

# GULF WAR/OIF-OND EXAM

**This paperwork is part of your exam and you must complete Gulf War Phase 1 Worksheet pages 1-6 and Review of Symptoms (last two pages)**

Write your **COMPLETE NAME & SSN**

At the top of **ALL PAGES**

Return completed paperwork on the day of your  
appointment

Please have labs completed from **2 weeks** out up until your  
appointment

For any question or if you need to reschedule your  
appointment please call **BettyJane Aguilar @ 254-743-  
2949** or

**1-800-423-2111 ext. 42949**

*Thank you for participating in the study/survey.*

Occupational Health/Environmental Health Exam

Check-in is in Bldg. 146, Room W02

# Gulf War Phase I Worksheet

Name	SSN
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**Demographics**

Last Name	First Name	Middle Name
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Social Security Number	Date of Birth
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Address
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City	State	Zip Code	Plus 4
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County
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Sex <i>F = Female M = Male</i>	Marital Status <i>1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Single, Never Married</i>	
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**Race**

<b>Race Code</b> <i>1 = American Indian or Alaskan Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or other Pacific Islander 5 = White 6 = Declined to answer 7 = Unknown by patient</i>	<b>Collection Method</b> <i>1 = Observer 2 = Proxy 3 = Self-identification 4 = Unknown</i>

**Ethnicity**

<b>Ethnicity Code</b> <i>1 = Hispanic or Latino 2 = Not Hispanic or Latino 3 = Declined to answer 4 = Unknown by patient</i>	<b>Collection Method</b> <i>1 = Observer 2 = Proxy 3 = Self-identification 4 = Unknown</i>

**Periods of Service**

Branch of Service <i>1 = Army 2 = Air Force 3 = Navy 4 = Marines 5 = Coast Guard 6 = Other</i>	Start Date	End Date	Remarks

# Gulf War Phase I Worksheet

Name		SSN	
<b>General:</b>			
Facility Number 674	Facility Suffix CTVHCS	Date of Exam	
Examiner Name		Examiner Title	
Examiner Signature		Private Physician? Y = Yes; N = No	N
Remarks			
<b>Military:</b>			
Current Status	1 = Inpatient 2 = Outpatient 3 = Incarcerated	4 = Active Duty (Inpatient) 5 = Active Duty (Outpatient)	
Branch of Service	1 = Army 2 = Air Force 3 = Navy	4 = Marines 5 = Coast Guard 6 = Other	
Did veteran have military service in Gulf War area?			Y = Yes N = No
In what areas did veteran serve?		1 = Combat Zone 2 = Other Land Area 3 = Sea Duty	4 = Other 5 = Don't Know
List military units in which veteran served. Specify complete unabbreviated title (Company, Battalion)			
List Military Occupational Specialty (MOS)			
Were actual duties different from MOS?			Y = Yes N = No
If yes, list here and in veteran's medical record			
Enter the name of the unit in which veteran had the longest and next to longest period of service while in the Gulf.			

# Gulf War Phase I Worksheet

Name	SSN
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Exposure Periods			
Location	Location Description	Start Date	End Date
8 = Persian Gulf Area			

**Exposures**

Are you currently smoking cigarettes? Y = Yes N = No

If yes	How many years have you been smoking cigarettes?	
	On the average, how many cigarettes are you smoking per day?	

Have you smoked cigarettes in the past? Y = Yes N = No

If yes	How many years had you smoked?	
	On the average, how many cigarettes did you smoke per day?	

Smoke from oil fires. Y = Yes N = No  
U = Unknown

Smoke of fumes from tent heaters. Y = Yes N = No  
U = Unknown

Cigarette smoke (passive) from others. Y = Yes N = No  
U = Unknown

Diesel and/or other petrochemical fumes. Y = Yes N = No  
U = Unknown

Exposure to burning trash/feces. Y = Yes N = No  
U = Unknown

Skin exposure to diesel or other petrochemical substances. Y = Yes N = No  
U = Unknown

CARC (Chemical Agent Resistant Compound). Y = Yes N = No  
U = Unknown

Other paints and/or solvents and/or petrochemical substances. Y = Yes N = No  
U = Unknown

Depleted Uranium. Y = Yes N = No  
U = Unknown

Microwaves. Y = Yes N = No  
U = Unknown

Personal pesticide use, including creams, sprays, or flea collars. Y = Yes N = No  
U = Unknown

Nerve gas or other nerve agents. Y = Yes N = No  
U = Unknown

Drug (pyridostigmine) used to protect against nerve agents. Y = Yes N = No  
U = Unknown

Mustard gas or other agents. Y = Yes N = No  
U = Unknown

# Gulf War Phase I Worksheet

Name	SSN
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**Exposures (continued)**

