Tab
2.Summary By Table
3.CHPPM-MEDPROS_DMSS Atr

Column Definitions

Column	Name
A	Source
B	TabOrd
C	SourceTable
D	FieldOrd
E	FieldName
F	CHPPM APPROVAL
G	CHPPM SP2Delta
H	FieldType
I	Nullability
J	Primary Key
K	Title
L	Desc
M	Values
N	FDM Comments
O	PII/HIPPA Sensitive
P	ADS Comment
Q	Code Table Reference

This tab, 1.Cover Letter, descripes the information in tab 2.DAMIS-CHPPM Atr

Description

Summary report of the number of attributes that are in each of the 6 tables.

Report on the attributes that NIMH can selected. Explaination of the report column heads appears below, titled Column Definitions.

Description
Name of Data Source
Ordinal Position of Table in Data Dictionary received from Source System-used internally
Name of the Table from which the data element is extracted from Source System
Ordinal Position of the data element in a Table in the Source System Data Dictionary-used internally
Name of the data element (please use the literal format as in the column)
CHPPM has accepted this as a valid element for their use-drop down list-Yes or No
Date the data elements requested in Spiral-2. This will help in revising your existing extract routines
This is the data type and not populated at this time. It will be whatever you have in the source Tables
This is the Nullability condition and not populated at this time. It will be determined when your extract is received
Indicator if data element is a primary key (PK) or foreign key (FK) in this table
Data Element Name
Dictionary meaning of the data element and enumerated values if applicable
Values the attribute can have
Please add any comments that will help us understand the output extract.
Please note YES or NO if the element is PII or HIPPA sensitive for de-identification
Please add any comments on authoritativeness
Reference to code table.

Number of Attributes Available for Selection by Table within Source			
Source	**SourceTable**	**Count**	
MEDPROS/DHA			
	1 DD2900_200506	189	
	2 DD2900-200801	227	
	3 DD2795_199905	56	
	4 DD2796_199905	59	
	5 DD2796_200304	183	
	6 DD2796_200801	336	
		6 source tables with	**1,050 attributes**

Source	Source Tab Ord	SourceTable	Source Field Ord	FieldName	CHPPM Approval
MEDPROS/DMSS	1	DD2900_200506	1	FORM_TYPE	Yes
MEDPROS/DMSS	1	DD2900_200506	2	FORM_VERSION	Yes
MEDPROS/DMSS	1	DD2900_200506	3	SSN	Yes
MEDPROS/DMSS	1	DD2900_200506	4	LNAME	Yes
MEDPROS/DMSS	1	DD2900_200506	5	FNAME	Yes
MEDPROS/DMSS	1	DD2900_200506	6	MI	Yes
MEDPROS/DMSS	1	DD2900_200506	7	D_EVENT	Yes
MEDPROS/DMSS	1	DD2900_200506	8	DOB	Yes
MEDPROS/DMSS	1	DD2900_200506	9	D_ARRIVAL	Yes
MEDPROS/DMSS	1	DD2900_200506	10	D_DEPART	Yes
MEDPROS/DMSS	1	DD2900_200506	11	SEX	Yes
MEDPROS/DMSS	1	DD2900_200506	12	SERVICE	Yes
MEDPROS/DMSS	1	DD2900_200506	13	STATUS_PRIOR	Yes
MEDPROS/DMSS	1	DD2900_200506	14	GRADE	Yes
MEDPROS/DMSS	1	DD2900_200506	15	MAR_STAT	Yes
MEDPROS/DMSS	1	DD2900_200506	16	IRAQ	Yes
MEDPROS/DMSS	1	DD2900_200506	17	AFGHAN	Yes
MEDPROS/DMSS	1	DD2900_200506	18	KUWAIT	Yes
MEDPROS/DMSS	1	DD2900_200506	19	QATAR	Yes
MEDPROS/DMSS	1	DD2900_200506	20	BOSNIA/KOSOVO	Yes
MEDPROS/DMSS	1	DD2900_200506	21	SWA	Yes
MEDPROS/DMSS	1	DD2900_200506	22	AFRICA	Yes
MEDPROS/DMSS	1	DD2900_200506	23	SO_AMER	Yes
MEDPROS/DMSS	1	DD2900_200506	24	NO_AMER	Yes
MEDPROS/DMSS	1	DD2900_200506	25	AUSTR	Yes
MEDPROS/DMSS	1	DD2900_200506	26	EUROPE	Yes
MEDPROS/DMSS	1	DD2900_200506	27	SHIP	Yes
MEDPROS/DMSS	1	DD2900_200506	28	LOC_OTHER	Yes
MEDPROS/DMSS	1	DD2900_200506	29	LOC_OTHER_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	30	STATUS_CURRENT	Yes
MEDPROS/DMSS	1	DD2900_200506	31	SEL_RES_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	32	RDY_RES_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	33	OIF_TOTAL	Yes
MEDPROS/DMSS	1	DD2900_200506	34	OEF_TOTAL	Yes
MEDPROS/DMSS	1	DD2900_200506	35	OTH_TOTAL	Yes
MEDPROS/DMSS	1	DD2900_200506	36	UNIT	Yes
MEDPROS/DMSS	1	DD2900_200506	37	LOCATION	Yes
MEDPROS/DMSS	1	DD2900_200506	38	PHONE	Yes
MEDPROS/DMSS	1	DD2900_200506	39	CELL	Yes
MEDPROS/DMSS	1	DD2900_200506	40	DSN	Yes
MEDPROS/DMSS	1	DD2900_200506	41	EMAIL	Yes
MEDPROS/DMSS	1	DD2900_200506	42	ADDR	Yes
MEDPROS/DMSS	1	DD2900_200506	43	CITY	Yes
MEDPROS/DMSS	1	DD2900_200506	44	STATE	Yes
MEDPROS/DMSS	1	DD2900_200506	45	ZIP	Yes

MEDPROS/DMSS	1	DD2900_200506	46	POC_NAME	Yes
MEDPROS/DMSS	1	DD2900_200506	47	POC_PHONE	Yes
MEDPROS/DMSS	1	DD2900_200506	48	POC_EMAIL	Yes
MEDPROS/DMSS	1	DD2900_200506	49	POC_ADDR	Yes
MEDPROS/DMSS	1	DD2900_200506	50	POC_CITY	Yes
MEDPROS/DMSS	1	DD2900_200506	51	POC_STATE	Yes
MEDPROS/DMSS	1	DD2900_200506	52	POC_ZIP	Yes
MEDPROS/DMSS	1	DD2900_200506	53	HEALTH_ASSESSMENT	Yes
MEDPROS/DMSS	1	DD2900_200506	54	HEALTH_CHANGE	Yes
MEDPROS/DMSS	1	DD2900_200506	55	TIMES_SEEN	Yes
MEDPROS/DMSS	1	DD2900_200506	56	HOSPITALIZED	Yes
MEDPROS/DMSS	1	DD2900_200506	57	INJURED	Yes
MEDPROS/DMSS	1	DD2900_200506	58	INJ_PROB	Yes
MEDPROS/DMSS	1	DD2900_200506	59	MED_PROBLEMS	Yes
MEDPROS/DMSS	1	DD2900_200506	60	COUGH	Yes
MEDPROS/DMSS	1	DD2900_200506	61	RUNNY_NOSE	Yes
MEDPROS/DMSS	1	DD2900_200506	62	FEVER	Yes
MEDPROS/DMSS	1	DD2900_200506	63	WEAKNESS	Yes
MEDPROS/DMSS	1	DD2900_200506	64	HEADACHE	Yes
MEDPROS/DMSS	1	DD2900_200506	65	JOINTS	Yes
MEDPROS/DMSS	1	DD2900_200506	66	BACK_PAIN	Yes
MEDPROS/DMSS	1	DD2900_200506	67	MUSCLE	Yes
MEDPROS/DMSS	1	DD2900_200506	68	NUMBNESS	Yes
MEDPROS/DMSS	1	DD2900_200506	69	RASH	Yes
MEDPROS/DMSS	1	DD2900_200506	70	RINGING	Yes
MEDPROS/DMSS	1	DD2900_200506	71	TEARING	Yes
MEDPROS/DMSS	1	DD2900_200506	72	VISION	Yes
MEDPROS/DMSS	1	DD2900_200506	73	CHEST_PAIN	Yes
MEDPROS/DMSS	1	DD2900_200506	74	DIZZY	Yes
MEDPROS/DMSS	1	DD2900_200506	75	BREATHING	Yes
MEDPROS/DMSS	1	DD2900_200506	76	DIARRHEA	Yes
MEDPROS/DMSS	1	DD2900_200506	77	TIRED	Yes
MEDPROS/DMSS	1	DD2900_200506	78	MEMORY	Yes
MEDPROS/DMSS	1	DD2900_200506	79	IRRITABLE	Yes
MEDPROS/DMSS	1	DD2900_200506	80	RISKY	Yes
MEDPROS/DMSS	1	DD2900_200506	81	OTHER_COND	Yes
MEDPROS/DMSS	1	DD2900_200506	82	OTHER_COND_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	83	EXPOSURE_CONCERNS	Yes
MEDPROS/DMSS	1	DD2900_200506	84	EXP_DEET	Yes
MEDPROS/DMSS	1	DD2900_200506	85	EXP_PEST_UNIFORM	Yes
MEDPROS/DMSS	1	DD2900_200506	86	EXP_PEST_ENVIRO	Yes
MEDPROS/DMSS	1	DD2900_200506	87	EXP_FLEA	Yes
MEDPROS/DMSS	1	DD2900_200506	88	EXP_PEST_STRIP	Yes
MEDPROS/DMSS	1	DD2900_200506	89	EXP_SMOKE_OIL	Yes
MEDPROS/DMSS	1	DD2900_200506	90	EXP_SMOKE_TRASH	Yes
MEDPROS/DMSS	1	DD2900_200506	91	EXP_FUMES_EXHAUST	Yes
MEDPROS/DMSS	1	DD2900_200506	92	EXP_SMOKE_HEATER	Yes
MEDPROS/DMSS	1	DD2900_200506	93	EXP_FUELS	Yes
MEDPROS/DMSS	1	DD2900_200506	94	EXP_FOG_OILS	Yes

MEDPROS/DMSS	1	DD2900_200506	95	EXP_SOLVENTS	Yes
MEDPROS/DMSS	1	DD2900_200506	96	EXP_PAINTS	Yes
MEDPROS/DMSS	1	DD2900_200506	97	EXP_RADIATION	Yes
MEDPROS/DMSS	1	DD2900_200506	98	EXP_MICROWAVE	Yes
MEDPROS/DMSS	1	DD2900_200506	99	EXP_LASER	Yes
MEDPROS/DMSS	1	DD2900_200506	100	EXP_NOISE	Yes
MEDPROS/DMSS	1	DD2900_200506	101	EXP_VIBRATION	Yes
MEDPROS/DMSS	1	DD2900_200506	102	EXP_POLLUTION	Yes
MEDPROS/DMSS	1	DD2900_200506	103	EXP_SAND	Yes
MEDPROS/DMSS	1	DD2900_200506	104	EXP_BLAST	Yes
MEDPROS/DMSS	1	DD2900_200506	105	EXP_URANIUM	Yes
MEDPROS/DMSS	1	DD2900_200506	106	EXP_URANIUM_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	107	EXP_OTHER	Yes
MEDPROS/DMSS	1	DD2900_200506	108	EXP_OTHER_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	109	CONFLICTS	Yes
MEDPROS/DMSS	1	DD2900_200506	110	NIGHTMARES	Yes
MEDPROS/DMSS	1	DD2900_200506	111	AVOID_SITUATIONS	Yes
MEDPROS/DMSS	1	DD2900_200506	112	ON_GUARD	Yes
MEDPROS/DMSS	1	DD2900_200506	113	DETACHED	Yes
MEDPROS/DMSS	1	DD2900_200506	114	ETOH	Yes
MEDPROS/DMSS	1	DD2900_200506	115	ETOH_DOWN	Yes
MEDPROS/DMSS	1	DD2900_200506	116	LITTLE_INTEREST	Yes
MEDPROS/DMSS	1	DD2900_200506	117	FEELING_DOWN	Yes
MEDPROS/DMSS	1	DD2900_200506	118	DIFFICULTY	Yes
MEDPROS/DMSS	1	DD2900_200506	119	REQ_PROVIDER	Yes
MEDPROS/DMSS	1	DD2900_200506	120	REQ_STRESS	Yes
MEDPROS/DMSS	1	DD2900_200506	121	REQ_FAMILY	Yes
MEDPROS/DMSS	1	DD2900_200506	122	REQ_CHAPLAIN	Yes
MEDPROS/DMSS	1	DD2900_200506	123	PROVIDER_REVIEW	Yes
MEDPROS/DMSS	1	DD2900_200506	124	PROV_REV_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	125	HURT_SELF	Yes
MEDPROS/DMSS	1	DD2900_200506	126	HURT_SELF_FREQ	Yes
MEDPROS/DMSS	1	DD2900_200506	127	LOSE_CONTROL	Yes
MEDPROS/DMSS	1	DD2900_200506	128	CURRENT_RISK	Yes

MEDPROS/DMSS	1	DD2900_200506	129	OUTCOME	Yes
MEDPROS/DMSS	1	DD2900_200506	130	PT_CONCERNS_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	131	CON_NONE	Yes
MEDPROS/DMSS	1	DD2900_200506	132	CON_PHYSICAL	Yes
MEDPROS/DMSS	1	DD2900_200506	133	CON_EXPOSURE	Yes
MEDPROS/DMSS	1	DD2900_200506	134	CON_DEPRESSION	Yes
MEDPROS/DMSS	1	DD2900_200506	135	CON_PTSD	Yes
MEDPROS/DMSS	1	DD2900_200506	136	CON_ANGER	Yes
MEDPROS/DMSS	1	DD2900_200506	137	CON_SUICIDE	Yes
MEDPROS/DMSS	1	DD2900_200506	138	CON_FAMILY	Yes
MEDPROS/DMSS	1	DD2900_200506	139	CON_ETOH	Yes
MEDPROS/DMSS	1	DD2900_200506	140	CON_OTHER	Yes
MEDPROS/DMSS	1	DD2900_200506	141	CON_OTHER_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	142	CARE_PHYSICAL	Yes
MEDPROS/DMSS	1	DD2900_200506	143	CARE_EXPOSURE	Yes
MEDPROS/DMSS	1	DD2900_200506	144	CARE_DEPRESSION	Yes
MEDPROS/DMSS	1	DD2900_200506	145	CARE_PTSD	Yes
MEDPROS/DMSS	1	DD2900_200506	146	CARE_ANGER	Yes
MEDPROS/DMSS	1	DD2900_200506	147	CARE_SUICIDE	Yes
MEDPROS/DMSS	1	DD2900_200506	148	CARE_FAMILY	Yes
MEDPROS/DMSS	1	DD2900_200506	149	CARE_ETOH	Yes
MEDPROS/DMSS	1	DD2900_200506	150	CARE_OTHER	Yes
MEDPROS/DMSS	1	DD2900_200506	151	REF_NONE	Yes
MEDPROS/DMSS	1	DD2900_200506	152	REF_URGENT	Yes
MEDPROS/DMSS	1	DD2900_200506	153	REF_PRIMARY	Yes
MEDPROS/DMSS	1	DD2900_200506	154	REF_SPECIALTY	Yes
MEDPROS/DMSS	1	DD2900_200506	155	REF_SPEC_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	156	REF_MENTAL_PRIMARY	Yes
MEDPROS/DMSS	1	DD2900_200506	157	REF_MENTAL_SPECIAL	Yes
MEDPROS/DMSS	1	DD2900_200506	158	REF_CASE	Yes
MEDPROS/DMSS	1	DD2900_200506	159	REF_ABUSE	Yes
MEDPROS/DMSS	1	DD2900_200506	160	REF_HEALTH_ED	Yes
MEDPROS/DMSS	1	DD2900_200506	161	REF_OTH_SERVICE	Yes
MEDPROS/DMSS	1	DD2900_200506	162	REF_CHAPLAIN	Yes
MEDPROS/DMSS	1	DD2900_200506	163	REF_FAMILY	Yes
MEDPROS/DMSS	1	DD2900_200506	164	REF_ONE_SOURCE	Yes
MEDPROS/DMSS	1	DD2900_200506	165	REF_OTHER	Yes
MEDPROS/DMSS	1	DD2900_200506	166	REF_OTHER_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	167	PROVIDER_COMMENTS	Yes
MEDPROS/DMSS	1	DD2900_200506	168	CERT_PROVIDER	Yes
MEDPROS/DMSS	1	DD2900_200506	169	D_CERT_PROVIDER	Yes
MEDPROS/DMSS	1	DD2900_200506	170	PROV_HEALTH_ED	Yes
MEDPROS/DMSS	1	DD2900_200506	171	PROV_BENEFIT	Yes
MEDPROS/DMSS	1	DD2900_200506	172	PROV_APPT	Yes
MEDPROS/DMSS	1	DD2900_200506	173	DECLINED_FORM	Yes
MEDPROS/DMSS	1	DD2900_200506	174	DECLINED_INTERVIEW	Yes
MEDPROS/DMSS	1	DD2900_200506	175	DECLINED_REFERRAL	Yes
MEDPROS/DMSS	1	DD2900_200506	176	PROV_OTHER	Yes
MEDPROS/DMSS	1	DD2900_200506	177	PROV_OTHER_TEXT	Yes

MEDPROS/DMSS	1	DD2900_200506	178	SYS_MTF	Yes
MEDPROS/DMSS	1	DD2900_200506	179	SYS_DIV	Yes
MEDPROS/DMSS	1	DD2900_200506	180	SYS_VA	Yes
MEDPROS/DMSS	1	DD2900_200506	181	SYS_VET	Yes
MEDPROS/DMSS	1	DD2900_200506	182	SYS_TRICARE	Yes
MEDPROS/DMSS	1	DD2900_200506	183	SYS_CONTRACT	Yes
MEDPROS/DMSS	1	DD2900_200506	184	SYS_CONTRACT_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	185	SYS_CMNTY	Yes
MEDPROS/DMSS	1	DD2900_200506	186	SYS_CMNTY_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	187	SYS_OTHER	Yes
MEDPROS/DMSS	1	DD2900_200506	188	SYS_OTHER_TEXT	Yes
MEDPROS/DMSS	1	DD2900_200506	189	SYS_NONE	Yes
MEDPROS/DMSS	2	DD2900-200801	1	FORM_TYPE	Yes
MEDPROS/DMSS	2	DD2900-200801	2	FORM_VERSION	Yes
MEDPROS/DMSS	2	DD2900-200801	3	SSN	Yes
MEDPROS/DMSS	2	DD2900-200801	4	LNAME	Yes
MEDPROS/DMSS	2	DD2900-200801	5	FNAME	Yes
MEDPROS/DMSS	2	DD2900-200801	6	MI	Yes
MEDPROS/DMSS	2	DD2900-200801	7	D_EVENT	Yes
MEDPROS/DMSS	2	DD2900-200801	8	DOB	Yes
MEDPROS/DMSS	2	DD2900-200801	9	D_ARRIVAL	Yes
MEDPROS/DMSS	2	DD2900-200801	10	D_DEPART	Yes
MEDPROS/DMSS	2	DD2900-200801	11	SEX	Yes
MEDPROS/DMSS	2	DD2900-200801	12	SERVICE	Yes
MEDPROS/DMSS	2	DD2900-200801	13	STATUS_PRIOR	Yes
MEDPROS/DMSS	2	DD2900-200801	14	GRADE	Yes
MEDPROS/DMSS	2	DD2900-200801	15	MAR_STAT_2900	Yes
MEDPROS/DMSS	2	DD2900-200801	16	COUNTRY1	Yes
MEDPROS/DMSS	2	DD2900-200801	17	COUNTRY1_MONTHS	Yes
MEDPROS/DMSS	2	DD2900-200801	18	COUNTRY2	Yes
MEDPROS/DMSS	2	DD2900-200801	19	COUNTRY2_MONTHS	Yes
MEDPROS/DMSS	2	DD2900-200801	20	COUNTRY3	Yes
MEDPROS/DMSS	2	DD2900-200801	21	COUNTRY3_MONTHS	Yes
MEDPROS/DMSS	2	DD2900-200801	22	COUNTRY4	Yes
MEDPROS/DMSS	2	DD2900-200801	23	COUNTRY4_MONTHS	Yes

