHRA Provider Training
<http://www.pdhealth.mil/dcs/BlueSky/index.html>
- ◆ Deployment Health Clinician Help Line
1-866-559-1627, DSN 642-0907
- ◆ DoD Patient Help Line
1-800-796-9699, DSN 662-3577
- ◆ DoD Help Line, Europe
00800-8666-8666

REFERENCES

- ◆ Babor, T.F., Biddle-Higgins, J.C., Saunders, J.B. & Monteiro, M.G. (2001). AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care, Geneva, Switzerland: World Health Organization.
- ◆ PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division this is a government document in the public domain.
- ◆ PHQ-9 Copyright © 1999 Pfizer Inc. All rights reserved. Reproduced with permission. The USAF has received permission to use the PHQ-9 in the manner specified.



PDHRA