Ate or drank food contaminated with smoke, oil, or other chemical.	Y = Yes N = No U = Unknown	
Ate food other than provided by armed forces.	Y = Yes N = No U = Unknown	
Bathed in or drank water contaminated with smoke or other chemical.	Y = Yes N = No U = Unknown	
Bathed in water other than provided by armed forces.	Y = Yes N = No U = Unknown	
Immunization against anthrax.	Y = Yes N = No U = Unknown	
Immunization against botulism.	Y = Yes N = No U = Unknown	

Other exposures

**Sodium Dichromate Exposure**

Was Veteran at Qarmat Ali Water Treatment Plant in Iraq between April and November 2003? Y = Yes N = No

If yes	Was Veteran involved in activities that disrupted the soil or raised dust?	Y = Yes N = No	
	Did Veteran wear any respiratory protection such as dust mask and/or respirator while engaged in above activity?	Y = Yes N = No	
	Did Veteran experience any upper respiratory symptoms such as: Irritation of nasal passages, shortness of breath/difficulties breathing, or eye irritation, during or shortly after working at Qarmat Ali?	Y = Yes N = No	
	Did Veteran notice any rashes, or other lesions, on exposed skin during or shortly after working at Qarmat Ali?	Y = Yes N = No	
	Are any of these problems still occurring?	Y = Yes N = No	

# Gulf War Phase I Worksheet

Name	SSN
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**Experiences**

Did veteran ever go on combat patrols or other very dangerous duty?	1 = No 2 = 1 - 3 times 3 = 4 - 12 times	4 = 13 - 50 times 5 = 51 times or more	
Was veteran ever under enemy fire (including "SCUDS")?	1 = Never 2 = 1 day 3 = <1 week	4 = 1 - <4 weeks 5 = 4 weeks or more	
What percentage of people in veteran's unit were killed (KIA), wounded or missing in action (MIA)?	1 = None 2 = 1 - 25% 3 = 26 - 50%	4 = 51 - 75% 5 = 76% or more	
How often did veteran see someone hit by incoming or outgoing rounds?	1 = Never 2 = 1 - 2 times 3 = 3 - 12 times	4 = 13 - 50 times 5 = 51 times or more	
How often was veteran in imminent danger of being injured or killed (i.e. pinned down, overrun, ambushed, near miss, etc.)?	1 = Never 2 = 1 - 2 times 3 = 3 - 12 times	4 = 13 - 50 times 5 = 51 times or more	
Did veteran witness chemical alarms?	Y = Yes N = No U = Unknown		

**Self Assessment**

Which best describes veteran's health after Gulf War service?	1 = Very Good 2 = Good 3 = Fair	4 = Poor 5 = Very Poor	
Which best describes veteran's own assessment of functional impairment?	1 = No Impairment 2 = Slight Impairment 3 = Moderate Impairment 4 = Severe Impairment		
How many workdays were lost by veteran due to illness in the past 90 days?			

**Birth Data**

How many children does veteran have?			
How many of these children were born with birth defects? (Birth defects are any structural, functional, or biochemical abnormality at birth whether genetically determined or induced during gestation that is not due to injuries suffered during birth.)			
If > 0	How many of the children with birth defects were conceived before Gulf War service?		
	If > 0 State maternal age at conception of first child born with birth defects conceived before Gulf War service.		
	How many of the children born with birth defects were conceived during or after Gulf War service?		
	If > 0 State maternal age at conception of first child born with birth defects conceived during or after Gulf War service.		

**Has veteran or spouse had infertility problems? (Infertility - relative sterility defined as inability to conceive after 12 or more months of intercourse without use of contraception and when neither spouse is surgically sterilized.)**

	Has veteran or spouse had infertility before Gulf War service?	Y = Yes N = No	
If yes	If yes State maternal age during first attempts to conceive.		
	Has veteran or spouse had infertility after return from Gulf War service?	Y = Yes N = No	
	If yes State maternal age during first attempts to conceive.		

# Gulf War Phase I Worksheet

Name	SSN
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**Birth Data (continued)**

Has veteran or spouse had miscarriage(s)? (Miscarriages are spontaneous expulsion of the products of conception before 20 weeks of gestation - Spontaneous Abortion.)		Y = Yes N = No	
If yes	Has veteran or spouse had miscarriages before Gulf War service?	Y = Yes N = No	
	If yes State maternal age at conception.		
	Has veteran or spouse had miscarriages after Gulf War service?	Y = Yes N = No	
	If yes State maternal age at conception.		

Has veteran or spouse had still birth(s)? (Still birth is birth after 20 weeks of gestation of an infant who showed no evidence of life after birth.)		Y = Yes N = No	
If yes	Has veteran or spouse had still birth(s) before Gulf War service?	Y = Yes N = No	
	If yes State maternal age at conception.		
	Has veteran or spouse had still birth(s) after return from Gulf War service?	Y = Yes N = No	
	If yes State maternal age at conception.		