MEDPROS/DMSS	2	DD2900-200801	24	COUNTRY5	Yes
MEDPROS/DMSS	2	DD2900-200801	25	COUNTRY5_MONTHS	Yes
MEDPROS/DMSS	2	DD2900-200801	26	STATUS_CURRENT	Yes
MEDPROS/DMSS	2	DD2900-200801	27	OIF_TOTAL	Yes
MEDPROS/DMSS	2	DD2900-200801	28	OEF_TOTAL	Yes
MEDPROS/DMSS	2	DD2900-200801	29	OTH_TOTAL	Yes
MEDPROS/DMSS	2	DD2900-200801	30	UNIT	Yes
MEDPROS/DMSS	2	DD2900-200801	31	CURR_LOCATION	Yes
MEDPROS/DMSS	2	DD2900-200801	32	PHONE	Yes
MEDPROS/DMSS	2	DD2900-200801	33	CELL	Yes
MEDPROS/DMSS	2	DD2900-200801	34	DSN	Yes
MEDPROS/DMSS	2	DD2900-200801	35	EMAIL	Yes
MEDPROS/DMSS	2	DD2900-200801	36	ADDR	Yes
MEDPROS/DMSS	2	DD2900-200801	37	CITY	Yes
MEDPROS/DMSS	2	DD2900-200801	38	STATE	Yes
MEDPROS/DMSS	2	DD2900-200801	39	ZIP	Yes
MEDPROS/DMSS	2	DD2900-200801	40	POC_NAME	Yes
MEDPROS/DMSS	2	DD2900-200801	41	POC_PHONE	Yes
MEDPROS/DMSS	2	DD2900-200801	42	POC_EMAIL	Yes
MEDPROS/DMSS	2	DD2900-200801	43	POC_ADDR	Yes
MEDPROS/DMSS	2	DD2900-200801	44	POC_CITY	Yes
MEDPROS/DMSS	2	DD2900-200801	45	POC_STATE	Yes
MEDPROS/DMSS	2	DD2900-200801	46	POC_ZIP	Yes
MEDPROS/DMSS	2	DD2900-200801	47	HEALTH_ASSESSMENT	Yes
MEDPROS/DMSS	2	DD2900-200801	48	HEALTH_CHANGE	Yes
MEDPROS/DMSS	2	DD2900-200801	49	DIFF_PHYSICAL	Yes
MEDPROS/DMSS	2	DD2900-200801	50	DIFF_EMOTIONAL	Yes
MEDPROS/DMSS	2	DD2900-200801	51	TIMES_SEEN_AFTER	Yes
MEDPROS/DMSS	2	DD2900-200801	52	HOSPITALIZED_AFTER	Yes
MEDPROS/DMSS	2	DD2900-200801	53	INJURED	Yes

MEDPROS/DMSS	2	DD2900-200801	54	INJ_PROB	Yes
MEDPROS/DMSS	2	DD2900-200801	55	HEALTH_CONCERNS	Yes
MEDPROS/DMSS	2	DD2900-200801	56	FEVER	Yes
MEDPROS/DMSS	2	DD2900-200801	57	COUGH	Yes
MEDPROS/DMSS	2	DD2900-200801	58	BREATHING	Yes
MEDPROS/DMSS	2	DD2900-200801	59	HEADACHE	Yes
MEDPROS/DMSS	2	DD2900-200801	60	WEAKNESS	Yes
MEDPROS/DMSS	2	DD2900-200801	61	MUSCLE	Yes
MEDPROS/DMSS	2	DD2900-200801	62	JOINTS	Yes
MEDPROS/DMSS	2	DD2900-200801	63	BACK_PAIN	Yes
MEDPROS/DMSS	2	DD2900-200801	64	NUMBNESS	Yes
MEDPROS/DMSS	2	DD2900-200801	65	HEARING	Yes
MEDPROS/DMSS	2	DD2900-200801	66	RINGING	Yes
MEDPROS/DMSS	2	DD2900-200801	67	TEARING	Yes
MEDPROS/DMSS	2	DD2900-200801	68	VISION	Yes
MEDPROS/DMSS	2	DD2900-200801	69	CHEST_PAIN	Yes
MEDPROS/DMSS	2	DD2900-200801	70	DIZZY	Yes
MEDPROS/DMSS	2	DD2900-200801	71	DIARRHEA	Yes
MEDPROS/DMSS	2	DD2900-200801	72	TIRED	Yes
MEDPROS/DMSS	2	DD2900-200801	73	CONCENTRATION	Yes
MEDPROS/DMSS	2	DD2900-200801	74	MEMORY	Yes
MEDPROS/DMSS	2	DD2900-200801	75	DECISION	Yes
MEDPROS/DMSS	2	DD2900-200801	76	IRRITABLE	Yes
MEDPROS/DMSS	2	DD2900-200801	77	RISK_TAKING	Yes
MEDPROS/DMSS	2	DD2900-200801	78	RASH	Yes
MEDPROS/DMSS	2	DD2900-200801	79	OTHER_COND	Yes
MEDPROS/DMSS	2	DD2900-200801	80	OTHER_COND_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	81	EXP_BLAST	Yes
MEDPROS/DMSS	2	DD2900-200801	82	EXP_CRASH	Yes
MEDPROS/DMSS	2	DD2900-200801	83	EXP_WOUND	Yes
MEDPROS/DMSS	2	DD2900-200801	84	EXP_FALL	Yes
MEDPROS/DMSS	2	DD2900-200801	85	EXP_OTHER_INJ	Yes
MEDPROS/DMSS	2	DD2900-200801	86	EXP_OTHER_INJ_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	87	IMMED_LOC	Yes
MEDPROS/DMSS	2	DD2900-200801	88	IMMED_DAZED	Yes
MEDPROS/DMSS	2	DD2900-200801	89	IMMED_MEMORY	Yes
MEDPROS/DMSS	2	DD2900-200801	90	IMMED_CONCUSSION	Yes
MEDPROS/DMSS	2	DD2900-200801	91	IMMED_HEAD_INJ	Yes
MEDPROS/DMSS	2	DD2900-200801	92	POST_LAPSES	Yes
MEDPROS/DMSS	2	DD2900-200801	93	POST_DIZZY	Yes
MEDPROS/DMSS	2	DD2900-200801	94	POST_RINGING	Yes
MEDPROS/DMSS	2	DD2900-200801	95	POST_PHOTOSENS	Yes
MEDPROS/DMSS	2	DD2900-200801	96	POST_IRRITABLE	Yes
MEDPROS/DMSS	2	DD2900-200801	97	POST_HEADACHE	Yes
MEDPROS/DMSS	2	DD2900-200801	98	POST_SLEEP	Yes
MEDPROS/DMSS	2	DD2900-200801	99	WEEK_MEMORY	Yes
MEDPROS/DMSS	2	DD2900-200801	100	WEEK_DIZZY	Yes
MEDPROS/DMSS	2	DD2900-200801	101	WEEK_RINGING	Yes

MEDPROS/DMSS	2	DD2900-200801	102	WEEK_PHOTOSENS	Yes
MEDPROS/DMSS	2	DD2900-200801	103	WEEK_IRRITABLE	Yes
MEDPROS/DMSS	2	DD2900-200801	104	WEEK_HEADACHE	Yes
MEDPROS/DMSS	2	DD2900-200801	105	WEEK_SLEEP	Yes
MEDPROS/DMSS	2	DD2900-200801	106	EXPOSURE_CONCERNS	Yes
MEDPROS/DMSS	2	DD2900-200801	107	EXP_ANIMAL_BITES	Yes
MEDPROS/DMSS	2	DD2900-200801	108	EXP_ANIMAL_BODIES	Yes
MEDPROS/DMSS	2	DD2900-200801	109	EXP_CHLORINE	Yes
MEDPROS/DMSS	2	DD2900-200801	110	EXP_URANIUM	Yes
MEDPROS/DMSS	2	DD2900-200801	111	EXP_URANIUM_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	112	EXP_VIBRATION	Yes
MEDPROS/DMSS	2	DD2900-200801	113	EXP_FOG_OILS	Yes
MEDPROS/DMSS	2	DD2900-200801	114	EXP_GARBAGE	Yes
MEDPROS/DMSS	2	DD2900-200801	115	EXP_HUMAN_BODIES	Yes
MEDPROS/DMSS	2	DD2900-200801	116	EXP_POLLUTION	Yes
MEDPROS/DMSS	2	DD2900-200801	117	EXP_INSECT_BITES	Yes
MEDPROS/DMSS	2	DD2900-200801	118	EXP_RADIATION	Yes
MEDPROS/DMSS	2	DD2900-200801	119	EXP_FUELS	Yes
MEDPROS/DMSS	2	DD2900-200801	120	EXP_LASER	Yes
MEDPROS/DMSS	2	DD2900-200801	121	EXP_NOISE	Yes
MEDPROS/DMSS	2	DD2900-200801	122	EXP_PAINTS	Yes
MEDPROS/DMSS	2	DD2900-200801	123	EXP_PEST_ENVIRO	Yes
MEDPROS/DMSS	2	DD2900-200801	124	EXP_MICROWAVE	Yes
MEDPROS/DMSS	2	DD2900-200801	125	EXP_SAND	Yes
MEDPROS/DMSS	2	DD2900-200801	126	EXP_SMOKE_TRASH	Yes
MEDPROS/DMSS	2	DD2900-200801	127	EXP_SMOKE_OIL	Yes
MEDPROS/DMSS	2	DD2900-200801	128	EXP_SOLVENTS	Yes
MEDPROS/DMSS	2	DD2900-200801	129	EXP_SMOKE_HEATER	Yes
MEDPROS/DMSS	2	DD2900-200801	130	EXP_FUMES_EXHAUST	Yes
MEDPROS/DMSS	2	DD2900-200801	131	EXP_OTHER	Yes
MEDPROS/DMSS	2	DD2900-200801	132	EXP_OTHER_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	133	CONFLICTS	Yes
MEDPROS/DMSS	2	DD2900-200801	134	NIGHTMARES	Yes
MEDPROS/DMSS	2	DD2900-200801	135	AVOID_SITUATIONS	Yes
MEDPROS/DMSS	2	DD2900-200801	136	ON_GUARD	Yes
MEDPROS/DMSS	2	DD2900-200801	137	DETACHED	Yes
MEDPROS/DMSS	2	DD2900-200801	138	ETOH	Yes
MEDPROS/DMSS	2	DD2900-200801	139	ETOH_DOWN	Yes
MEDPROS/DMSS	2	DD2900-200801	140	ETOH_OFTEN	Yes

MEDPROS/DMSS	2	DD2900-200801	141	ETOH_DAY	Yes
MEDPROS/DMSS	2	DD2900-200801	142	ETOH_BINGE	Yes
MEDPROS/DMSS	2	DD2900-200801	143	LITTLE_INTEREST	Yes
MEDPROS/DMSS	2	DD2900-200801	144	FEELING_DOWN	Yes
MEDPROS/DMSS	2	DD2900-200801	145	REQ_PROVIDER	Yes
MEDPROS/DMSS	2	DD2900-200801	146	REQ_STRESS	Yes
MEDPROS/DMSS	2	DD2900-200801	147	REQ_FAMILY	Yes
MEDPROS/DMSS	2	DD2900-200801	148	REQ_CHAPLAIN	Yes
MEDPROS/DMSS	2	DD2900-200801	149	PROVIDER_REVIEW	Yes
MEDPROS/DMSS	2	DD2900-200801	150	HEALTH_CONCERNS_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	151	HURT_SELF	Yes
MEDPROS/DMSS	2	DD2900-200801	152	HURT_SELF_FREQ	Yes
MEDPROS/DMSS	2	DD2900-200801	153	LOSE_CONTROL	Yes
MEDPROS/DMSS	2	DD2900-200801	154	CURRENT_RISK	Yes
MEDPROS/DMSS	2	DD2900-200801	155	OUTCOME	Yes
MEDPROS/DMSS	2	DD2900-200801	156	SCREEN_ETOH	Yes
MEDPROS/DMSS	2	DD2900-200801	157	SCREEN_TBI	Yes
MEDPROS/DMSS	2	DD2900-200801	158	PT_CONCERNS_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	159	CON_PHYSICAL	Yes
MEDPROS/DMSS	2	DD2900-200801	160	CON_EXPOSURE	Yes
MEDPROS/DMSS	2	DD2900-200801	161	CON_DEPRESSION	Yes
MEDPROS/DMSS	2	DD2900-200801	162	CON_PTSD	Yes
MEDPROS/DMSS	2	DD2900-200801	163	CON_ANGER	Yes
MEDPROS/DMSS	2	DD2900-200801	164	CON_SUICIDE	Yes
MEDPROS/DMSS	2	DD2900-200801	165	CON_FAMILY	Yes
MEDPROS/DMSS	2	DD2900-200801	166	CON_ETOH	Yes
MEDPROS/DMSS	2	DD2900-200801	167	CON_OTHER	Yes
MEDPROS/DMSS	2	DD2900-200801	168	CON_OTHER_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	169	CARE_PHYSICAL	Yes

MEDPROS/DMSS	2	DD2900-200801	170	CARE_EXPOSURE	Yes
MEDPROS/DMSS	2	DD2900-200801	171	CARE_DEPRESSION	Yes
MEDPROS/DMSS	2	DD2900-200801	172	CARE_PTSD	Yes
MEDPROS/DMSS	2	DD2900-200801	173	CARE_ANGER	Yes
MEDPROS/DMSS	2	DD2900-200801	174	CARE_SUICIDE	Yes
MEDPROS/DMSS	2	DD2900-200801	175	CARE_FAMILY	Yes
MEDPROS/DMSS	2	DD2900-200801	176	CARE_ETOH	Yes
MEDPROS/DMSS	2	DD2900-200801	177	CARE_OTHER	Yes
MEDPROS/DMSS	2	DD2900-200801	178	REFTIME_PRIMARY	Yes
MEDPROS/DMSS	2	DD2900-200801	179	REFTIME_MENTAL_PRIMARY	Yes
MEDPROS/DMSS	2	DD2900-200801	180	REFTIME_MENTAL_SPECIAL	Yes
MEDPROS/DMSS	2	DD2900-200801	181	REFTIME_AUDIOLOGY	Yes
MEDPROS/DMSS	2	DD2900-200801	182	REFTIME_CARDIAC	Yes
MEDPROS/DMSS	2	DD2900-200801	183	REFTIME_DENTAL	Yes
MEDPROS/DMSS	2	DD2900-200801	184	REFTIME_DERM	Yes
MEDPROS/DMSS	2	DD2900-200801	185	REFTIME_ENT	Yes
MEDPROS/DMSS	2	DD2900-200801	186	REFTIME_GI	Yes
MEDPROS/DMSS	2	DD2900-200801	187	REFTIME_MED	Yes
MEDPROS/DMSS	2	DD2900-200801	188	REFTIME_NEURO	Yes
MEDPROS/DMSS	2	DD2900-200801	189	REFTIME_GYN	Yes
MEDPROS/DMSS	2	DD2900-200801	190	REFTIME_OPTHA	Yes
MEDPROS/DMSS	2	DD2900-200801	191	REFTIME_OPTO	Yes
MEDPROS/DMSS	2	DD2900-200801	192	REFTIME_ORTHO	Yes
MEDPROS/DMSS	2	DD2900-200801	193	REFTIME_PULMONARY	Yes
MEDPROS/DMSS	2	DD2900-200801	194	REFTIME_GU	Yes
MEDPROS/DMSS	2	DD2900-200801	195	REFTIME_CASE	Yes
MEDPROS/DMSS	2	DD2900-200801	196	REFTIME_ABUSE	Yes
MEDPROS/DMSS	2	DD2900-200801	197	REFTIME_HEALTH_ED	Yes
MEDPROS/DMSS	2	DD2900-200801	198	REFTIME_CHAPLAIN	Yes

MEDPROS/DMSS	2	DD2900-200801	199	REFTIME_FAMILY	Yes
MEDPROS/DMSS	2	DD2900-200801	200	REFTIME_ONE_SOURCE	Yes
MEDPROS/DMSS	2	DD2900-200801	201	REFTIME_OTHER	Yes
MEDPROS/DMSS	2	DD2900-200801	202	REF_OTHER_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	203	REF_NONE	Yes
MEDPROS/DMSS	2	DD2900-200801	204	PROVIDER_COMMENTS	Yes
MEDPROS/DMSS	2	DD2900-200801	205	CERT_PROVIDER	Yes
MEDPROS/DMSS	2	DD2900-200801	206	D_CERT_PROVIDER	Yes
MEDPROS/DMSS	2	DD2900-200801	207	PROV_HEALTH_ED	Yes
MEDPROS/DMSS	2	DD2900-200801	208	PROV_BENEFIT	Yes
MEDPROS/DMSS	2	DD2900-200801	209	PROV_APPT	Yes
MEDPROS/DMSS	2	DD2900-200801	210	DECLINED_FORM	Yes
MEDPROS/DMSS	2	DD2900-200801	211	DECLINED_INTERVIEW	Yes
MEDPROS/DMSS	2	DD2900-200801	212	DECLINED_REFERRAL	Yes
MEDPROS/DMSS	2	DD2900-200801	213	PROV_LOD	Yes
MEDPROS/DMSS	2	DD2900-200801	214	PROV_OTHER	Yes
MEDPROS/DMSS	2	DD2900-200801	215	PROV_OTHER_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	216	SYS_MTF	Yes
MEDPROS/DMSS	2	DD2900-200801	217	SYS_DIV	Yes
MEDPROS/DMSS	2	DD2900-200801	218	SYS_VA	Yes
MEDPROS/DMSS	2	DD2900-200801	219	SYS_VET	Yes
MEDPROS/DMSS	2	DD2900-200801	220	SYS_TRICARE	Yes
MEDPROS/DMSS	2	DD2900-200801	221	SYS_CONTRACT	Yes
MEDPROS/DMSS	2	DD2900-200801	222	SYS_CONTRACT_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	223	SYS_CMNTY	Yes
MEDPROS/DMSS	2	DD2900-200801	224	SYS_CMNTY_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	225	SYS_OTHER	Yes
MEDPROS/DMSS	2	DD2900-200801	226	SYS_OTHER_TEXT	Yes
MEDPROS/DMSS	2	DD2900-200801	227	SYS_NONE	Yes
MEDPROS/DMSS	3	DD2795_199905	1	FORM_TYPE	Yes
MEDPROS/DMSS	3	DD2795_199905	2	FORM_VERSION	Yes
MEDPROS/DMSS	3	DD2795_199905	3	SSN	Yes
MEDPROS/DMSS	3	DD2795_199905	4	LNAME	Yes
MEDPROS/DMSS	3	DD2795_199905	5	FNAME	Yes
MEDPROS/DMSS	3	DD2795_199905	6	MI	Yes
MEDPROS/DMSS	3	DD2795_199905	7	D_EVENT	Yes
MEDPROS/DMSS	3	DD2795_199905	8	DEPLOYING_UNIT	Yes
MEDPROS/DMSS	3	DD2795_199905	9	DOB	Yes
MEDPROS/DMSS	3	DD2795_199905	10	SEX	Yes
MEDPROS/DMSS	3	DD2795_199905	11	SERVICE	Yes
MEDPROS/DMSS	3	DD2795_199905	12	FORM_COMPONENT	Yes

MEDPROS/DMSS	3	DD2795_199905	13	GRADE	Yes
MEDPROS/DMSS	3	DD2795_199905	14	OPERATION_LOCATION	Yes
MEDPROS/DMSS	3	DD2795_199905	15	DEPLOY_LOCATION	Yes
MEDPROS/DMSS	3	DD2795_199905	16	COUNTRY	Yes
MEDPROS/DMSS	3	DD2795_199905	17	OPERATION_NAME	Yes
MEDPROS/DMSS	3	DD2795_199905	18	ADMIN_MED_THREAT	Yes
MEDPROS/DMSS	3	DD2795_199905	19	ADMIN_INFO_SHEET	Yes
MEDPROS/DMSS	3	DD2795_199905	20	ADMIN_HIV_DRAW	Yes
MEDPROS/DMSS	3	DD2795_199905	21	ADMIN_IMM_CURRENT	Yes
MEDPROS/DMSS	3	DD2795_199905	22	ADMIN_PPD_SCREEN	Yes
MEDPROS/DMSS	3	DD2795_199905	23	HEALTH_ASSESSMENT	Yes
MEDPROS/DMSS	3	DD2795_199905	24	MED_PROBLEMS	Yes
MEDPROS/DMSS	3	DD2795_199905	25	LIGHT_DUTY	Yes
MEDPROS/DMSS	3	DD2795_199905	26	PREGNANT	Yes
MEDPROS/DMSS	3	DD2795_199905	27	MEDS_SUPPLY	Yes
MEDPROS/DMSS	3	DD2795_199905	28	PERSONAL_MED_EQUIP	Yes
MEDPROS/DMSS	3	DD2795_199905	29	MENTAL_HEALTH	Yes
MEDPROS/DMSS	3	DD2795_199905	30	HEALTH_CONCERNS	Yes
MEDPROS/DMSS	3	DD2795_199905	31	HEALTH_CONCERNS_TEXT	Yes
MEDPROS/DMSS	3	DD2795_199905	32	CERT_MEMBER	Yes
MEDPROS/DMSS	3	DD2795_199905	33	REF_NONE	Yes
MEDPROS/DMSS	3	DD2795_199905	34	REF_CARDIAC	Yes
MEDPROS/DMSS	3	DD2795_199905	35	REF_COMBAT	Yes
MEDPROS/DMSS	3	DD2795_199905	36	REF_DENTAL	Yes
MEDPROS/DMSS	3	DD2795_199905	37	REF_DERM	Yes
MEDPROS/DMSS	3	DD2795_199905	38	REF_ENT	Yes
MEDPROS/DMSS	3	DD2795_199905	39	REF_EYE	Yes
MEDPROS/DMSS	3	DD2795_199905	40	REF_FAMILY	Yes

MEDPROS/DMSS	3	DD2795_199905	41	REF_FATIGUE	Yes
MEDPROS/DMSS	3	DD2795_199905	42	REF_GI	Yes
MEDPROS/DMSS	3	DD2795_199905	43	REF_GU	Yes
MEDPROS/DMSS	3	DD2795_199905	44	REF_GYN	Yes
MEDPROS/DMSS	3	DD2795_199905	45	REF_MENTAL	Yes
MEDPROS/DMSS	3	DD2795_199905	46	REF_NEURO	Yes
MEDPROS/DMSS	3	DD2795_199905	47	REF_ORTHO	Yes
MEDPROS/DMSS	3	DD2795_199905	48	REF_PREGNANCY	Yes
MEDPROS/DMSS	3	DD2795_199905	49	REF_PULMONARY	Yes
MEDPROS/DMSS	3	DD2795_199905	50	REF_OTHER	Yes
MEDPROS/DMSS	3	DD2795_199905	51	REF_OTHER_TEXT	Yes
MEDPROS/DMSS	3	DD2795_199905	52	MED_DISP	Yes
MEDPROS/DMSS	3	DD2795_199905	53	MED_DISP_TEXT	Yes
MEDPROS/DMSS	3	DD2795_199905	54	CERT_PROVIDER	Yes
MEDPROS/DMSS	3	DD2795_199905	55	D_CERT_PROVIDER	Yes
MEDPROS/DMSS	3	DD2795_199905	56	ENTRY_ZIP	Yes
MEDPROS/DMSS	**4**	**DD2796_199905**	**1**	**FORM_TYPE**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**2**	**FORM_VERSION**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**3**	**SSN**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**4**	**LNAME**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**5**	**FNAME**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**6**	**MI**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**7**	**D_EVENT**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**8**	**DEPLOYING_UNIT**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**9**	**DOB**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**10**	**D_ARRIVAL**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**11**	**D_DEPART**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**12**	**SEX**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**13**	**SERVICE**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**14**	**FORM_COMPONENT**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**15**	**GRADE**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**16**	**OPERATION_LOCATION**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**17**	**DEPLOY_LOCATION**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**18**	**COUNTRY**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**19**	**OPERATION_NAME**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**20**	**ADMIN_MED_THREAT**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**21**	**ADMIN_INFO_SHEET**	**Yes**
MEDPROS/DMSS	**4**	**DD2796_199905**	**22**	**ADMIN_HIV_DRAW**	**Yes**

MEDPROS/DMSS	4	DD2796_199905	23	HEALTH_ASSESSMENT	Yes
MEDPROS/DMSS	4	DD2796_199905	24	MED_PROBLEMS	Yes
MEDPROS/DMSS	4	DD2796_199905	25	LIGHT_DUTY	Yes
MEDPROS/DMSS	4	DD2796_199905	26	FILLER	Yes
MEDPROS/DMSS	4	DD2796_199905	27	MENTAL_HEALTH	Yes
MEDPROS/DMSS	4	DD2796_199905	28	HEALTH_CONCERNS	Yes
MEDPROS/DMSS	4	DD2796_199905	29	HEALTH_CONCERNS_TEXT	Yes
MEDPROS/DMSS	4	DD2796_199905	30	EXPOSURE_CONCERNS	Yes
MEDPROS/DMSS	4	DD2796_199905	31	EXP_CONCERNS_TEXT	Yes
MEDPROS/DMSS	4	DD2796_199905	32	CERT_MEMBER	Yes
MEDPROS/DMSS	4	DD2796_199905	33	REF_NONE	Yes
MEDPROS/DMSS	4	DD2796_199905	34	REF_CARDIAC	Yes
MEDPROS/DMSS	4	DD2796_199905	35	REF_COMBAT	Yes
MEDPROS/DMSS	4	DD2796_199905	36	REF_DENTAL	Yes
MEDPROS/DMSS	4	DD2796_199905	37	REF_DERM	Yes
MEDPROS/DMSS	4	DD2796_199905	38	REF_ENT	Yes
MEDPROS/DMSS	4	DD2796_199905	39	REF_EYE	Yes
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MEDPROS/DMSS	4	DD2796_199905	41	REF_FATIGUE	Yes
MEDPROS/DMSS	4	DD2796_199905	42	REF_GI	Yes
MEDPROS/DMSS	4	DD2796_199905	43	REF_GU	Yes
MEDPROS/DMSS	4	DD2796_199905	44	REF_GYN	Yes
MEDPROS/DMSS	4	DD2796_199905	45	REF_MENTAL	Yes
MEDPROS/DMSS	4	DD2796_199905	46	REF_NEURO	Yes
MEDPROS/DMSS	4	DD2796_199905	47	REF_ORTHO	Yes
MEDPROS/DMSS	4	DD2796_199905	48	REF_PREGNANCY	Yes
MEDPROS/DMSS	4	DD2796_199905	49	REF_PULMONARY	Yes
MEDPROS/DMSS	4	DD2796_199905	50	REF_OTHER	Yes
MEDPROS/DMSS	4	DD2796_199905	51	REF_OTHER_TEXT	Yes
MEDPROS/DMSS	4	DD2796_199905	52	PROVIDER_CONCERNS_ENVIRO	Yes
MEDPROS/DMSS	4	DD2796_199905	53	PROVIDER_CONCERNS_OCC	Yes
MEDPROS/DMSS	4	DD2796_199905	54	PROVIDER_CONCERNS_COMBAT	Yes
MEDPROS/DMSS	4	DD2796_199905	55	PROVIDER_CONCERNS_NONE	Yes
MEDPROS/DMSS	4	DD2796_199905	56	CERT_PROVIDER	Yes
MEDPROS/DMSS	4	DD2796_199905	57	D_CERT_PROVIDER	Yes
MEDPROS/DMSS	4	DD2796_199905	58	PROVIDER_COMMENTS	Yes

MEDPROS/DMSS	**4**	**DD2796_199905**	**59**	**ENTRY_ZIP**	**Yes**
MEDPROS/DMSS	5	DD2796_200304	1	FORM_TYPE	Yes
MEDPROS/DMSS	5	DD2796_200304	2	FORM_VERSION	Yes
MEDPROS/DMSS	5	DD2796_200304	3	SSN	Yes
MEDPROS/DMSS	5	DD2796_200304	4	LNAME	Yes
MEDPROS/DMSS	5	DD2796_200304	5	FNAME	Yes
MEDPROS/DMSS	5	DD2796_200304	6	MI	Yes
MEDPROS/DMSS	5	DD2796_200304	7	D_EVENT	Yes
MEDPROS/DMSS	5	DD2796_200304	8	DEPLOYING_UNIT	Yes
MEDPROS/DMSS	5	DD2796_200304	9	DOB	Yes
MEDPROS/DMSS	5	DD2796_200304	10	D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	11	D_DEPART	Yes
MEDPROS/DMSS	5	DD2796_200304	12	SEX	Yes
MEDPROS/DMSS	5	DD2796_200304	13	SERVICE	Yes
MEDPROS/DMSS	5	DD2796_200304	14	FORM_COMPONENT	Yes
MEDPROS/DMSS	5	DD2796_200304	15	GRADE	Yes
MEDPROS/DMSS	5	DD2796_200304	16	OPERATION_LOCATION	Yes
MEDPROS/DMSS	5	DD2796_200304	17	OPERATION_LOCATION_TEXT	Yes
MEDPROS/DMSS	5	DD2796_200304	18	KUWAIT	Yes
MEDPROS/DMSS	5	DD2796_200304	19	KUWAIT_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	20	KUWAIT_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	21	QATAR	Yes
MEDPROS/DMSS	5	DD2796_200304	22	QATAR_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	23	QATAR_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	24	AFGHAN	Yes
MEDPROS/DMSS	5	DD2796_200304	25	AFGHAN_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	26	AFGHAN_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	27	BOSNIA	Yes
MEDPROS/DMSS	5	DD2796_200304	28	BOSNIA_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	29	BOSNIA_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	30	SHIP	Yes
MEDPROS/DMSS	5	DD2796_200304	31	SHIP_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	32	SHIP_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	33	IRAQ	Yes
MEDPROS/DMSS	5	DD2796_200304	34	IRAQ_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	35	IRAQ_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	36	TURKEY	Yes
MEDPROS/DMSS	5	DD2796_200304	37	TURKEY_WHERE	Yes

MEDPROS/DMSS	5	DD2796_200304	38	TURKEY_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	39	UZBEK	Yes
MEDPROS/DMSS	5	DD2796_200304	40	UZBEK_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	41	UZBEK_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	42	KOSOVO	Yes
MEDPROS/DMSS	5	DD2796_200304	43	KOSOVO_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	44	KOSOVO_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	45	CONUS	Yes
MEDPROS/DMSS	5	DD2796_200304	46	CONUS_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	47	CONUS_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	48	OTHER	Yes
MEDPROS/DMSS	5	DD2796_200304	49	OTHER_WHERE	Yes
MEDPROS/DMSS	5	DD2796_200304	50	OTHER_D_ARRIVAL	Yes
MEDPROS/DMSS	5	DD2796_200304	51	OPERATION_NAME	Yes
MEDPROS/DMSS	5	DD2796_200304	52	ADMIN_MED_THREAT	Yes
MEDPROS/DMSS	5	DD2796_200304	53	ADMIN_INFO_SHEET	Yes
MEDPROS/DMSS	5	DD2796_200304	54	ADMIN_HIV_DRAW	Yes
MEDPROS/DMSS	5	DD2796_200304	55	OCC_SPECIALTY	Yes
MEDPROS/DMSS	5	DD2796_200304	56	COMBAT_SPECIALTY	Yes
MEDPROS/DMSS	5	DD2796_200304	57	HEALTH_CHANGE	Yes
MEDPROS/DMSS	5	DD2796_200304	58	TIMES_SEEN	Yes
MEDPROS/DMSS	5	DD2796_200304	59	HOSPITALIZED	Yes
MEDPROS/DMSS	5	DD2796_200304	60	HOSPITALIZED_TEXT	Yes
MEDPROS/DMSS	5	DD2796_200304	61	VAC_SMALLPOX	Yes
MEDPROS/DMSS	5	DD2796_200304	62	VAC_ANTHRAX	Yes
MEDPROS/DMSS	5	DD2796_200304	63	VAC_BOTULISM	Yes
MEDPROS/DMSS	5	DD2796_200304	64	VAC_TYPHOID	Yes
MEDPROS/DMSS	5	DD2796_200304	65	VAC_MENING	Yes
MEDPROS/DMSS	5	DD2796_200304	66	VAC_OTHER	Yes
MEDPROS/DMSS	5	DD2796_200304	67	VAC_OTHER_TEXT	Yes
MEDPROS/DMSS	5	DD2796_200304	68	VAC_DK	Yes
MEDPROS/DMSS	5	DD2796_200304	69	VAC_NONE	Yes
MEDPROS/DMSS	5	DD2796_200304	70	MEDS_PB	Yes
MEDPROS/DMSS	5	DD2796_200304	71	MEDS_MARK1	Yes
MEDPROS/DMSS	5	DD2796_200304	72	MEDS_MALARIA	Yes
MEDPROS/DMSS	5	DD2796_200304	73	MEDS_AWAKE	Yes
MEDPROS/DMSS	5	DD2796_200304	74	MEDS_OTHER	Yes
MEDPROS/DMSS	5	DD2796_200304	75	MEDS_OTHER_TEXT	Yes

MEDPROS/DMSS	5	DD2796_200304	76	MEDS_DK	Yes
MEDPROS/DMSS	5	DD2796_200304	77	COUGH	Yes
MEDPROS/DMSS	5	DD2796_200304	78	RUNNY_NOSE	Yes
MEDPROS/DMSS	5	DD2796_200304	79	FEVER	Yes
MEDPROS/DMSS	5	DD2796_200304	80	WEAKNESS	Yes
MEDPROS/DMSS	5	DD2796_200304	81	HEADACHE	Yes
MEDPROS/DMSS	5	DD2796_200304	82	JOINTS	Yes
MEDPROS/DMSS	5	DD2796_200304	83	BACK_PAIN	Yes
MEDPROS/DMSS	5	DD2796_200304	84	MUSCLE	Yes
MEDPROS/DMSS	5	DD2796_200304	85	NUMBNESS	Yes
MEDPROS/DMSS	5	DD2796_200304	86	RASH	Yes
MEDPROS/DMSS	5	DD2796_200304	87	TEARING	Yes
MEDPROS/DMSS	5	DD2796_200304	88	VISION	Yes
MEDPROS/DMSS	5	DD2796_200304	89	CHEST_PAIN	Yes
MEDPROS/DMSS	5	DD2796_200304	90	DIZZY	Yes
MEDPROS/DMSS	5	DD2796_200304	91	BREATHING	Yes
MEDPROS/DMSS	5	DD2796_200304	92	TIRED	Yes
MEDPROS/DMSS	5	DD2796_200304	93	MEMORY	Yes
MEDPROS/DMSS	5	DD2796_200304	94	DIARRHEA	Yes
MEDPROS/DMSS	5	DD2796_200304	95	INDIGESTION	Yes
MEDPROS/DMSS	5	DD2796_200304	96	VOMITING	Yes
MEDPROS/DMSS	5	DD2796_200304	97	RINGING	Yes
MEDPROS/DMSS	5	DD2796_200304	98	KILLED_NO	Yes
MEDPROS/DMSS	5	DD2796_200304	99	KILLED_COALITION	Yes
MEDPROS/DMSS	5	DD2796_200304	100	KILLED_ENEMY	Yes

MEDPROS/DMSS	5	DD2796_200304	101	KILLED_CIVILIAN	Yes
MEDPROS/DMSS	5	DD2796_200304	102	WEAPON	Yes
MEDPROS/DMSS	5	DD2796_200304	103	WEAPON_LAND	Yes
MEDPROS/DMSS	5	DD2796_200304	104	WEAPON_SEA	Yes
MEDPROS/DMSS	5	DD2796_200304	105	WEAPON_AIR	Yes
MEDPROS/DMSS	5	DD2796_200304	106	DANGER_KILLED	Yes
MEDPROS/DMSS	5	DD2796_200304	107	RECEIVING_HELP	Yes
MEDPROS/DMSS	5	DD2796_200304	108	LITTLE_INTEREST	Yes
MEDPROS/DMSS	5	DD2796_200304	109	FEELING_DOWN	Yes
MEDPROS/DMSS	5	DD2796_200304	110	HURT_SELF	Yes
MEDPROS/DMSS	5	DD2796_200304	111	NIGHTMARES	Yes
MEDPROS/DMSS	5	DD2796_200304	112	AVOID_SITUATIONS	Yes
MEDPROS/DMSS	5	DD2796_200304	113	ON_GUARD	Yes
MEDPROS/DMSS	5	DD2796_200304	114	DETACHED	Yes
MEDPROS/DMSS	5	DD2796_200304	115	CONFLICTS	Yes
MEDPROS/DMSS	5	DD2796_200304	116	LOSE_CONTROL	Yes
MEDPROS/DMSS	5	DD2796_200304	117	EXP_DEET	Yes
MEDPROS/DMSS	5	DD2796_200304	118	EXP_PEST_UNIFORM	Yes
MEDPROS/DMSS	5	DD2796_200304	119	EXP_PEST_ENVIRO	Yes
MEDPROS/DMSS	5	DD2796_200304	120	EXP_FLEA	Yes
MEDPROS/DMSS	5	DD2796_200304	121	EXP_PEST_STRIP	Yes
MEDPROS/DMSS	5	DD2796_200304	122	EXP_SMOKE_OIL	Yes
MEDPROS/DMSS	5	DD2796_200304	123	EXP_SMOKE_TRASH	Yes
MEDPROS/DMSS	5	DD2796_200304	124	EXP_FUMES_EXHAUST	Yes
MEDPROS/DMSS	5	DD2796_200304	125	EXP_SMOKE_HEATER	Yes
MEDPROS/DMSS	5	DD2796_200304	126	EXP_FUELS	Yes
MEDPROS/DMSS	5	DD2796_200304	127	EXP_FOG_OILS	Yes
MEDPROS/DMSS	5	DD2796_200304	128	EXP_SOLVENTS	Yes
MEDPROS/DMSS	5	DD2796_200304	129	EXP_PAINTS	Yes
MEDPROS/DMSS	5	DD2796_200304	130	EXP_RADIATION	Yes
MEDPROS/DMSS	5	DD2796_200304	131	EXP_MICROWAVE	Yes
MEDPROS/DMSS	5	DD2796_200304	132	EXP_LASER	Yes
MEDPROS/DMSS	5	DD2796_200304	133	EXP_NOISE	Yes
MEDPROS/DMSS	5	DD2796_200304	134	EXP_VIBRATION	Yes

MEDPROS/DMSS	5	DD2796_200304	135	EXP_POLLUTION	Yes
MEDPROS/DMSS	5	DD2796_200304	136	EXP_SAND	Yes
MEDPROS/DMSS	5	DD2796_200304	137	EXP_URANIUM	Yes
MEDPROS/DMSS	5	DD2796_200304	138	EXP_URANIUM_TEXT	Yes
MEDPROS/DMSS	5	DD2796_200304	139	EXP_OTHER	Yes
MEDPROS/DMSS	5	DD2796_200304	140	EXP_OTHER_TEXT	Yes
MEDPROS/DMSS	5	DD2796_200304	141	DAYS_MOPP	Yes
MEDPROS/DMSS	5	DD2796_200304	142	TIMES_MASK	Yes
MEDPROS/DMSS	5	DD2796_200304	143	DESTROYED_VEHICLES	Yes
MEDPROS/DMSS	5	DD2796_200304	144	CBR_AGENTS	Yes
MEDPROS/DMSS	5	DD2796_200304	145	CBR_AGENTS_TEXT	Yes
MEDPROS/DMSS	5	DD2796_200304	146	HEALTH_ASSESSMENT	Yes
MEDPROS/DMSS	5	DD2796_200304	147	MED_PROBLEMS	Yes
MEDPROS/DMSS	5	DD2796_200304	148	LIGHT_DUTY	Yes
MEDPROS/DMSS	5	DD2796_200304	149	FILLER	Yes
MEDPROS/DMSS	5	DD2796_200304	150	MENTAL_HEALTH	Yes
MEDPROS/DMSS	5	DD2796_200304	151	HEALTH_CONCERNS	Yes
MEDPROS/DMSS	5	DD2796_200304	152	HEALTH_CONCERNS_TEXT	Yes
MEDPROS/DMSS	5	DD2796_200304	153	EXPOSURE_CONCERNS	Yes
MEDPROS/DMSS	5	DD2796_200304	154	EXP_CONCERNS_TEXT	Yes
MEDPROS/DMSS	5	DD2796_200304	155	FILLER2	Yes
MEDPROS/DMSS	5	DD2796_200304	156	REF_NONE	Yes
MEDPROS/DMSS	5	DD2796_200304	157	REF_CARDIAC	Yes
MEDPROS/DMSS	5	DD2796_200304	158	REF_COMBAT	Yes
MEDPROS/DMSS	5	DD2796_200304	159	REF_DENTAL	Yes
MEDPROS/DMSS	5	DD2796_200304	160	REF_DERM	Yes
MEDPROS/DMSS	5	DD2796_200304	161	REF_ENT	Yes
MEDPROS/DMSS	5	DD2796_200304	162	REF_EYE	Yes
MEDPROS/DMSS	5	DD2796_200304	163	REF_FAMILY	Yes
MEDPROS/DMSS	5	DD2796_200304	164	REF_FATIGUE	Yes
MEDPROS/DMSS	5	DD2796_200304	165	REF_AUDIOLOGY	Yes
MEDPROS/DMSS	5	DD2796_200304	166	REF_GI	Yes
MEDPROS/DMSS	5	DD2796_200304	167	REF_GU	Yes
MEDPROS/DMSS	5	DD2796_200304	168	REF_GYN	Yes