Has veteran or spouse had infant death(s)? (Death that occurred within one year of birth among babies born alive.)		Y = Yes N = No	
If yes	Has veteran or spouse had infant death(s) before Gulf War service?	Y = Yes N = No	
	If yes State maternal age at conception.		
	Has veteran or spouse had infant death(s) after Gulf War service?	Y = Yes N = No	
	If yes State maternal age at conception.		

If a woman veteran reports she was pregnant during Gulf War service, record date of child's birth and hospital of birth here and in Veteran's medical record only to facilitate follow-up, if needed.

Date of Birth	Name of Hospital	Location
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# Gulf War Phase I Worksheet

Name		SSN	
<b>Disposition</b>			
Exam Completed?		Y = Yes N = No	
Hospitalized at VAMC for further tests?		Y = Yes N = No	
Hospitalized at VAMC for treatment?		Y = Yes N = No	
Referred for VA outpatient treatment?		Y = Yes N = No	
Referred to private physician; non-VA clinic or non-VA hospital?		Y = Yes N = No	
Biopsy?		Y = Yes N = No	
After completion of Phase I exam, the physician has determined the veteran has unexplained illness?		Y = Yes N = No	
Has Phase II exam been initiated?		Y = Yes N = No	

X



REVIEW OF SYMPTOMS

Please complete the next two forms. Return the forms on the day of your appointment.

Thank You

ENVIRONMENTAL HEALTH REGISTRY EXAM

Name \_\_\_\_\_ SSN \_\_\_\_\_ Age \_\_\_\_\_

What is your occupation? \_\_\_\_\_

In what branch of the Military did you serve? \_\_\_\_\_

Dates of Military Service, from \_\_\_\_\_ to \_\_\_\_\_

Vietnam from \_\_\_\_\_ to \_\_\_\_\_ Korea from \_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr) (mo/yr) (mo/yr)

Gulf War from \_\_\_\_\_ to \_\_\_\_\_ Iraqi Freedom from \_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr) (mo/yr) (mo/yr)

Tobacco use (Including smokeless)? Yes or No Currently using tobacco? Yes or No  
Previous tobacco use: How much? \_\_\_\_\_ How long? \_\_\_\_\_ When did you quit? \_\_\_\_\_

Do you drink alcohol? Yes or No If so, how much? \_\_\_\_\_  
When did you quit drinking? \_\_\_\_\_

Men: How many children have you fathered before Vietnam/Gulf War \_\_\_\_\_ During or after  
Vietnam/Gulf War \_\_\_\_\_

List any childhood illnesses you have had: \_\_\_\_\_  
\_\_\_\_\_

Is there any history of Diabetes in your family? Yes or No  
If so, Who? \_\_\_\_\_

Any other family diseases? (Heart disease, High Blood Pressure, Stroke, Cancer) Yes or No  
If so who? \_\_\_\_\_

Do you have any medication allergies? Yes or No  
List all allergies \_\_\_\_\_

List your known medical problems/illnesses and the year of onset:  
(Example: Diabetes-1972, Hypertension-1975, Heart Disease-1975, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What operations/surgeries have you had? \_\_\_\_\_  
\_\_\_\_\_

List any serious injuries  
\_\_\_\_\_  
\_\_\_\_\_

## REVIEW OF SYMPTOMS

Current symptoms OR persistent symptoms present in the past three to six months that are reoccurring. Check each item and if yes, give approximate year of onset (when they began).

General Yes No Date

Weight loss (without effort or trying)	_____	_____	_____
Memory impairment	_____	_____	_____
Fever, chills	_____	_____	_____
Fatigue or weakness	_____	_____	_____

**Head and neck:**

Headaches (tension/migraine)	_____	_____	_____
Visual symptoms	_____	_____	_____
Hearing impairment	_____	_____	_____
Nasal drainage, congestion	_____	_____	_____

**Cardiac and Respiratory:  
(Regarding heart, breathing, and lungs)**

Shortness of breath	_____	_____	_____
Cough	_____	_____	_____
Chest pains	_____	_____	_____

**Gastro intestinal (stomach and bowels)**

Stomach pain	_____	_____	_____
Constipation	_____	_____	_____
Diarrhea	_____	_____	_____

**Genito urinary**

Urinary frequency	_____	_____	_____
Difficulty urinating	_____	_____	_____
Erectile disorder	_____	_____	_____

**Musculoskeletal: (for joints; spine)**

Joint problems	_____	_____	_____
Low back pain	_____	_____	_____

**Neuropsychiatric:**

Seizure	_____	_____	_____
Depression	_____	_____	_____
Suicidal or homicidal ideas	_____	_____	_____
Anxiety	_____	_____	_____
Nightmares, flashbacks	_____	_____	_____
Difficulty falling asleep	_____	_____	_____