MEDPROS/DMSS	5	DD2796_200304	169	REF_MENTAL	Yes
MEDPROS/DMSS	5	DD2796_200304	170	REF_NEURO	Yes
MEDPROS/DMSS	5	DD2796_200304	171	REF_ORTHO	Yes
MEDPROS/DMSS	5	DD2796_200304	172	REF_PREGNANCY	Yes
MEDPROS/DMSS	5	DD2796_200304	173	REF_PULMONARY	Yes
MEDPROS/DMSS	5	DD2796_200304	174	REF_OTHER	Yes
MEDPROS/DMSS	5	DD2796_200304	175	REF_OTHER_TEXT	Yes
MEDPROS/DMSS	5	DD2796_200304	176	PROVIDER_CONCERNS_ENVIRO	Yes
MEDPROS/DMSS	5	DD2796_200304	177	PROVIDER_CONCERNS_OCC	Yes
MEDPROS/DMSS	5	DD2796_200304	178	PROVIDER_CONCERNS_COMBAT	Yes
MEDPROS/DMSS	5	DD2796_200304	179	PROVIDER_CONCERNS_NONE	Yes
MEDPROS/DMSS	5	DD2796_200304	180	CERT_PROVIDER	Yes
MEDPROS/DMSS	5	DD2796_200304	181	D_CERT_PROVIDER	Yes
MEDPROS/DMSS	5	DD2796_200304	182	PROVIDER_COMMENTS	Yes
MEDPROS/DMSS	5	DD2796_200304	183	ENTRY_ZIP	Yes
MEDPROS/DMSS	6	DD2796_200801	1	FORM_TYPE	Yes
MEDPROS/DMSS	6	DD2796_200801	2	FORM_VERSION	Yes
MEDPROS/DMSS	6	DD2796_200801	3	SSN	Yes
MEDPROS/DMSS	6	DD2796_200801	4	LNAME	Yes
MEDPROS/DMSS	6	DD2796_200801	5	FNAME	Yes
MEDPROS/DMSS	6	DD2796_200801	6	MI	Yes
MEDPROS/DMSS	6	DD2796_200801	7	D_EVENT	Yes
MEDPROS/DMSS	6	DD2796_200801	8	DOB	Yes
MEDPROS/DMSS	6	DD2796_200801	9	SEX	Yes
MEDPROS/DMSS	6	DD2796_200801	10	DEPLOYING_UNIT	Yes
MEDPROS/DMSS	6	DD2796_200801	11	SERVICE	Yes
MEDPROS/DMSS	6	DD2796_200801	12	FORM_COMPONENT	Yes
MEDPROS/DMSS	6	DD2796_200801	13	GRADE	Yes
MEDPROS/DMSS	6	DD2796_200801	14	D_ARRIVAL	Yes
MEDPROS/DMSS	6	DD2796_200801	15	D_DEPART	Yes
MEDPROS/DMSS	6	DD2796_200801	16	OPERATION_NAME	Yes
MEDPROS/DMSS	6	DD2796_200801	17	COUNTRY1	Yes
MEDPROS/DMSS	6	DD2796_200801	18	COUNTRY1_MONTHS	Yes
MEDPROS/DMSS	6	DD2796_200801	19	COUNTRY2	Yes
MEDPROS/DMSS	6	DD2796_200801	20	COUNTRY2_MONTHS	Yes

MEDPROS/DMSS	6	DD2796_200801	21	COUNTRY3	Yes
MEDPROS/DMSS	6	DD2796_200801	22	COUNTRY3_MONTHS	Yes
MEDPROS/DMSS	6	DD2796_200801	23	COUNTRY4	Yes
MEDPROS/DMSS	6	DD2796_200801	24	COUNTRY4_MONTHS	Yes
MEDPROS/DMSS	6	DD2796_200801	25	COUNTRY5	Yes
MEDPROS/DMSS	6	DD2796_200801	26	COUNTRY5_MONTHS	Yes
MEDPROS/DMSS	6	DD2796_200801	27	OCC_SPECIALTY	Yes
MEDPROS/DMSS	6	DD2796_200801	28	COMBAT_SPECIALTY	Yes
MEDPROS/DMSS	6	DD2796_200801	29	PHONE	Yes
MEDPROS/DMSS	6	DD2796_200801	30	CELL	Yes
MEDPROS/DMSS	6	DD2796_200801	31	DSN	Yes
MEDPROS/DMSS	6	DD2796_200801	32	EMAIL	Yes
MEDPROS/DMSS	6	DD2796_200801	33	ADDR	Yes
MEDPROS/DMSS	6	DD2796_200801	34	CITY	Yes
MEDPROS/DMSS	6	DD2796_200801	35	STATE	Yes
MEDPROS/DMSS	6	DD2796_200801	36	ZIP	Yes
MEDPROS/DMSS	6	DD2796_200801	37	POC_NAME	Yes
MEDPROS/DMSS	6	DD2796_200801	38	POC_PHONE	Yes
MEDPROS/DMSS	6	DD2796_200801	39	POC_EMAIL	Yes
MEDPROS/DMSS	6	DD2796_200801	40	POC_ADDR	Yes
MEDPROS/DMSS	6	DD2796_200801	41	POC_CITY	Yes
MEDPROS/DMSS	6	DD2796_200801	42	POC_STATE	Yes
MEDPROS/DMSS	6	DD2796_200801	43	POC_ZIP	Yes
MEDPROS/DMSS	6	DD2796_200801	44	HEALTH_ASSESSMENT	Yes
MEDPROS/DMSS	6	DD2796_200801	45	HEALTH_CHANGE	Yes
MEDPROS/DMSS	6	DD2796_200801	46	DIFF_PHYSICAL	Yes
MEDPROS/DMSS	6	DD2796_200801	47	DIFF_EMOTIONAL	Yes
MEDPROS/DMSS	6	DD2796_200801	48	TIMES_SEEN	Yes
MEDPROS/DMSS	6	DD2796_200801	49	HOSPITALIZED	Yes
MEDPROS/DMSS	6	DD2796_200801	50	HOSPITALIZED_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	51	INJURED	Yes
MEDPROS/DMSS	6	DD2796_200801	52	INJ_PROB	Yes
MEDPROS/DMSS	6	DD2796_200801	53	FEVER_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	54	FEVER_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	55	FEVER_STILL	Yes

MEDPROS/DMSS	6	DD2796_200801	56	COUGH_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	57	COUGH_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	58	COUGH_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	59	BREATHING_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	60	BREATHING_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	61	BREATHING_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	62	HEADACHE_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	63	HEADACHE_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	64	HEADACHE_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	65	WEAKNESS_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	66	WEAKNESS_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	67	WEAKNESS_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	68	MUSCLE_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	69	MUSCLE_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	70	MUSCLE_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	71	JOINTS_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	72	JOINTS_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	73	JOINTS_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	74	BACK_PAIN_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	75	BACK_PAIN_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	76	BACK_PAIN_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	77	NUMBNESS_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	78	NUMBNESS_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	79	NUMBNESS_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	80	HEARING_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	81	HEARING_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	82	HEARING_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	83	RINGING_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	84	RINGING_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	85	RINGING_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	86	TEARING_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	87	TEARING_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	88	TEARING_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	89	VISION_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	90	VISION_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	91	VISION_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	92	CHEST_PAIN_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	93	CHEST_PAIN_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	94	CHEST_PAIN_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	95	DIZZY_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	96	DIZZY_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	97	DIZZY_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	98	DIARRHEA_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	99	DIARRHEA_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	100	DIARRHEA_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	101	VOMITTING_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	102	VOMITTING_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	103	VOMITTING_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	104	INDIGESTION_SICKCALL	Yes

MEDPROS/DMSS	6	DD2796_200801	105	INDIGESTION_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	106	INDIGESTION_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	107	TIRED_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	108	TIRED_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	109	TIRED_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	110	CONCENTRATION_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	111	CONCENTRATION_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	112	CONCENTRATION_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	113	MEMORY_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	114	MEMORY_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	115	MEMORY_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	116	DECISION_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	117	DECISION_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	118	DECISION_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	119	IRRITABLE_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	120	IRRITABLE_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	121	IRRITABLE_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	122	RASH_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	123	RASH_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	124	RASH_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	125	OTHER_COND_SICKCALL	Yes
MEDPROS/DMSS	6	DD2796_200801	126	OTHER_COND_QUARTERS	Yes
MEDPROS/DMSS	6	DD2796_200801	127	OTHER_COND_STILL	Yes
MEDPROS/DMSS	6	DD2796_200801	128	OTHER_COND_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	129	EXP_BLAST	Yes
MEDPROS/DMSS	6	DD2796_200801	130	EXP_CRASH	Yes
MEDPROS/DMSS	6	DD2796_200801	131	EXP_WOUND	Yes
MEDPROS/DMSS	6	DD2796_200801	132	EXP_FALL	Yes
MEDPROS/DMSS	6	DD2796_200801	133	EXP_OTHER_EVENT	Yes
MEDPROS/DMSS	6	DD2796_200801	134	EXP_OTHER_EVENT_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	135	IMMED_LOC	Yes
MEDPROS/DMSS	6	DD2796_200801	136	IMMED_DAZED	Yes
MEDPROS/DMSS	6	DD2796_200801	137	IMMED_MEMORY	Yes
MEDPROS/DMSS	6	DD2796_200801	138	IMMED_CONCUSSION	Yes
MEDPROS/DMSS	6	DD2796_200801	139	IMMED_HEAD_INJ	Yes
MEDPROS/DMSS	6	DD2796_200801	140	POST_LAPSES	Yes
MEDPROS/DMSS	6	DD2796_200801	141	POST_DIZZY	Yes
MEDPROS/DMSS	6	DD2796_200801	142	POST_RINGING	Yes
MEDPROS/DMSS	6	DD2796_200801	143	POST_PHOTOSENS	Yes
MEDPROS/DMSS	6	DD2796_200801	144	POST_IRRITABLE	Yes
MEDPROS/DMSS	6	DD2796_200801	145	POST_HEADACHE	Yes
MEDPROS/DMSS	6	DD2796_200801	146	POST_SLEEP	Yes
MEDPROS/DMSS	6	DD2796_200801	147	WEEK_MEMORY	Yes

MEDPROS/DMSS	6	DD2796_200801	148	WEEK_DIZZY	Yes
MEDPROS/DMSS	6	DD2796_200801	149	WEEK_RINGING	Yes
MEDPROS/DMSS	6	DD2796_200801	150	WEEK_PHOTOSENS	Yes
MEDPROS/DMSS	6	DD2796_200801	151	WEEK_IRRITABLE	Yes
MEDPROS/DMSS	6	DD2796_200801	152	WEEK_HEADACHE	Yes
MEDPROS/DMSS	6	DD2796_200801	153	WEEK_SLEEP	Yes
MEDPROS/DMSS	6	DD2796_200801	154	KILLED_CHECKED	Yes
MEDPROS/DMSS	6	DD2796_200801	155	KILLED_COALITION	Yes
MEDPROS/DMSS	6	DD2796_200801	156	KILLED_ENEMY	Yes
MEDPROS/DMSS	6	DD2796_200801	157	KILLED_CIVILIAN	Yes
MEDPROS/DMSS	6	DD2796_200801	158	WEAPON_CHECKED	Yes
MEDPROS/DMSS	6	DD2796_200801	159	WEAPON_LAND	Yes
MEDPROS/DMSS	6	DD2796_200801	160	WEAPON_SEA	Yes
MEDPROS/DMSS	6	DD2796_200801	161	WEAPON_AIR	Yes
MEDPROS/DMSS	6	DD2796_200801	162	DANGER_KILLED	Yes
MEDPROS/DMSS	6	DD2796_200801	163	NIGHTMARES	Yes
MEDPROS/DMSS	6	DD2796_200801	164	AVOID_SITUATIONS	Yes
MEDPROS/DMSS	6	DD2796_200801	165	ON_GUARD	Yes
MEDPROS/DMSS	6	DD2796_200801	166	DETACHED	Yes
MEDPROS/DMSS	6	DD2796_200801	167	LITTLE_INTEREST	Yes
MEDPROS/DMSS	6	DD2796_200801	168	FEELING_DOWN	Yes
MEDPROS/DMSS	6	DD2796_200801	169	ETOH	Yes
MEDPROS/DMSS	6	DD2796_200801	170	ETOH_DOWN	Yes
MEDPROS/DMSS	6	DD2796_200801	171	ETOH_HOW_OFTEN	Yes
MEDPROS/DMSS	6	DD2796_200801	172	ETOH_HOW_MANY	Yes
MEDPROS/DMSS	6	DD2796_200801	173	ETOH_BINGE	Yes
MEDPROS/DMSS	6	DD2796_200801	174	EXP_ANIMAL_BITES	Yes
MEDPROS/DMSS	6	DD2796_200801	175	EXP_ANIMAL_BODIES	Yes
MEDPROS/DMSS	6	DD2796_200801	176	EXP_CHLORINE	Yes
MEDPROS/DMSS	6	DD2796_200801	177	EXP_URANIUM	Yes

MEDPROS/DMSS	6	DD2796_200801	178	EXP_URANIUM_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	179	EXP_VIBRATION	Yes
MEDPROS/DMSS	6	DD2796_200801	180	EXP_FOG_OILS	Yes
MEDPROS/DMSS	6	DD2796_200801	181	EXP_GARBAGE	Yes
MEDPROS/DMSS	6	DD2796_200801	182	EXP_HUMAN_BODIES	Yes
MEDPROS/DMSS	6	DD2796_200801	183	EXP_POLLUTION	Yes
MEDPROS/DMSS	6	DD2796_200801	184	EXP_INSECT_BITES	Yes
MEDPROS/DMSS	6	DD2796_200801	185	EXP_RADIATION	Yes
MEDPROS/DMSS	6	DD2796_200801	186	EXP_FUELS	Yes
MEDPROS/DMSS	6	DD2796_200801	187	EXP_LASER	Yes
MEDPROS/DMSS	6	DD2796_200801	188	EXP_NOISE	Yes
MEDPROS/DMSS	6	DD2796_200801	189	EXP_PAINTS	Yes
MEDPROS/DMSS	6	DD2796_200801	190	EXP_PEST_ENVIRO	Yes
MEDPROS/DMSS	6	DD2796_200801	191	EXP_MICROWAVE	Yes
MEDPROS/DMSS	6	DD2796_200801	192	EXP_SAND	Yes
MEDPROS/DMSS	6	DD2796_200801	193	EXP_SMOKE_TRASH	Yes
MEDPROS/DMSS	6	DD2796_200801	194	EXP_SMOKE_OIL	Yes
MEDPROS/DMSS	6	DD2796_200801	195	EXP_SOLVENTS	Yes
MEDPROS/DMSS	6	DD2796_200801	196	EXP_SMOKE_HEATER	Yes
MEDPROS/DMSS	6	DD2796_200801	197	EXP_FUMES_EXHAUST	Yes
MEDPROS/DMSS	6	DD2796_200801	198	EXP_OTHER	Yes
MEDPROS/DMSS	6	DD2796_200801	199	EXP_OTHER_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	200	EXP_IMMED_CARE	Yes
MEDPROS/DMSS	6	DD2796_200801	201	DESTROYED_VEHICLES	Yes
MEDPROS/DMSS	6	DD2796_200801	202	CBR_AGENTS	Yes
MEDPROS/DMSS	6	DD2796_200801	203	CBR_AGENTS_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	204	LOCNAT	Yes
MEDPROS/DMSS	6	DD2796_200801	205	FHP_DEET	Yes
MEDPROS/DMSS	6	DD2796_200801	206	FHP_PEST_UNIFORM	Yes
MEDPROS/DMSS	6	DD2796_200801	207	FHP_EYE	Yes
MEDPROS/DMSS	6	DD2796_200801	208	FHP_HEAR	Yes
MEDPROS/DMSS	6	DD2796_200801	209	FHP_RESP	Yes

MEDPROS/DMSS	6	DD2796_200801	210	FHP_MEDS_AWAKE	Yes
MEDPROS/DMSS	6	DD2796_200801	211	FHP_MEDS_NBC	Yes
MEDPROS/DMSS	6	DD2796_200801	212	FHP_MEDS_PB	Yes
MEDPROS/DMSS	6	DD2796_200801	213	FHP_MEDS_MARK1	Yes
MEDPROS/DMSS	6	DD2796_200801	214	FHP_MEDS_CANA	Yes
MEDPROS/DMSS	6	DD2796_200801	215	FHP_NBC_MASK	Yes
MEDPROS/DMSS	6	DD2796_200801	216	FHP_MOPP	Yes
MEDPROS/DMSS	6	DD2796_200801	217	VAC_SMALLPOX	Yes
MEDPROS/DMSS	6	DD2796_200801	218	VAC_ANTHRAX	Yes
MEDPROS/DMSS	6	DD2796_200801	219	VAC_BOTULISM	Yes
MEDPROS/DMSS	6	DD2796_200801	220	VAC_TYPHOID	Yes
MEDPROS/DMSS	6	DD2796_200801	221	VAC_MENING	Yes
MEDPROS/DMSS	6	DD2796_200801	222	VAC_YF	Yes
MEDPROS/DMSS	6	DD2796_200801	223	VAC_OTHER	Yes
MEDPROS/DMSS	6	DD2796_200801	224	VAC_OTHER_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	225	VAC_NONE	Yes
MEDPROS/DMSS	6	DD2796_200801	226	VAC_DK	Yes
MEDPROS/DMSS	6	DD2796_200801	227	MEDS_MALARIA	Yes
MEDPROS/DMSS	6	DD2796_200801	228	MEDS_CHLORO	Yes
MEDPROS/DMSS	6	DD2796_200801	229	MEDS_DOXY	Yes
MEDPROS/DMSS	6	DD2796_200801	230	MEDS_MEF	Yes
MEDPROS/DMSS	6	DD2796_200801	231	MEDS_PRIM	Yes
MEDPROS/DMSS	6	DD2796_200801	232	MEDS_OTHER	Yes
MEDPROS/DMSS	6	DD2796_200801	233	MEDS_OTHER_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	234	REQ_PROVIDER	Yes
MEDPROS/DMSS	6	DD2796_200801	235	REQ_STRESS	Yes
MEDPROS/DMSS	6	DD2796_200801	236	REQ_FAMILY	Yes

MEDPROS/DMSS	6	DD2796_200801	237	REQ_CHAPLAIN	Yes
MEDPROS/DMSS	6	DD2796_200801	238	MED_PROBLEMS	Yes
MEDPROS/DMSS	6	DD2796_200801	239	MED_PROB_CURR	Yes
MEDPROS/DMSS	6	DD2796_200801	240	LIGHT_DUTY	Yes
MEDPROS/DMSS	6	DD2796_200801	241	LIGHT_DUTY_TYPE	Yes
MEDPROS/DMSS	6	DD2796_200801	242	LIGHT_DUTY_DEPLOY	Yes
MEDPROS/DMSS	6	DD2796_200801	243	LIGHT_DUTY_PRIOR	Yes
MEDPROS/DMSS	6	DD2796_200801	244	LIGHT_DUTY_INCR	Yes
MEDPROS/DMSS	6	DD2796_200801	245	HURT_SELF	Yes
MEDPROS/DMSS	6	DD2796_200801	246	HURT_SELF_FREQ	Yes
MEDPROS/DMSS	6	DD2796_200801	247	LOSE_CONTROL	Yes
MEDPROS/DMSS	6	DD2796_200801	248	CURRENT_RISK	Yes
MEDPROS/DMSS	6	DD2796_200801	249	OUTCOME	Yes
MEDPROS/DMSS	6	DD2796_200801	250	SCREEN_ETOH	Yes
MEDPROS/DMSS	6	DD2796_200801	251	MENTAL_HEALTH	Yes
MEDPROS/DMSS	6	DD2796_200801	252	SCREEN_TBI	Yes
MEDPROS/DMSS	6	DD2796_200801	253	SCREEN_TB	Yes
MEDPROS/DMSS	6	DD2796_200801	254	SCREEN_DU	Yes
MEDPROS/DMSS	6	DD2796_200801	255	EXPOSURE_CONCERNS	Yes
MEDPROS/DMSS	6	DD2796_200801	256	EXP_CONCERNS_TEXT	Yes

MEDPROS/DMSS	6	DD2796_200801	257	HEALTH_CONCERNS	Yes
MEDPROS/DMSS	6	DD2796_200801	258	HEALTH_CONCERNS_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	259	CON_PHYSICAL	Yes
MEDPROS/DMSS	6	DD2796_200801	260	CON_EXPOSURE	Yes
MEDPROS/DMSS	6	DD2796_200801	261	CON_ENVIRO	Yes
MEDPROS/DMSS	6	DD2796_200801	262	CON_OCC	Yes
MEDPROS/DMSS	6	DD2796_200801	263	CON_COMBAT	Yes
MEDPROS/DMSS	6	DD2796_200801	264	CON_DEPRESSION	Yes
MEDPROS/DMSS	6	DD2796_200801	265	CON_PTSD	Yes
MEDPROS/DMSS	6	DD2796_200801	266	CON_ANGER	Yes
MEDPROS/DMSS	6	DD2796_200801	267	CON_SUICIDE	Yes
MEDPROS/DMSS	6	DD2796_200801	268	CON_FAMILY	Yes
MEDPROS/DMSS	6	DD2796_200801	269	CON_ETOH	Yes
MEDPROS/DMSS	6	DD2796_200801	270	CON_OTHER	Yes
MEDPROS/DMSS	6	DD2796_200801	271	CON_OTHER_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	272	CARE_PHYSICAL	Yes
MEDPROS/DMSS	6	DD2796_200801	273	CARE_EXPOSURE	Yes
MEDPROS/DMSS	6	DD2796_200801	274	CARE_ENVIRO	Yes
MEDPROS/DMSS	6	DD2796_200801	275	CARE_OCC	Yes
MEDPROS/DMSS	6	DD2796_200801	276	CARE_COMBAT	Yes
MEDPROS/DMSS	6	DD2796_200801	277	CARE_DEPRESSION	Yes
MEDPROS/DMSS	6	DD2796_200801	278	CARE_PTSD	Yes
MEDPROS/DMSS	6	DD2796_200801	279	CARE_ANGER	Yes
MEDPROS/DMSS	6	DD2796_200801	280	CARE_SUICIDE	Yes
MEDPROS/DMSS	6	DD2796_200801	281	CARE_FAMILY	Yes
MEDPROS/DMSS	6	DD2796_200801	282	CARE_ETOH	Yes
MEDPROS/DMSS	6	DD2796_200801	283	CARE_OTHER	Yes
MEDPROS/DMSS	6	DD2796_200801	284	REFTIME_PRIMARY	Yes
MEDPROS/DMSS	6	DD2796_200801	285	REFTIME_MENTAL_PRIMARY	Yes
MEDPROS/DMSS	6	DD2796_200801	286	REFTIME_MENTAL_SPECIAL	Yes
MEDPROS/DMSS	6	DD2796_200801	287	REFTIME_AUDIOLOGY	Yes
MEDPROS/DMSS	6	DD2796_200801	288	REFTIME_CARDIAC	Yes
MEDPROS/DMSS	6	DD2796_200801	289	REFTIME_DENTAL	Yes
MEDPROS/DMSS	6	DD2796_200801	290	REFTIME_DERM	Yes
MEDPROS/DMSS	6	DD2796_200801	291	REFTIME_ENT	Yes
MEDPROS/DMSS	6	DD2796_200801	292	REFTIME_GI	Yes
MEDPROS/DMSS	6	DD2796_200801	293	REFTIME_MED	Yes

MEDPROS/DMSS	6	DD2796_200801	294	REFTIME_NEURO	Yes
MEDPROS/DMSS	6	DD2796_200801	295	REFTIME_GYN	Yes
MEDPROS/DMSS	6	DD2796_200801	296	REFTIME_OPHTHAL	Yes
MEDPROS/DMSS	6	DD2796_200801	297	REFTIME_OPTOMETRY	Yes
MEDPROS/DMSS	6	DD2796_200801	298	REFTIME _ORTHO	Yes
MEDPROS/DMSS	6	DD2796_200801	299	REFTIME_PULMONARY	Yes
MEDPROS/DMSS	6	DD2796_200801	300	REFTIME_UROLOGY	Yes
MEDPROS/DMSS	6	DD2796_200801	301	REFTIME_CASE	Yes
MEDPROS/DMSS	6	DD2796_200801	302	REFTIME_ABUSE	Yes
MEDPROS/DMSS	6	DD2796_200801	303	REFTIME_HEALTH_ED	Yes
MEDPROS/DMSS	6	DD2796_200801	304	REFTIME_CHAPLAIN	Yes
MEDPROS/DMSS	6	DD2796_200801	305	REFTIME_FAMILY	Yes
MEDPROS/DMSS	6	DD2796_200801	306	REFTIME_ONE_SOURCE	Yes
MEDPROS/DMSS	6	DD2796_200801	307	REFTIME_OTHER	Yes
MEDPROS/DMSS	6	DD2796_200801	308	REF_OTHER_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	309	REF_NONE	Yes
MEDPROS/DMSS	6	DD2796_200801	310	PROVIDER_COMMENTS	Yes
MEDPROS/DMSS	6	DD2796_200801	311	CERT_PROVIDER	Yes
MEDPROS/DMSS	6	DD2796_200801	312	D_CERT_PROVIDER	Yes
MEDPROS/DMSS	6	DD2796_200801	313	ADMIN_MED_THREAT	Yes
MEDPROS/DMSS	6	DD2796_200801	314	PROV_HEALTH_ED	Yes
MEDPROS/DMSS	6	DD2796_200801	315	PROV_BENEFIT	Yes
MEDPROS/DMSS	6	DD2796_200801	316	PROV_APPT	Yes
MEDPROS/DMSS	6	DD2796_200801	317	DECLINED_FORM	Yes
MEDPROS/DMSS	6	DD2796_200801	318	DECLINED_INTERVIEW	Yes
MEDPROS/DMSS	6	DD2796_200801	319	DECLINED_REFERRAL	Yes
MEDPROS/DMSS	6	DD2796_200801	320	PROV_LOD	Yes
MEDPROS/DMSS	6	DD2796_200801	321	ADMIN_HIV_DRAW	Yes
MEDPROS/DMSS	6	DD2796_200801	322	PROV_OTHER	Yes
MEDPROS/DMSS	6	DD2796_200801	323	PROV_OTHER_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	324	SYS_MTF	Yes
MEDPROS/DMSS	6	DD2796_200801	325	SYS_DIV	Yes
MEDPROS/DMSS	6	DD2796_200801	326	SYS_VA	Yes
MEDPROS/DMSS	6	DD2796_200801	327	SYS_VET	Yes
MEDPROS/DMSS	6	DD2796_200801	328	SYS_TRICARE	Yes

MEDPROS/DMSS	6	DD2796_200801	329	SYS_CONTRACT	Yes
MEDPROS/DMSS	6	DD2796_200801	330	SYS_CONTRACT_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	331	SYS_CMNTY	Yes
MEDPROS/DMSS	6	DD2796_200801	332	SYS_CMNTY_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	333	SYS_OTHER	Yes
MEDPROS/DMSS	6	DD2796_200801	334	SYS_OTHER_TEXT	Yes
MEDPROS/DMSS	6	DD2796_200801	335	SYS_NONE	Yes
MEDPROS/DMSS	6	DD2796_200801	336	ENTRY_ZIP	Yes

CHPPM SP2Delta	FieldType	Nullability	Primary Key	Title
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CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(1)	**Y**	FK
Char(5)	**N**	PK
Char(15)	**N**	PK
Char(9)	**N**	PK
Char(25)	**Y**	
Char(15)	**Y**	
Char(1)	**Y**	
Char(8)	**N**	FK
Char(8)	**N**	FK
Char(8)	**N**	FK
Char(8)	**N**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(3)	**Y**	FK
Char(1)	**N**	FK
Char(2)	**N**	FK
Char(2)	**N**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK

Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(20)	**Y**	
Char(20)	**Y**	
Char(20)	**Y**	
Char(20)	**Y**	
Char(20)	**Y**	
Char(50)	**Y**	
Char(60)	**Y**	
Char(25)	**Y**	
Char(2)	**Y**	
Char(10)	**Y**	
Char(50)	**Y**	
Char(20)	**Y**	
Char(50)	**Y**	
Char(60)	**Y**	
Char(25)	**Y**	
Char(2)	**Y**	
Char(10)	**Y**	
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK

Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(50)	**Y**	
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(30)	**Y**	
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**Y**	FK

Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(15)	**Y**	
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(15)	**Y**	
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK

Char(1)	**Y**	FK
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Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(100)	**Y**	
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(100)	**Y**	
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(15)	**Y**	
Char(1)	**Y**	FK

Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
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Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK

Char(1)	Y	FK
Char(1)	Y	FK
Char(1)	Y	FK
Char(15)	Y	
Char(1)	N	FK
Char(255)	Y	
Char(1)	N	FK
Char(8)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(15)	Y	
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(1)	N	FK
Char(15)	Y	
Char(1)	N	FK
Char(15)	Y	
Char(1)	N	FK
Char(15)	Y	
Char(1)	N	FK
CHAR(4)	N	PK
CHAR(15)	N	PK
CHAR(9)	N	PK
CHAR(25)	N	
CHAR(15)	N	
CHAR(1)	Y	
CHAR(8)	N	FK
CHAR(20)	y	
CHAR(8)	N	FK
CHAR(1)	N	FK
CHAR(1)	N	FK
CHAR(1)	N	FK

CHAR(3)	**N**	FK
CHAR(2)	**N**	FK
CHAR(15)	**Y**	
CHAR(15)	**Y**	
CHAR(15)	**Y**	
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(100)	**Y**	
CHAR(1)	**N**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK

CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(1)	**N**	FK
CHAR(100)	**Y**	
CHAR(1)	**N**	FK
CHAR(8)	**N**	FK
CHAR(5)	**N**	FK
CHAR(4)		
CHAR(15)		
CHAR(9)		
CHAR(25)		
CHAR(15)		
CHAR(1)		
CHAR(8)		
CHAR(20)		
CHAR(8)		
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CHAR(1)
CHAR(8)
CHAR(100)

CHAR(5)		
CHAR(4)	**N**	PK
CHAR(15)	**N**	PK
CHAR(9)	**N**	PK
CHAR(25)	**N**	
CHAR(15)	**N**	
CHAR(1)	**Y**	
CHAR(8)	**N**	FK
CHAR(20)	**Y**	
CHAR(8)	**N**	FK
CHAR(8)	**N**	FK
CHAR(8)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(3)	**N**	FK
CHAR(2)	**N**	FK
CHAR(15)	**Y**	
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	

CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(8)	**Y**	FK
CHAR(15)	**Y**	
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(6)	**N**	FK
CHAR(15)	**N**	
CHAR(1)	**Y**	FK
NUMBER(2)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(75)	**Y**	
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	

CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
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CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
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CHAR(1)	**Y**	FK

CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
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CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
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CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK

CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
CHAR(1)	**Y**	FK
CHAR(15)	**Y**	
NUMBER(2)	**Y**	FK
NUMBER(2)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(75)	**Y**	
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(3)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(100)	**Y**	
CHAR(1)	**Y**	FK
CHAR(100)	**Y**	
CHAR(1)	**Y**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK

CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(1)	**N**	FK
CHAR(15)	**Y**	
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**Y**	FK
CHAR(1)	**N**	FK
CHAR(8)	**N**	FK
CHAR(100)	**Y**	
CHAR(5)	**N**	FK
Char(4)	**N**	PK
Char(15)	**N**	PK
Char(9)	**N**	PK
Char(25)	**N**	
Char(15)	**N**	
Char(1)	**Y**	
Char(8)	**N**	FK
Char(8)	**N**	FK
Char(1)	**Y**	FK
Char(20)	**Y**	
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(3)	**Y**	FK
Char(8)	**N**	FK
Char(8)	**N**	FK
Char(15)	**Y**	
Char(2)	**N**	FK
Char(2)	**N**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK

Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(2)	**Y**	FK
Char(6)	**Y**	
Char(15)	**Y**	
Char(20)	**Y**	
Char(20)	**Y**	
Char(20)	**Y**	
Char(30)	**Y**	
Char(60)	**Y**	
Char(25)	**Y**	
Char(2)	**Y**	
Char(10)	**Y**	
Char(30)	**Y**	
Char(20)	**Y**	
Char(30)	**Y**	
Char(60)	**Y**	
Char(25)	**Y**	
Char(2)	**Y**	
Char(10)	**Y**	
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(2)	**Y**	FK
Char(1)	**Y**	FK
Char(75)	**Y**	
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
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Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(30)	**Y**	
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(30)	**Y**	
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
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Char(1)	**Y**	FK
Char(1)	**Y**	FK
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Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**Y**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
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Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**Y**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK

Char(15)	**Y**	
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
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Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(1)	**N**	FK
Char(15)	**Y**	
Char(1)	**Y**	FK
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Desc	Values
Type of Form	PDHRA
DOD Form Number	DD2900_200506
Social Security Number	999999999
Last Name	TEXT FIELD
First Name	TEXT FIELD
Middle Initial	TEXT FIELD
Today's Date (date on form)	YYYYMMDD FORMAT
Date of Birth	YYYYMMDD FORMAT
Date of arrival in theater	YYYYMMDD FORMAT
Date of departure from theater	YYYYMMDD FORMAT
Sex	M = MALE, F = FEMALE
Service	A = ARMY, F = AIR FORCE, C = COAST GUARD, M = MARINES, N = NAVY, Z = OTHER/UNKNOWN
Status prior to deployment	Reserve - IMA, 4 = Selected Reserves - National Guard -
Pay Grade	O03, O04 = O04, O05 = O05, O06 = O06, O07 = O07, O08 =
Marital Status	0 = Never Married, 1 = Married, 2 = Separated, 3 = Divorced, 4 = Widowed
IRAQ recent deployment	Y = CHECKED, N = NOT CHECKED
AFGHAN recent deployment	Y = CHECKED, N = NOT CHECKED
KUWAIT recent deployment	Y = CHECKED, N = NOT CHECKED
QATAR recent deployment	Y = CHECKED, N = NOT CHECKED
BOS/KOS recent deployment	Y = CHECKED, N = NOT CHECKED
SWA recent deployment	Y = CHECKED, N = NOT CHECKED
AFRICA recent deployment	Y = CHECKED, N = NOT CHECKED
SO_AMER recent deployment	Y = CHECKED, N = NOT CHECKED
NO_AMER recent deployment	Y = CHECKED, N = NOT CHECKED
AUSTR recent deployment	Y = CHECKED, N = NOT CHECKED
EUROPE recent deployment	Y = CHECKED, N = NOT CHECKED
SHIP recent deployment	Y = CHECKED, N = NOT CHECKED
OTHER recent deployment	Y = CHECKED, N = NOT CHECKED
Other Text	TEXT FIELD
Status since return	Transitioned to Selected Reserves, 2 = Transitioned to Ready Reserves, 3 = Retired from Military Service, 4 =
Selected Reserve Text	TEXT FIELD
Ready Reserve Text	TEXT FIELD
OIF Total Deployments	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5 or more
OEF Total Deployments	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5 or more
Other Total Deployments	0 = 0, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5 or more
Name of Unit	TEXT FIELD
Current Assignment Location	TEXT FIELD
Current Phone	TEXT FIELD
Current Cell Phone	TEXT FIELD
Current DSN	TEXT FIELD
Current Email	TEXT FIELD
Current Address	TEXT FIELD
Current CITY	TEXT FIELD
Current STATE	TEXT FIELD
Current ZIP Code	TEXT FIELD

POC Name	TEXT FIELD
POC Phone	TEXT FIELD
POC Email	TEXT FIELD
POC Address	TEXT FIELD
POC CITY	TEXT FIELD
POC STATE	TEXT FIELD
POC ZIP Code	TEXT FIELD
Health Rating	E = EXCELLENT, V = VERY GOOD, G = GOOD, F = FAIR, P = POOR
Health Change	1 = Somewhat better now than before I deployed, 2 = About the same as before I deployed, 3 = Somewhat worse now than before I deployed, 4 = Much worse now than before I
Times seen since return	0 = 0, 1 = 1, 2 = 2 - 3, 3 = 4 - 5, 4 = 6 or more
Hospitalizations since Return	Y = YES, N = NO
Wounded, Injured or Assaulted during deployment	Y = YES, N = NO
Current problems related to being Wounded, Injured or Assaulted during deployment	Y = YES, N = NO, Z = Unsure
Health concern/condition related to deployment	Y = YES, N = NO, Z = Unsure
Has concern - COUGH	Y = CHECKED, N = NOT CHECKED
Has concern - RUNNY_NOSE	Y = CHECKED, N = NOT CHECKED
Has concern - FEVER	Y = CHECKED, N = NOT CHECKED
Has concern - WEAKNESS	Y = CHECKED, N = NOT CHECKED
Has concern - HEADACHE	Y = CHECKED, N = NOT CHECKED
Has concern - JOINTS	Y = CHECKED, N = NOT CHECKED
Has concern - BACK_PAIN	Y = CHECKED, N = NOT CHECKED
Has concern - MUSCLE	Y = CHECKED, N = NOT CHECKED
Has concern - NUMBNESS	Y = CHECKED, N = NOT CHECKED
Has concern - RASH	Y = CHECKED, N = NOT CHECKED
Has concern - RINGING	Y = CHECKED, N = NOT CHECKED
Has concern - TEARING	Y = CHECKED, N = NOT CHECKED
Has concern - VISION	Y = CHECKED, N = NOT CHECKED
Has concern - CHEST_PAIN	Y = CHECKED, N = NOT CHECKED
Has concern - DIZZY	Y = CHECKED, N = NOT CHECKED
Has concern - BREATHING	Y = CHECKED, N = NOT CHECKED
Has concern - DIARRHEA	Y = CHECKED, N = NOT CHECKED
Has concern - TIRED	Y = CHECKED, N = NOT CHECKED
Has concern - MEMORY	Y = CHECKED, N = NOT CHECKED
Has concern - IRRITABLE	Y = CHECKED, N = NOT CHECKED
Has concern - RISKY	Y = CHECKED, N = NOT CHECKED
Has concern - OTHER_COND	Y = CHECKED, N = NOT CHECKED
Other Text	TEXT FIELD
Exposure Concerns	Y = YES, N = NO
Exposed to DEET	Y = CHECKED, N = NOT CHECKED
Exposed to pesticide treated uniforms	Y = CHECKED, N = NOT CHECKED
Exposed to environmental pesticides	Y = CHECKED, N = NOT CHECKED
Exposed to flea or tick collars	Y = CHECKED, N = NOT CHECKED
Exposed to pesticide strips	Y = CHECKED, N = NOT CHECKED
Exposed to smoke from oil fires	Y = CHECKED, N = NOT CHECKED
Exposed to smoke from burning trash or feces	Y = CHECKED, N = NOT CHECKED
Exposed to vehicle or truch exhaust fumes	Y = CHECKED, N = NOT CHECKED
Exposed to tent heater smoke	Y = CHECKED, N = NOT CHECKED
Exposed to JP8 or other fuels	Y = CHECKED, N = NOT CHECKED
Exposed to fog oils	Y = CHECKED, N = NOT CHECKED

Exposed to solvents	Y = CHECKED, N = NOT CHECKED
Exposed to paints	Y = CHECKED, N = NOT CHECKED
Exposed to ionizing radiation	Y = CHECKED, N = NOT CHECKED
Exposed to radar/microwave	Y = CHECKED, N = NOT CHECKED
Exposed to lasers	Y = CHECKED, N = NOT CHECKED
Exposed to loud noises	Y = CHECKED, N = NOT CHECKED
Exposed to excessive vibration	Y = CHECKED, N = NOT CHECKED
Exposed to industrial pollution	Y = CHECKED, N = NOT CHECKED
Exposed to sand/dust	Y = CHECKED, N = NOT CHECKED
Exposed to Blast/MVA	Y = CHECKED, N = NOT CHECKED
Exposted to depleted uranium	Y = CHECKED, N = NOT CHECKED
Explanation of exposure to depleted uranium	TEXT FIELD
Other exposures	Y = CHECKED, N = NOT CHECKED
Explanation of other exposures	TEXT FIELD
Thoughts or concerns about serious conflicts with spouse, family, or friends	Y = YES, N = NO, Z = UNSURE
Past month had nightmares or thoughts when Did not want to	Y = YES, N = NO
Past month, tried hard NOT to think about it or avoided situations	Y = YES, N = NO
Past month, constantly on guard, watchful or easily startled	Y = YES, N = NO
Past month, felt numb, detached from others, activities, or surroundings	Y = YES, N = NO
Use Alcohol more than meant to	Y = YES, N = NO
Felt or wanted to cut down alcohol consupmtion	Y = YES, N = NO
Over past month had little interest or pleasure in doing things	0 = Not at all, 1 = Few or several days, 2 = More than half the days, 3 = Nearly every-day
Over past month feeling down, depressed, or hopeless	0 = Not at all, 1 = Few or several days, 2 = More than half the days, 3 = Nearly every-day
Difficulty at work, home or people	0 = Not difficult at all, 1 = Somewhat difficult, 2 = Very difficult, 3 = Extremely difficult
Would like to schedule healthcare visit	Y = YES, N = NO
Interested receiving info for stress	Y = YES, N = NO
Interested in assistance with Family	Y = YES, N = NO
Interesrted in seeing Chaplain	Y = YES, N = NO
Review symptoms or concerns	0 = confirmed, 1 = modified
Provider review modified text	TEXT FIELD
Over last month, thoughts that you would be better off dead or hurting yourself in some way.	Y = YES, N = NO
How often bothered by thoughts that you would be better off dead or hurting yourself in some way.	0 = A few days, 1 = More than half of the time, 2 = Nearly every day
Thoughts or concerns about hurting or losing control with someone	Y = YES, N = NO, Z = UNSURE
Provider determined risk	Y = YES, N = NO, Z = UNSURE

Outcome of Assessment	0 = Immediate referral, 1 = Routine follow-up referral, 2 = Referral not indicated
Patient concerns identified by Provider	TEXT FIELD
Identified concern for NONE	Y = YES, N = NO
Identified concern for PHYSICAL	0 = minor, 1 = major
Identified concern for EXP	0 = minor, 1 = major
Identified concern for DEPRESSION	0 = minor, 1 = major
Identified concern for PTSD	0 = minor, 1 = major
Identified concern for ANGER	0 = minor, 1 = major
Identified concern for SUICIDE	0 = minor, 1 = major
Identified concern for FAMILY	0 = minor, 1 = major
Identified concern for ETOH	0 = minor, 1 = major
Identified concern for OTHER	0 = minor, 1 = major
Concerns Other Text	TEXT FIELD
Under care for PHYSICAL	Y = YES, N = NO
Under care for EXP	Y = YES, N = NO
Under care for DEPRESSION	Y = YES, N = NO
Under care for PTSD	Y = YES, N = NO
Under care for ANGER	Y = YES, N = NO
Under care for SUICIDE	Y = YES, N = NO
Under care for FAMILY	Y = YES, N = NO
Under care for ETOH	Y = YES, N = NO
Under care for OTHER	Y = YES, N = NO
Ref info for NONE	Y = CHECKED, N = NOT CHECKED
Ref info for URGENT	Y = CHECKED, N = NOT CHECKED
Ref info for PRIMARY	Y = CHECKED, N = NOT CHECKED
Ref info for SPECIALTY	Y = CHECKED, N = NOT CHECKED
REF Specialty Care text	TEXT FIELD
Ref info for MENTAL_PRIMARY	Y = CHECKED, N = NOT CHECKED
Ref info for MENTAL_SPECIAL	Y = CHECKED, N = NOT CHECKED
Ref info for CASE	Y = CHECKED, N = NOT CHECKED
Ref info for ABUSE	Y = CHECKED, N = NOT CHECKED
Ref info for PM	Y = CHECKED, N = NOT CHECKED
Ref info for OTH_SERVICE	Y = CHECKED, N = NOT CHECKED
Ref info for CHAPLAIN	Y = CHECKED, N = NOT CHECKED
Ref info for FAMILY	Y = CHECKED, N = NOT CHECKED
Ref info for ONE_SOURCE	Y = CHECKED, N = NOT CHECKED
Ref info for OTHER	Y = CHECKED, N = NOT CHECKED
REF Other text	TEXT FIELD
Comments	TEXT FIELD
Provider's Signature	PROVIDER SIGNATURE, "Y", "N"
Provider's Signature Date	DATE PROVIDER SIGNS, YYYYMMDD FORMAT
Provided info for Health ED	Y = CHECKED, N = NOT CHECKED
Provided info for Benefits	Y = CHECKED, N = NOT CHECKED
Provided info for Appointments	Y = CHECKED, N = NOT CHECKED
Member Declined form	Y = CHECKED, N = NOT CHECKED
Member Declined Interview	Y = CHECKED, N = NOT CHECKED
Member Declined referral	Y = CHECKED, N = NOT CHECKED
Provided OTHER	Y = CHECKED, N = NOT CHECKED
Provided OTHER_TEXT	TEXT FIELD

Referred to MTF	Y = CHECKED, N = NOT CHECKED
Referred to Division/Line	Y = CHECKED, N = NOT CHECKED
Referred to VA	Y = CHECKED, N = NOT CHECKED
Referred to Vet	Y = CHECKED, N = NOT CHECKED
Referred to TRICARE	Y = CHECKED, N = NOT CHECKED
Referred to Contractor	Y = CHECKED, N = NOT CHECKED
Referred to Contractor text	TEXT FIELD
Referred to COMMUNITY	Y = CHECKED, N = NOT CHECKED
Referred to COMMUNITY text	TEXT FIELD
Referred to OTHER	Y = CHECKED, N = NOT CHECKED
Referred to OTHER text	TEXT FIELD
Referred to NONE	Y = CHECKED, N = NOT CHECKED
Type of Form	PDHRA
DOD Form Number	DD2900_200801
Social Security Number	NNNNNNNNN
Last Name	TEXT FIELD
First Name	TEXT FIELD
Middle Initial	TEXT FIELD
Today's Date (date on form)	YYYYMMDD, <=SYSDATE
Date of Birth	YYYYMMDD, <=SYSDATE
Date of arrival in theater	YYYYMMDD <= SYSDATE and D_DEPART
Date of departure from theater	YYYYMMDD, >= D_ARRIVAL
Gender	M=Male, F=female, blank=not marked
Service	A = ARMY, F = AIR FORCE, C = COAST GUARD, M = MARINES, N = NAVY, X=CIVILIAN/GS, Z = OTHER, Blank=Not marked
Status prior to deployment	0 = Active Duty, 1 = Selected Reserves - Reserve - Unit, 2 = Selected Reserves - Reserve - AGR, 3 = Selected Reserves - Reserve - IMA, 4 = Selected Reserves - National Guard - Unit, 5 =Selected Reserves - National Guard - AGR, 6 = Ready Reserves - IRR, 7=Ready Reserves - ING 8= Civilian, 9= Other, blank = not completed
Pay Grade	E01 = E1, E02 = E2, E03 = E3, E04 = E4, E05 = E5, E06 = E6, E07 = E7, E08 = E8, E09 = E9, O01 = O1, O02 = 02, O03 = O3, O04 = O4, O05 = O5, O06 = O6, O07 = O7, O08 = O8, O09 = O9, O10 = O10, W01 = W1, W02 = W2, W03 = W3, W04 = W4, W05 = W5, ZZZ = OTHER, Blank=Not marked
Marital Status	0 = Never Married, 1 = Married, 2 = Separated, 3 = Divorced, 4 = Widowed
Country 1	Two character FIPS 10 country code
Months in country 1	NN
Country 2	Two character FIPS 10 country code
Months in country 2	NN
Country 3	Two character FIPS 10 country code
Months in country 3	NN
Country 4	Two character FIPS 10 country code
Months in country 4	NN

Country 5	Two character FIPS 10 country code
Months in country 5	NN
Status since return	0 = Maintained/returned to previous status, 1 = Transitioned to Selected Reserves, 2 = Transitioned to IRR, 3= Transitioned to ING, 4 = Retired from Military Service, 5 = Separated from Military Service
OIF Total Deployments	0 = Not Checked, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5 or more
OEF Total Deployments	0 = Not Checked, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5 or more
Other Total Deployments	0 = Not Checked, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5 or more
Name of Unit	TEXT FIELD
Current Assignment Location	TEXT FIELD
Current Phone	TEXT FIELD
Current Cell Phone	TEXT FIELD
Current DSN	TEXT FIELD
Current Email	TEXT FIELD
Current Address	TEXT FIELD
Current CITY	TEXT FIELD
Current STATE	TEXT FIELD
Current ZIP Code	TEXT FIELD
POC Name	TEXT FIELD
POC Phone	TEXT FIELD
POC Email	TEXT FIELD
POC Address	TEXT FIELD
POC CITY	TEXT FIELD
POC STATE	TEXT FIELD
POC ZIP Code	TEXT FIELD
How wold you rate your health during the past month:	E = EXCELLENT, V = VERY GOOD, G = GOOD, F = FAIR, P = POOR, Blank=not completed
Compared to before this deployment, how would you ratre your health in general now??	0 = Much better now than before I deployed, 1 = Somewhat better now than before I deployed, 2 = About the same as before I deployed, 3 = Somewhat worse now than before I deployed, 4 = Much worse now than before I deployed, Blank=not completed
During the past 4 weeks, how difficult have health problems made it to do your work?	N = not difficult at all, S = somewhat difficult, V = very difficult, E = extremely difficult, Blank=not completed
During the past 4 weeks, how difficult have emotional problems made it to do your work?	N = not difficult at all, S = somewhat difficult, V = very difficult, E = extremely difficult, Blank=not completed
Times seen since return	0 = 0, 1 = 1, 2 = 2 - 3, 3 = 4 - 5, 4 = 6 or more, blank=not completed
Hospitalizations since Return	Y = YES, N = NO, Blank=not completed
Wounded, Injured or Assaulted during deployment	Y = YES, N = NO, Blank=not completed

Current problems related to being Wounded, Injured or Assaulted during deployment	Y = YES, N = NO, Z = Unsure, blank=not completed
Health concern/condition related to deployment	Y = YES, N = NO, Z = Unsure, blank=not completed
Has concern - FEVER	Y = CHECKED, N = NOT CHECKED
Has concern - COUGH	Y = CHECKED, N = NOT CHECKED
Has concern - BREATHING	Y = CHECKED, N = NOT CHECKED
Has concern - HEADACHE	Y = CHECKED, N = NOT CHECKED
Has concern - WEAKNESS	Y = CHECKED, N = NOT CHECKED
Has concern - MUSCLE	Y = CHECKED, N = NOT CHECKED
Has concern - JOINTS	Y = CHECKED, N = NOT CHECKED
Has concern - BACK_PAIN	Y = CHECKED, N = NOT CHECKED
Has concern - NUMBNESS	Y = CHECKED, N = NOT CHECKED
Has concern - Hearing	Y = CHECKED, N = NOT CHECKED
Has concern - RINGING	Y = CHECKED, N = NOT CHECKED
Has concern - TEARING	Y = CHECKED, N = NOT CHECKED
Has concern - VISION	Y = CHECKED, N = NOT CHECKED
Has concern - CHEST_PAIN	Y = CHECKED, N = NOT CHECKED
Has concern - DIZZY	Y = CHECKED, N = NOT CHECKED
Has concern - DIARRHEA	Y = CHECKED, N = NOT CHECKED
Has concern - TIRED	Y = CHECKED, N = NOT CHECKED
Has concern - Concentration	Y = CHECKED, N = NOT CHECKED
Has concern - MEMORY	Y = CHECKED, N = NOT CHECKED
Has concern - indecisive	Y = CHECKED, N = NOT CHECKED
Has concern - IRRITABLE	Y = CHECKED, N = NOT CHECKED
Has concern - RISKY	Y = CHECKED, N = NOT CHECKED
Has concern - RASH	Y = CHECKED, N = NOT CHECKED
Has concern - OTHER_COND	Y = CHECKED, N = NOT CHECKED
Other Text	TEXT FIELD
Exposed to Blast	Y = YES, N = NO, Blank=not completed
Exposed to MVA	Y = YES, N = NO, Blank=not completed
Exposed to Frag/Bullet wound	Y = YES, N = NO, Blank=not completed
Exposed to Fall	Y = YES, N = NO, Blank=not completed
Exposed to other injury	Y = YES, N = NO, Blank=not completed
Exposed to other injury	TEXT FIELD
Immediate onset LOC (TBI)	Y = YES, N = NO, Blank=not completed
Immediate onset Dazed (TBI)	Y = YES, N = NO, Blank=not completed
Immediate onset Memory Loss (TBI)	Y = YES, N = NO, Blank=not completed
Immediate onset Concussion (TBI)	Y = YES, N = NO, Blank=not completed
Immediate onset Head injury (TBI)	Y = YES, N = NO, Blank=not completed
Post event memory lapse (TBI)	Y = YES, N = NO, Blank=not completed
Post event dizzy (TBI)	Y = YES, N = NO, Blank=not completed
Post event ringing (TBI)	Y = YES, N = NO, Blank=not completed
Post event photosensitivity (TBI)	Y = YES, N = NO, Blank=not completed
Post event irritabillity (TBI)	Y = YES, N = NO, Blank=not completed
Post event headaches (TBI)	Y = YES, N = NO, Blank=not completed
Post event sleep problems (TBI)	Y = YES, N = NO, Blank=not completed
Past week memory lapse (TBI)	Y = YES, N = NO, Blank=not completed
Past week dizzy (TBI)	Y = YES, N = NO, Blank=not completed
Past week ringing (TBI)	Y = YES, N = NO, Blank=not completed

Past week photosensitivity (TBI)	Y = YES, N = NO, Blank=not completed
Past week irritabillity (TBI)	Y = YES, N = NO, Blank=not completed
Past week headaches (TBI)	Y = YES, N = NO, Blank=not completed
Past week sleep problems (TBI)	Y = YES, N = NO, Blank=not completed
Exposure Concerns	Y = YES, N = NO, Blank=not completed
Exposed to animal bites	Y = CHECKED, N = NOT CHECKED
Exposed to animal bodies	Y = CHECKED, N = NOT CHECKED
Exposed to chlorine gas	Y = CHECKED, N = NOT CHECKED
Exposed to depleted uranium	Y = CHECKED, N = NOT CHECKED
Explanation of exposure to depleted uranium	TEXT FIELD
Exposed to excessive vibration	Y = CHECKED, N = NOT CHECKED
Exposed to fog oils	Y = CHECKED, N = NOT CHECKED
	Y = CHECKED, N = NOT CHECKED
	Y = CHECKED, N = NOT CHECKED
Exposed to industrial pollution	Y = CHECKED, N = NOT CHECKED
	Y = CHECKED, N = NOT CHECKED
Exposed to ionizing radiation	Y = CHECKED, N = NOT CHECKED
Exposed to JP8 or other fuels	Y = CHECKED, N = NOT CHECKED
Exposed to lasers	Y = CHECKED, N = NOT CHECKED
Exposed to loud noises	Y = CHECKED, N = NOT CHECKED
Exposed to paints	Y = CHECKED, N = NOT CHECKED
Exposed to environmental pesticides	Y = CHECKED, N = NOT CHECKED
Exposed to radar/microwave	Y = CHECKED, N = NOT CHECKED
Exposed to sand/dust	Y = CHECKED, N = NOT CHECKED
Exposed to smoke from burning trash or feces	Y = CHECKED, N = NOT CHECKED
Exposed to smoke from oil fires	Y = CHECKED, N = NOT CHECKED
Exposed to solvents	Y = CHECKED, N = NOT CHECKED
Exposed to tent heater smoke	Y = CHECKED, N = NOT CHECKED
Exposed to vehicle or truch exhaust fumes	Y = CHECKED, N = NOT CHECKED
Other exposures	Y = CHECKED, N = NOT CHECKED
Explanation of other exposures	TEXT FIELD
Thoughts or concerns about serious conflicts with spouse, family, or friends	Y = YES, N = NO, Z = Unsure, blank=not completed
Past month had nightmares or thoughts when Did not want to	Y = YES, N = NO, Blank=not completed
Past month, tried hard NOT to think about it or avoided situations	Y = YES, N = NO, Blank=not completed
Past month, constantly on guard, watchful or easily startled	Y = YES, N = NO, Blank=not completed
Past month, felt numb, detached from others, activities, or surroundings	Y = YES, N = NO, Blank=not completed
Use Alcohol more than meant to	Y = YES, N = NO, Blank=not completed
Felt or wanted to cut down alcohol consumption	Y = YES, N = NO, Blank=not completed
How often do you..	0=never,1=monthly or less, 2 = 2-4 times per month,3=2-3 times per week, 4=4or more times per week, blank=not marked

how many drink on a typical day	0=1-2,1=3-4,2=5-6,3=7-9,4=10 or more, blank=not marked
how often six or more drinks	0=never, 1= less than monthly, 2=monthly,3=weekly,4=daily, blank=not marked
Over past month had little interest or pleasure in doing things	0 = Not at all, 1 = Few or several days, 2 = More than half the days, 3 = Nearly every-day, Z=blank
Over past month feeling down, depressed, or hopeless	0 = Not at all, 1 = Few or several days, 2 = More than half the days, 3 = Nearly every-day, Z=blank
Would like to schedule healthcare visit	Y = YES, N = NO, Blank=not completed
Interested receiving info for stress	Y = YES, N = NO, Blank=not completed
Interested in assistance with Family	Y = YES, N = NO, Blank=not completed
Interesrted in seeing Chaplain	Y = YES, N = NO, Blank=not completed
Review symptoms or concerns	0 = confirmed, 1 = modified, blank= not checked
Provider review modified text	TEXT FIELD
Over last month, thoughts that you would be better off dead or hurting yourself in some way.	Y = YES, N = NO, Blank=not completed
How often bothered by thoughts that you would be better off dead or hurting yourself in some way.	0 = Very few days, 1 = More than half of the time, 2 = Nearly every day, Z=blank
Thoughts or concerns about hurting or losing control with someone	Y = YES, N = NO, Z = UNSURE, null=blank
Provider determined risk	Y = YES, N = NO, Z = UNSURE, null=blank
Outcome of Assessment	0 = Immediate referral, 1 = Routine follow-up referral, 2 = Referral not indicated, Z=blank
Alchohol screening result	0=no evidence, 1=Potential ETOH problem + Refer to PCM, 2= Potential ETOH problem No PCM referral, 3=Potential ETOH Problem and referral not checked, blank=not answered
Evidence of TBI problem	0=no evidence, 1=Potential TBI problem + Refer , 2= Potential TBI problem + No referral, 3=Potential TBI Problem + referral not checked, blank=TBI question not answered
Patient concerns identified by Provider	TEXT FIELD
Identified concern for PHYSICAL	0 = minor, 1 = major, blank=not answered
Identified concern for EXP	0 = minor, 1 = major, blank=not answered
Identified concern for DEPRESSION	0 = minor, 1 = major, blank=not answered
Identified concern for PTSD	0 = minor, 1 = major, blank=not answered
Identified concern for ANGER	0 = minor, 1 = major, blank=not answered
Identified concern for SUICIDE	0 = minor, 1 = major, blank=not answered
Identified concern for FAMILY	0 = minor, 1 = major, blank=not answered
Identified concern for ETOH	0 = minor, 1 = major, blank=not answered
Identified concern for OTHER	0 = minor, 1 = major, blank=not answered
Concerns Other Text	TEXT FIELD
Under care for PHYSICAL	Y = YES, N = NO, blank=not checked

Under care for EXP	Y = YES, N = NO, blank=not checked
Under care for DEPRESSION	Y = YES, N = NO, blank=not checked
Under care for PTSD	Y = YES, N = NO, blank=not checked
Under care for ANGER	Y = YES, N = NO, blank=not checked
Under care for SUICIDE	Y = YES, N = NO, blank=not checked
Under care for FAMILY	Y = YES, N = NO, blank=not checked
Under care for ETOH	Y = YES, N = NO, blank=not checked
Under care for OTHER	Y = YES, N = NO, blank=not checked
Ref info for PRIMARY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Ref info for MENTAL_PRIMARY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Ref info for MENTAL_SPECIAL	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - Audiology	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - cardiac	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - dental	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - dermatologic	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - ENT	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - GI	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referal indicated - internal medicine	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - Neurologic	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - GYN	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - OPTHAL	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - OPTO	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - Orthopedic	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - Pulmonary	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral indicated - GU	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Ref info for CASE	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Ref info for ABUSE	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Ref info for Health Promo	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Ref info for CHAPLAIN	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered

Ref info for FAMILY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Ref info for ONE_SOURCE	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Ref info for OTHER	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
REF Other text	TEXT FIELD
no referral made	Y = CHECKED, N = NOT CHECKED
Comments	TEXT FIELD
Provider's Signature	PROVIDER SIGNATURE, "Y", "N"
Provider's Signature Date	DATE PROVIDER SIGNS, YYYYMMDD FORMAT
Provided info for Health ED	Y = CHECKED, N = NOT CHECKED
Provided info for Benefits	Y = CHECKED, N = NOT CHECKED
Provided info for Appointments	Y = CHECKED, N = NOT CHECKED
Member Declined form	Y = CHECKED, N = NOT CHECKED
Member Declined Interview	Y = CHECKED, N = NOT CHECKED
Member Declined referral	Y = CHECKED, N = NOT CHECKED
Provided LOD	Y = CHECKED, N = NOT CHECKED
Provided OTHER	Y = CHECKED, N = NOT CHECKED
Provided OTHER_TEXT	TEXT FIELD
Referred to MTF	Y = CHECKED, N = NOT CHECKED
Referred to Division/Line	Y = CHECKED, N = NOT CHECKED
Referred to VA	Y = CHECKED, N = NOT CHECKED
Referred to Vet	Y = CHECKED, N = NOT CHECKED
Referred to TRICARE	Y = CHECKED, N = NOT CHECKED
Referred to Contractor	Y = CHECKED, N = NOT CHECKED
Referred to Contractor text	TEXT FIELD
Referred to COMMUNITY	Y = CHECKED, N = NOT CHECKED
Referred to COMMUNITY text	TEXT FIELD
Referred to OTHER	Y = CHECKED, N = NOT CHECKED
Referred to OTHER text	TEXT FIELD
Referred to NONE	Y = CHECKED, N = NOT CHECKED
Type of Form	PRE
DOD Form Number	DD2795_199905
Social Security Number	999999999
Last Name	TEXT FIELD
First Name	TEXT FIELD
Middle Initial	TEXT FIELD
Today's Date (date on form)	YYYYMMDD FORMAT
Name of Unit or Ship during Deployment	TEXT FIELD
Date of Birth	YYYYMMDD FORMAT
Sex	M = MALE, F = FEMALE
Service	A = ARMY, F = AIR FORCE, C = COAST GUARD, M = MARINES, N = NAVY, Z = OTHER/UNKNOWN
Component	A = ACTIVE DUTY, N = NATIONAL GUARD, R = RESERVES, X = CIVILIAN GOV EMPLOYEE

Pay Grade	E01 = E1, E02 = E2, E03 = E3, E04 = E4, E05 = E5, E06 = E6, E07 = E7, E08 = E8, E09 = E9, O01 = O1, O02 = 02, O03 = O3, O04 = O4, O05 = O5, O06 = O6, O07 = O7, O08 = O8, O09 = O9, O10 = O10, W01 = W1, W02 = W2, W03 = W3, W04 = W4, W05 = W5, ZZZ = OTHER
Location of Operation	01 = EUROPE, 02 = SW ASIA, 03 = SE ASIA, 04 = ASIA (OTHER), 05 = SOUTH AMERICA, 06 = AUSTRALIA, 07 = AFRICA, 08 = CENTRAL AMERICA, 09 = UNKNOWN
Deployment Location	TEXT FIELD
Country	TEXT FIELD
Name of Operation	TEXT FIELD
Medical threat briefing completed	Y = YES, N = NO, X = N/A
Medical information sheet distributed	Y = YES, N = NO, X = N/A
Serum for HIV drawn within 12 months	Y = YES, N = NO, X = N/A
Immunizations current	Y = YES, N = NO, X = N/A
PPD screening within 24 months	Y = YES, N = NO, X = N/A
Would you say your health in general is:	E = EXCELLENT, V = VERY GOOD, G = GOOD, F = FAIR, P = POOR
Do you have any medical or dental problems?	Y = YES, N = NO
Are your currently on a profile, or light duty, or are you undergoing a medical board?	Y = YES, N = NO
Are you pregnant?	Y = YES, N = NO, Z = DON'T KNOW, <NULL> for males
Do you have a 90-day supply of your prescription medication or birth control pills?	Y = YES, N = NO, X = N/A
Do you have two pairs of prescription glasses and any other personal medical equipment?	Y = YES, N = NO, X = N/A
During the past year, have you sought counseling for your mental health?	Y = YES, N = NO
Do you currently have any questions or concerns about your health?	Y = YES, N = NO
Please list your concerns	TEXT FIELD
Member's Signature	MEMBER SIGNATURE, "Y", "N"
Referral indicated - none	Y = CHECKED, N = NOT CHECKED
Referral indicated - cardiac	Y = CHECKED, N = NOT CHECKED
Referral indicated - combat / operational stress reaction	Y = CHECKED, N = NOT CHECKED
Referral indicated - dental	Y = CHECKED, N = NOT CHECKED
Referral indicated - dermatologic	Y = CHECKED, N = NOT CHECKED
Referral indicated - ENT	Y = CHECKED, N = NOT CHECKED
Referral indicated - Eye	Y = CHECKED, N = NOT CHECKED
Referral indicated - Family Problems	Y = CHECKED, N = NOT CHECKED

Referral indicated - Fatigue, Malaise, Multisystem complaint	Y = CHECKED, N = NOT CHECKED
Referral indicated - GI	Y = CHECKED, N = NOT CHECKED
Referral indicated - GU	Y = CHECKED, N = NOT CHECKED
Referral indicated - GYN	Y = CHECKED, N = NOT CHECKED
Referral indicated - Mental Health	Y = CHECKED, N = NOT CHECKED
Referral indicated - Neurologic	Y = CHECKED, N = NOT CHECKED
Referral indicated - Orthopedic	Y = CHECKED, N = NOT CHECKED
Referral indicated - Pregnancy	Y = CHECKED, N = NOT CHECKED
Referral indicated - Pulmonary	Y = CHECKED, N = NOT CHECKED
Referral indicated - Other	Y = CHECKED, N = NOT CHECKED
Referral indicated - Other Text	TEXT FIELD
Final Medical Disposition	Y = DEPLOYABLE, N = NOT DEPLOYABLE
Medical Disposition	TEXT FIELD
Provider's Signature	PROVIDER SIGNATURE, "Y", "N"
Provider's Signature Date	DATE PROVIDER SIGNS, YYYYMMDD FORMAT
Zip code of location where form is filled out	
Type of Form	**POST**
DOD Form Number	**DD2796_199905**
Social Security Number	**999999999**
Last Name	**TEXT FIELD**
First Name	**TEXT FIELD**
Middle Initial	**TEXT FIELD**
Today's Date (date on form)	**YYYYMMDD FORMAT**
Name of Unit or Ship during Deployment	**TEXT FIELD**
Date of Birth	**YYYYMMDD FORMAT**
Date of arrival in theater	**YYYYMMDD FORMAT**
Date of departure from theater	**YYYYMMDD FORMAT**
Sex	**M = MALE, F = FEMALE**
Service	**A = ARMY, F = AIR FORCE, C = COAST GUARD, M = MARINES, N = NAVY, Z = OTHER/UNKNOWN**
Component	**A = ACTIVE DUTY, N = NATIONAL GUARD, R = RESERVES, X = CIVILIAN GOV EMPLOYEE**
Pay Grade	**E01 = E1, E02 = E2, E03 = E3, E04 = E4, E05 = E5, E06 = E6, E07 = E7, E08 = E8, E09 = E9, O01 = O1, O02 = 02, O03 = O3, O04 = O4, O05 = O5, O06 = O6, O07 = O7, O08 = O8, O09 = O9, O10 = O10, W01 = W1, W02 = W2, W03 = W3, W04 = W4, W05 = W5, ZZZ = OTHER**
Location of Operation	**01 = EUROPE, 02 = SW ASIA, 03 = SE ASIA, 04 = ASIA (OTHER), 05 = SOUTH AMERICA, 06 = AUSTRALIA, 07 = AFRICA, 08 = CENTRAL AMERICA, 09 = UNKNOWN**
Deployment Location	**TEXT FIELD**
Country	**TEXT FIELD**
Name of Operation	**TEXT FIELD**
Medical threat debriefing completed	**Y = YES, N = NO, X = N/A**
Medical information sheet distributed	**Y = YES, N = NO, X = N/A**
Post-Deployment serum specimen collected	**Y = YES, N = NO, X = N/A**

Would you say your health in general is:	E = EXCELLENT, V = VERY GOOD, G = GOOD, F = FAIR, P = POOR
Do you have any medical or dental problems?	Y = YES, N = NO
Are your currently on a profile, or light duty, or are you undergoing a medical board?	Y = YES, N = NO
Filler	Blanks
During the past year, have you sought counseling for your mental health?	Y = YES, N = NO
Do you currently have any questions or concerns about your health?	Y = YES, N = NO
Please list your concerns	TEXT FIELD
Do you concerns about possible exposures or events during this deployment that you feel may affect your health?	Y = YES, N = NO
Please list your concerns	TEXT FIELD
Member's Signature	MEMBER SIGNATURE, "Y", "N"
Referral indicated - none	Y = CHECKED, N = NOT CHECKED
Referral indicated - cardiac	Y = CHECKED, N = NOT CHECKED
Referral indicated - combat / operational stress reaction	Y = CHECKED, N = NOT CHECKED
Referral indicated - dental	Y = CHECKED, N = NOT CHECKED
Referral indicated - dermatologic	Y = CHECKED, N = NOT CHECKED
Referral indicated - ENT	Y = CHECKED, N = NOT CHECKED
Referral indicated - Eye	Y = CHECKED, N = NOT CHECKED
Referral indicated - Family Problems	Y = CHECKED, N = NOT CHECKED
Referral indicated - Fatigue, Malaise, Multisystem complaint	Y = CHECKED, N = NOT CHECKED
Referral indicated - GI	Y = CHECKED, N = NOT CHECKED
Referral indicated - GU	Y = CHECKED, N = NOT CHECKED
Referral indicated - GYN	Y = CHECKED, N = NOT CHECKED
Referral indicated - Mental Health	Y = CHECKED, N = NOT CHECKED
Referral indicated - Neurologic	Y = CHECKED, N = NOT CHECKED
Referral indicated - Orthopedic	Y = CHECKED, N = NOT CHECKED
Referral indicated - Pregnancy	Y = CHECKED, N = NOT CHECKED
Referral indicated - Pulmonary	Y = CHECKED, N = NOT CHECKED
Referral indicated - Other	Y = CHECKED, N = NOT CHECKED
Referral indicated - Other Text	TEXT FIELD
Exposure concerns environmental	Y = CHECKED, N = NOT CHECKED
Exposure concerns occupational	Y = CHECKED, N = NOT CHECKED
Exposure concerns combat or mission related	Y = CHECKED, N = NOT CHECKED
Exposure concerns none	Y = CHECKED, N = NOT CHECKED
Provider's Signature	PROVIDER SIGNATURE, "Y", "N"
Provider's Signature Date	DATE PROVIDER SIGNS, YYYYMMDD FORMAT
Comments	TEXT FIELD

Zip code of location where form is filled out

Type of Form	POST
DOD Form Number	DD2796_200304
Social Security Number	999999999
Last Name	TEXT FIELD
First Name	TEXT FIELD
Middle Initial	TEXT FIELD
Today's Date (date on form)	YYYYMMDD FORMAT
Name of Unit or Ship during Deployment	TEXT FIELD
Date of Birth	YYYYMMDD FORMAT
Date of arrival in theater	YYYYMMDD FORMAT
Date of departure from theater	YYYYMMDD FORMAT
Sex	M = MALE, F = FEMALE
Service	A = ARMY, F = AIR FORCE, C = COAST GUARD, M = MARINES, N = NAVY, Z = OTHER/UNKNOWN
Component	A = ACTIVE DUTY, N = NATIONAL GUARD, R = RESERVES, X = CIVILIAN GOV EMPLOYEE
Pay Grade	E01 = E1, E02 = E2, E03 = E3, E04 = E4, E05 = E5, E06 = E6, E07 = E7, E08 = E8, E09 = E9, O01 = O1, O02 = 02, O03 = O3, O04 = O4, O05 = O5, O06 = O6, O07 = O7, O08 = O8, O09 = O9, O10 = O10, W01 = W1, W02 = W2, W03 = W3, W04 = W4, W05 = W5, ZZZ = OTHER
Location of Operation	01 = EUROPE, 02 = SW ASIA, 03 = SE ASIA, 04 = ASIA (OTHER), 05 = SOUTH AMERICA, 06 = AUSTRALIA, 07 = AFRICA, 08 = CENTRAL AMERICA, 09 = UNKNOWN, 10 = NORTH AMERICA, 11 = OTHER
Location of Operation Other Text	TEXT FIELD
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD

Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Mainly deployed?	Y = CHECKED, N = NOT CHECKED
Where?	TEXT FIELD
Date Arrived	YYYYMMDD FORMAT
Name of Operation	TEXT FIELD
Medical threat debriefing completed	Y = YES, N = NO, X = N/A
Medical information sheet distributed	Y = YES, N = NO, X = N/A
Post-Deployment serum specimen collected	Y = YES, N = NO, X = N/A
Occupational specialty	MOS, NEC, AFSC
Combat specialty	TEXT FIELD
Did your health change during this deployment?	N = HEALTH STAYED SAME OR GOT BETTER, Y = HEALTH GOT WORSE
How many time were you seen in sick call during this deployment?	2-DIGIT NUMBER
Did you have to spend one or more nights in a hospital as a patient during this deployment?	Y = YES, N = NO
Yes, reason/dates	TEXT FIELD
Received small pox vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Received anthrax vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Received botulism vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Received typhoid vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Received meningococcal vaccination just before or duing deployment	Y = CHECKED, N = NOT CHECKED
Received other vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Explanation of other vaccination	TEXT FIELD
Don't know if received any vaccinations before or during deployment	Y = CHECKED, N = NOT CHECKED
Received no vaccinations before or during deployment	Y = CHECKED, N = NOT CHECKED
Took PB during deployment	Y = CHECKED, N = NOT CHECKED
Took Mark-1 during deployment	Y = CHECKED, N = NOT CHECKED
Took anti-malaria pills during deployment	Y = CHECKED, N = NOT CHECKED
Took pills to stay awake during deployment	Y = CHECKED, N = NOT CHECKED
Took other medications during deployment	Y = CHECKED, N = NOT CHECKED
Explanation of other medications	TEXT FIELD

Did you take this medication during this deployment?	Y = CHECKED, N = NOT CHECKED
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not have this symptom	1 = NO, 2 = YES DURING, 3 = YES NOW, 4 = YES DURING AND YES NOW
Did not see anyone wounded, killed or dead during deployment	Y = CHECKED, N = NOT CHECKED
Saw coalition member wounded, killed or dead during deployment	Y = CHECKED, N = NOT CHECKED
Saw enemy wounded, killed, or dead during deployment	Y = CHECKED, N = NOT CHECKED

Saw civilian wounded, killed, or dead during deployment	Y = CHECKED, N = NOT CHECKED
Did not discharge weapon	N = NO, Y = YES
Discharged weapon from land	Y = CHECKED, N = NOT CHECKED
Discharged weapon from sea	Y = CHECKED, N = NOT CHECKED
Dischared weapon from air	Y = CHECKED, N = NOT CHECKED
During this deployment, did you ever feel that you were in great danger of being killed?	Y = YES, N = NO
Are you currently interested in receiving help for a stress, emotional, alcohol, or family problem?	Y = YES, N = NO
Over last 2 weeks had little interest or pleasure in doing things	N = NONE, S = SOME, A = A LOT
Over last 2 weeks feeling down, depressed, or hopeless	N = NONE, S = SOME, A = A LOT
Over last 2 weeks thoughts that you would be better off dead or hurting yourself in some way.	N = NONE, S = SOME, A = A LOT
Past month had nightmares or thoughts when Did not want to	Y = YES, N = NO
Past month, tried hard NOT to think about it or avoided situations	Y = YES, N = NO
Past month, constantly on guard, watchful or easily startled	Y = YES, N = NO
Past month, felt numb, detached from others, activities, or surroundings	Y = YES, N = NO
Thoughts or concerns about serious conflicts with spouse, family, or friends	Y = YES, N = NO, Z = UNSURE
Thoughts or concerns about hurting or losing control with someone	Y = YES, N = NO, Z = UNSURE
Exposed to DEET	N = NO, S = SOMETIMES, O = OFTEN
Exposed to pesticide treated uniforms	N = NO, S = SOMETIMES, O = OFTEN
Exposed to environmental pesticides	N = NO, S = SOMETIMES, O = OFTEN
Exposed to flea or tick collars	N = NO, S = SOMETIMES, O = OFTEN
Exposed to pesticide strips	N = NO, S = SOMETIMES, O = OFTEN
Exposed to smoke from oil fires	N = NO, S = SOMETIMES, O = OFTEN
Exposed to smoke from burning trash or feces	N = NO, S = SOMETIMES, O = OFTEN
Exposed to vehicle or truch exhaust fumes	N = NO, S = SOMETIMES, O = OFTEN
Exposed to tent heater smoke	N = NO, S = SOMETIMES, O = OFTEN
Exposed to JP8 or other fuels	N = NO, S = SOMETIMES, O = OFTEN
Exposed to fog oils	N = NO, S = SOMETIMES, O = OFTEN
Exposed to solvents	N = NO, S = SOMETIMES, O = OFTEN
Exposed to paints	N = NO, S = SOMETIMES, O = OFTEN
Exposed to ionizing radiation	N = NO, S = SOMETIMES, O = OFTEN
Exposed to radar/microwave	N = NO, S = SOMETIMES, O = OFTEN
Exposed to lasers	N = NO, S = SOMETIMES, O = OFTEN
Exposed to loud noises	N = NO, S = SOMETIMES, O = OFTEN
Exposed to excessive vibration	N = NO, S = SOMETIMES, O = OFTEN

Exposed to industrial pollution	N = NO, S = SOMETIMES, O = OFTEN
Exposed to sand/dust	N = NO, S = SOMETIMES, O = OFTEN
Exposted to depleted uranium	N = NO, S = SOMETIMES, O = OFTEN
Explanation of exposure to depleted uranium	TEXT FIELD
Other exposures	N = NO, S = SOMETIMES, O = OFTEN
Explanation of other exposures	TEXT FIELD
How many days did your wear your MOPP over garments?	2-DIGIT NUMBER
How many times did you put on your gas masks because of alerts, NOT exercises?	2-DIGIT NUMBER
Were you in or did you enter or closely inspect any destroyed military vehicles?	Y = YES, N = NO
Do you think you were exposed to any chemical, biological, or radiological warfare agents?	Y = YES, N = NO, Z = DON'T KNOW
If exposed, explain with date and location	TEXT FIELD
Would you say your health in general is:	E = EXCELLENT, V = VERY GOOD, G = GOOD, F = FAIR, P = POOR
Do you have any medical or dental problems?	Y = YES, N = NO
Are your currently on a profile, or light duty, or are you undergoing a medical board?	Y = YES, N = NO
Filler	Blanks
During the past year, have you sought counseling for your mental health?	Y = YES, N = NO
Do you currently have any questions or concerns about your health?	Y = YES, N = NO
Please list your concerns	TEXT FIELD
Do you concerns about possible exposures or events during this deployment that you feel may affect your health?	Y = YES, N = NO
Please list your concerns	TEXT FIELD
Filler	Blanks
Referral indicated - none	Y = CHECKED, N = NOT CHECKED
Referral indicated - cardiac	Y = CHECKED, N = NOT CHECKED
Referral indicated - combat / operational stress reaction	Y = CHECKED, N = NOT CHECKED
Referral indicated - dental	Y = CHECKED, N = NOT CHECKED
Referral indicated - dermatologic	Y = CHECKED, N = NOT CHECKED
Referral indicated - ENT	Y = CHECKED, N = NOT CHECKED
Referral indicated - Eye	Y = CHECKED, N = NOT CHECKED
Referral indicated - Family Problems	Y = CHECKED, N = NOT CHECKED
Referral indicated - Fatigue, Malaise, Multisystem complaint	Y = CHECKED, N = NOT CHECKED
Referral indicated - Audiology	Y = CHECKED, N = NOT CHECKED
Referral indicated - GI	Y = CHECKED, N = NOT CHECKED
Referral indicated - GU	Y = CHECKED, N = NOT CHECKED
Referral indicated - GYN	Y = CHECKED, N = NOT CHECKED

Referral indicated - Mental Health	Y = CHECKED, N = NOT CHECKED
Referral indicated - Neurologic	Y = CHECKED, N = NOT CHECKED
Referral indicated - Orthopedic	Y = CHECKED, N = NOT CHECKED
Referral indicated - Pregnancy	Y = CHECKED, N = NOT CHECKED
Referral indicated - Pulmonary	Y = CHECKED, N = NOT CHECKED
Referral indicated - Other	Y = CHECKED, N = NOT CHECKED
Referral indicated - Other Text	TEXT FIELD
Exposure concerns environmental	Y = CHECKED, N = NOT CHECKED
Exposure concerns occupational	Y = CHECKED, N = NOT CHECKED
Exposure concerns combat or mission related	Y = CHECKED, N = NOT CHECKED
Exposure concerns none	Y = CHECKED, N = NOT CHECKED
Provider's Signature	PROVIDER SIGNATURE, "Y", "N"
Provider's Signature Date	DATE PROVIDER SIGNS, YYYYMMDD FORMAT
Comments	TEXT FIELD
Zip code of location where form is filled out	
Type of Form	POST
DOD Form Number	DD2796_200801, pad with two whitespaces to the right
Social Security Number	NNNNNNNNN
Last Name	TEXT FIELD
First Name	TEXT FIELD
Middle Initial	TEXT FIELD
Today's Date (date on form)	YYYYMMDD, <=SYSDATE
Date of Birth	YYYYMMDD, <=SYSDATE
Gender	M=Male, F=female, blank=not marked
Name of Unit or Ship during Deployment	TEXT FIELD
Service	A = ARMY, F = AIR FORCE, C = COAST GUARD, M = MARINES, N = NAVY, X=CIVILIAN/GS, Z = OTHER, Blank=Not marked
Component	A = ACTIVE DUTY, N = NATIONAL GUARD, R = RESERVES, X = CIVILIAN GOV EMPLOYEE, Z=other, Blank=Not marked
Pay Grade	E01 = E1, E02 = E2, E03 = E3, E04 = E4, E05 = E5, E06 = E6, E07 = E7, E08 = E8, E09 = E9, O01 = O1, O02 = 02, O03 = O3, O04 = O4, O05 = O5, O06 = O6, O07 = O7, O08 = O8, O09 = O9, O10 = O10, W01 = W1, W02 = W2, W03 = W3, W04 = W4, W05 = W5, ZZZ = OTHER, Blank=Not marked
Date of arrival in theater	YYYYMMDD <= SYSDATE and D_DEPART
Date of departure from theater	YYYYMMDD, >= D_ARRIVAL
Name of Operation	TEXT FIELD
Country 1	Two character FIPS 10 country code
Months in country 1	NN
Country 2	Two character FIPS 10 country code
Months in country 2	NN

Country 3	Two character FIPS 10 country code
Months in country 3	NN
Country 4	Two character FIPS 10 country code
Months in country 4	NN
Country 5	Two character FIPS 10 country code
Months in country 5	NN
Occupational specialty	TEXT FIELD
Specialty during deployment	TEXT FIELD
Current Phone	TEXT FIELD
Current Cell Phone	TEXT FIELD
Current DSN	TEXT FIELD
Current Email	TEXT FIELD
Current Address	TEXT FIELD
Current CITY	TEXT FIELD
Current STATE	TEXT FIELD
Current ZIP Code	TEXT FIELD
POC Name	TEXT FIELD
POC Phone	TEXT FIELD
POC Email	TEXT FIELD
POC Address	TEXT FIELD
POC CITY	TEXT FIELD
POC STATE	TEXT FIELD
POC ZIP Code	TEXT FIELD
How wold you rate your health during the past month:	E = EXCELLENT, V = VERY GOOD, G = GOOD, F = FAIR, P = POOR, Blank=not marked
Compared to before this deployment, how would you rate your health in general now??	0 = Much better now than before I deployed, 1 = Somewhat better now than before I deployed, 2 = About the same as before I deployed, 3 = Somewhat worse now than before I deployed, 4 = Much worse now than before I deployed, Blank=not marked
During the past 4 weeks, how difficult have physical problems made it for you to do your work?	N = not difficult at all, S = somewhat difficult, V = very difficult, E = extremely difficult, Blank=not marked
During the past 4 weeks, how difficult have emotional problems made it for you to do your work?	N = not difficult at all, S = somewhat difficult, V = very difficult, E = extremely difficult, Blank=not marked
How many time were you seen in sick call during this deployment?	NN
Did you have to spend one or more nights in a hospital as a patient during this deployment?	Y = YES, N = NO, blank=Not marked
Yes, reason/dates	TEXT FIELD
Wounded, Injured or Assaulted during deployment	Y = YES, N = NO, blank=Not marked
Current problems related to being Wounded, Injured or Assaulted during deployment	Y = YES, N = NO, Z = Unsure, blank = not marked
Went to sick call - FEVER	Y = YES, N = NO, blank=Not marked
Given quarters or profile - FEVER	Y = YES, N = NO, blank=Not marked
Still bothered - FEVER	Y = YES, N = NO, blank=Not marked

Went to sick call - COUGH	Y = YES, N = NO, blank=Not marked
Given quarters or profile - COUGH	Y = YES, N = NO, blank=Not marked
Still bothered - COUGH	Y = YES, N = NO, blank=Not marked
Went to sick call - BREATHING	Y = YES, N = NO, blank=Not marked
Given quarters or profile - BREATHING	Y = YES, N = NO, blank=Not marked
Still bothered - BREATHING	Y = YES, N = NO, blank=Not marked
Went to sick call - HEADACHE	Y = YES, N = NO, blank=Not marked
Given quarters or profile - HEADACHE	Y = YES, N = NO, blank=Not marked
Still bothered - HEADACHE	Y = YES, N = NO, blank=Not marked
Went to sick call - WEAKNESS	Y = YES, N = NO, blank=Not marked
Given quarters or profile - WEAKNESS	Y = YES, N = NO, blank=Not marked
Still bothered - WEAKNESS	Y = YES, N = NO, blank=Not marked
Went to sick call - MUSCLE	Y = YES, N = NO, blank=Not marked
Given quarters or profile - MUSCLE	Y = YES, N = NO, blank=Not marked
Still bothered - MUSCLE	Y = YES, N = NO, blank=Not marked
Went to sick call - JOINTS	Y = YES, N = NO, blank=Not marked
Given quarters or profile - JOINTS	Y = YES, N = NO, blank=Not marked
Still bothered - JOINTS	Y = YES, N = NO, blank=Not marked
Went to sick call - BACK_PAIN	Y = YES, N = NO, blank=Not marked
Given quarters or profile - BACK PAIN	Y = YES, N = NO, blank=Not marked
Still bothered - BACK PAIN	Y = YES, N = NO, blank=Not marked
Went to sick call - NUMBNESS	Y = YES, N = NO, blank=Not marked
Given quarters or profile - NUMBNESS	Y = YES, N = NO, blank=Not marked
Still bothered - NUMBNESS	Y = YES, N = NO, blank=Not marked
Went to sick call - HEARING	Y = YES, N = NO, blank=Not marked
Given quarters or profile - HEARING	Y = YES, N = NO, blank=Not marked
Still bothered - HEARING	Y = YES, N = NO, blank=Not marked
Went to sick call - RINGING	Y = YES, N = NO, blank=Not marked
Given quarters or profile - RINGING	Y = YES, N = NO, blank=Not marked
Still bothered - RINGING	Y = YES, N = NO, blank=Not marked
Went to sick call - TEARING	Y = YES, N = NO, blank=Not marked
Given quarters or profile - TEARING	Y = YES, N = NO, blank=Not marked
Still bothered - TEARING	Y = YES, N = NO, blank=Not marked
Went to sick call - VISION	Y = YES, N = NO, blank=Not marked
Given quarters or profile - VISION	Y = YES, N = NO, blank=Not marked
Still bothered - VISION	Y = YES, N = NO, blank=Not marked
Went to sick call - CHEST PAIN	Y = YES, N = NO, blank=Not marked
Given quarters or profile - CHEST PAIN	Y = YES, N = NO, blank=Not marked
Still bothered - CHEST PAIN	Y = YES, N = NO, blank=Not marked
Went to sick call - DIZZY	Y = YES, N = NO, blank=Not marked
Given quarters or profile - DIZZY	Y = YES, N = NO, blank=Not marked
Still bothered - DIZZY	Y = YES, N = NO, blank=Not marked
Went to sick call - DIARRHEA	Y = YES, N = NO, blank=Not marked
Given quarters or profile - DIARRHEA	Y = YES, N = NO, blank=Not marked
Still bothered - DIARRHEA	Y = YES, N = NO, blank=Not marked
Went to sick call - VOMITTING	Y = YES, N = NO, blank=Not marked
Given quarters or profile - VOMITTING	Y = YES, N = NO, blank=Not marked
Still bothered - VOMITTING	Y = YES, N = NO, blank=Not marked
Went to sick call - HEARTBURN	Y = YES, N = NO, blank=Not marked

Given quarters or profile - HEARTBURN	Y = YES, N = NO, blank=Not marked
Still bothered - HEARTBURN	Y = YES, N = NO, blank=Not marked
Went to sick call - TIRED	Y = YES, N = NO, blank=Not marked
Given quarters or profile - TIRED	Y = YES, N = NO, blank=Not marked
Still bothered - TIRED	Y = YES, N = NO, blank=Not marked
Went to sick call - CONCENTRATION	Y = YES, N = NO, blank=Not marked
Given quarters or profile - CONCENTRATION	Y = YES, N = NO, blank=Not marked
Still bothered - CONCENTRATION	Y = YES, N = NO, blank=Not marked
Went to sick call - MEMORY	Y = YES, N = NO, blank=Not marked
Given quarters or profile - MEMORY	Y = YES, N = NO, blank=Not marked
Still bothered - MEMORY	Y = YES, N = NO, blank=Not marked
Went to sick call - DECISION MAKING	Y = YES, N = NO, blank=Not marked
Given quarters or profile - DECISION MAKING	Y = YES, N = NO, blank=Not marked
Still bothered - DECISION MAKING	Y = YES, N = NO, blank=Not marked
Went to sick call - IRRITABILITY	Y = YES, N = NO, blank=Not marked
Given quarters or profile - IRRITABILITY	Y = YES, N = NO, blank=Not marked
Still bothered - IRRITABILITY	Y = YES, N = NO, blank=Not marked
Went to sick call - RASH	Y = YES, N = NO, blank=Not marked
Given quarters or profile - RASH	Y = YES, N = NO, blank=Not marked
Still bothered - RASH	Y = YES, N = NO, blank=Not marked
Went to sick call - OTHER	Y = YES, N = NO, blank=Not marked
Given quarters or profile - OTHER	Y = YES, N = NO, blank=Not marked
Still bothered - OTHER	Y = YES, N = NO, blank=Not marked
	TEXT FIELD
Experienced blast	Y = YES, N = NO, blank=Not marked
Experienced MVA	Y = YES, N = NO, blank=Not marked
Experienced fragment or bullet wound above shoulder	Y = YES, N = NO, blank=Not marked
Experienced fall	Y = YES, N = NO, blank=Not marked
Experienced other event	Y = YES, N = NO, blank=Not marked
Experienced other event text	TEXT FIELD
Immediately after event - LOC	Y = YES, N = NO, blank=Not marked
Immediately after event - DAZED	Y = YES, N = NO, blank=Not marked
Immediately after event - MEMORY LOSS	Y = YES, N = NO, blank=Not marked
Immediately after event - CONCUSSION	Y = YES, N = NO, blank=Not marked
Immediately after event - HEAD INJURY	Y = YES, N = NO, blank=Not marked
Post event memory lapses	Y = YES, N = NO, blank=Not marked
Post event diziness	Y = YES, N = NO, blank=Not marked
Post event ringing in the ears	Y = YES, N = NO, blank=Not marked
Post event photosensitivity	Y = YES, N = NO, blank=Not marked
Post event irritability	Y = YES, N = NO, blank=Not marked
Post event headaches	Y = YES, N = NO, blank=Not marked
Post event sleep problems	Y = YES, N = NO, blank=Not marked
Past week memory lapses	Y = YES, N = NO, blank=Not marked

Past week dizziness	Y = YES, N = NO, blank=Not marked
Past week ringing in the ears	Y = YES, N = NO, blank=Not marked
Pask week photosensitivity	Y = YES, N = NO, blank=Not marked
Past week irritability	Y = YES, N = NO, blank=Not marked
Past week headaches	Y = YES, N = NO, blank=Not marked
Past week sleep problems	Y = YES, N = NO, blank=Not marked
Did you encounter/see killed or wounded?	Y = YES, N = NO, blank=Not marked
Saw coalition member wounded, killed or dead during deployment	Y = CHECKED, N = NOT CHECKED
Saw enemy wounded, killed, or dead during deployment	Y = CHECKED, N = NOT CHECKED
Saw civilian wounded, killed, or dead during deployment	Y = CHECKED, N = NOT CHECKED
Discharged weapon	Y = YES, N = NO, blank=Not marked
Discharged weapon from land	Y = CHECKED, N = NOT CHECKED
Discharged weapon from sea	Y = CHECKED, N = NOT CHECKED
Dischared weapon from air	Y = CHECKED, N = NOT CHECKED
During this deployment, did you ever feel that you were in great danger of being killed?	Y = YES, N = NO, blank=Not marked
Past month had nightmares or thoughts when Did not want to	Y = YES, N = NO, blank=Not marked
Past month, tried hard NOT to think about it or avoided situations	Y = YES, N = NO, blank=Not marked
Past month, constantly on guard, watchful or easily startled	Y = YES, N = NO, blank=Not marked
Past month, felt numb, detached from others, activities, or surroundings	Y = YES, N = NO, blank=Not marked
Over past month had little interest or pleasure in doing things	0 = Not at all, 1 = Few or several days, 2 = More than half the days, 3 = Nearly every-day, blank=Not marked
Over past month feeling down, depressed, or hopeless	1 = Not at all, 1 = Few or several days, 2 = More than half the days, 3 = Nearly every-day, blank=Not marked
Use Alcohol more than meant to	Y = YES, N = NO, blank=Not marked
Felt or wanted to cut down alcohol consumption	Y = YES, N = NO, blank=Not marked
How often do you..	0=never,1=monthly or less, 2 = 2-4 times per month,3=2-3 times per week, 4=4or more times per week, blank=not marked
how many drink on a typical day	0=1-2,1=3-4,2=5-6,3=7-9,4=10 or more, blank=not marked
how often six or more drinks	0=never, 1= less than monthly, 2=monthly,3=weekly,4=daily, blank=not marked
Exposed to animal bites	Y = CHECKED, N = NOT CHECKED
Exposed to animal bodies	Y = CHECKED, N = NOT CHECKED
Exposed to chlorine gas	Y = CHECKED, N = NOT CHECKED
Exposted to depleted uranium	Y = CHECKED, N = NOT CHECKED

Explanation of exposure to depleted uranium	TEXT FIELD
Exposed to excessive vibration	Y = CHECKED, N = NOT CHECKED
Exposed to fog oils	Y = CHECKED, N = NOT CHECKED
Exposed to garbage	Y = CHECKED, N = NOT CHECKED
Exposed to human bodies	Y = CHECKED, N = NOT CHECKED
Exposed to industrial pollution	Y = CHECKED, N = NOT CHECKED
Exposed to insect bites	Y = CHECKED, N = NOT CHECKED
Exposed to ionizing radiation	Y = CHECKED, N = NOT CHECKED
Exposed to JP8 or other fuels	Y = CHECKED, N = NOT CHECKED
Exposed to lasers	Y = CHECKED, N = NOT CHECKED
Exposed to loud noises	Y = CHECKED, N = NOT CHECKED
Exposed to paints	Y = CHECKED, N = NOT CHECKED
Exposed to environmental pesticides	Y = CHECKED, N = NOT CHECKED
Exposed to radar/microwave	Y = CHECKED, N = NOT CHECKED
Exposed to sand/dust	Y = CHECKED, N = NOT CHECKED
Exposed to smoke from burning trash or feces	Y = CHECKED, N = NOT CHECKED
Exposed to smoke from oil fires	Y = CHECKED, N = NOT CHECKED
Exposed to solvents	Y = CHECKED, N = NOT CHECKED
Exposed to tent heater smoke	Y = CHECKED, N = NOT CHECKED
Exposed to vehicle or truch exhaust fumes	Y = CHECKED, N = NOT CHECKED
Other exposures	Y = CHECKED, N = NOT CHECKED
Explanation of other exposures	TEXT FIELD
Were you exposed to any chemical or hazard requiring immediate care?	Y = YES, N = NO, blank=not checked
Were you in or did you enter or closely inspect any destroyed military vehicles?	Y = YES, N = NO, blank=not checked
Do you think you were exposed to any chemical, biological, or radiological warfare agents?	Y = YES, N = NO, Z = DON'T KNOW, blank=not checked
If exposed, explain with date and location	TEXT FIELD
Indoor contact with local nationals	1=None,2=Minimal,3=Moderate,4=Extensive, blank=not answered
Used during deployment - DEET	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - PESTICIDE TREATED UNIFORMS	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - EYE PROTECTION	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - HEARING PROTECTION	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - RESPIRATOR	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered

Used during deployment - AWAKE MEDS	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - NBC MEDS	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - PYRIDOSTIGMINE	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - NERVE AGENT ANTIDOTE	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - SEIZURE ANTIDOTE	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - NBC MASK	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Used during deployment - MOPP	1=Daily,2=Most days,3=Some Days,4=never,5=not available,6=not required, blank=not answered
Received small pox vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Received anthrax vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Received botulism vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Received typhoid vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Received meningococcal vaccination just before or duing deployment	Y = CHECKED, N = NOT CHECKED
Received typhoid vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Received other vaccination just before or during deployment	Y = CHECKED, N = NOT CHECKED
Explanation of other vaccination	TEXT FIELD
Received no vaccinations before or during deployment	Y = CHECKED, N = NOT CHECKED
Don't know if received any vaccinations before or during deployment	Y = CHECKED, N = NOT CHECKED
Told to take malaria meds	Y = YES, N = NO, blank=not checked
Took all chloroquine	Y = YES, N = NO, blank=not checked
Took all doxyxycline	Y = YES, N = NO, blank=not checked
Took all mefloquine	Y = YES, N = NO, blank=not checked
Took all primaquine	Y = YES, N = NO, blank=not checked
Took all other antimalarial	Y = YES, N = NO, blank=not checked
Other antimalarial text	TEXT FIELD
Would like to schedule healthcare visit	Y = YES, N = NO, blank=not checked
Interested receiving info for stress	Y = YES, N = NO, blank=not checked
Interested in assistance with Family	Y = YES, N = NO, blank=not checked

Interesrted in seeing Chaplain	Y = YES, N = NO, blank=not checked
Do you have any medical or dental problems?	Y = YES, N = NO, blank=not checked
Do you have any CURRENT medical or dental problems?	Y = YES, N = NO, blank=not checked
Are your currently on a profile, or light duty, or are you undergoing a medical board?	Y = YES, N = NO, blank=not checked
Reason for the profile	P=general physical,U=upper extremity,L=lower extremity,H=hearing,E=vision,S=psychiatric, blank - not answered
Condition due to injury or illness during deployment?	Y = YES, N = NO, X = NA, blank=not answered
Similar problems prior to deployment?	Y = YES, N = NO, X = NA, blank=not answered
Condition worsen during the deployment?	Y = YES, N = NO, X = NA, blank=not answered
Over last month, thoughts that you would be better off dead or hurting yourself in some way.	Y = YES, N = NO, blank=not checked
How often bothered by thoughts that you would be better off dead or hurting yourself in some way.	0 = A few days, 1 = More than half of the time, 2 = Nearly every day, blank=not answered
Thoughts or concerns about hurting or losing control with someone	Y = YES, N = NO, Z = UNSURE, blank=not answered
Provider determined risk to hurt self/others	Y = YES, N = NO, Z = UNSURE, blank=not answered
Outcome of Assessment	0 = Immediate referral, 1 = Routine follow-up referral, 2 = Referral not indicated, blank=not answered
Alchohol screening result	0=no evidence, 1=Potential ETOH problem + Refer to PCM, 2= Potential ETOH problem No PCM referral, 3=Potential ETOH Problem and referral not checked, blank=not answered
During the past year, have you sought counseling for your mental health?	Y = YES, N = NO, blank=not checked
Traumatic brain injury risk	0=no evidence, 1=Potential TBI problem + Refer , 2= Potential TBI problem + No referral, 3=Potential TBI Problem + referral not checked, blank=TBI question not answered
Tuberculosis risk	0=minimal, 1=increased +TST recommended, 2=increased + TST not recommended, 3=Increased risk+ TST not answered, blank=Not answered
Depleted uranium risk	0=no evidence, 1=Potential DU problem + Refer , 2= Potential DU problem + No referral, 3=Potential DU Problem + referral not checked, blank=DU question not answered
Do you concerns about possible exposures or events during this deployment that you feel may affect your health?	Y = YES, N = NO, blank=not checked
Please list your concerns	TEXT FIELD

Do you currently have any questions or concerns about your health?	Y = YES, N = NO, blank=not checked
Please list your concerns	TEXT FIELD
Provider identified concern - PHYSICAL	0 = minor, 1 = major, blank=not answered
Provider identified concern - EXPOSURE	0 = minor, 1 = major, blank=not answered
Provider identified concern - ENVIRONMENTAL	0 = minor, 1 = major, blank=not answered
Provider identified concern - OCCUPATIONAL	0 = minor, 1 = major, blank=not answered
Provider identified concern - COMBAT	0 = minor, 1 = major, blank=not answered
Provider identified concern - DEPRESION	0 = minor, 1 = major, blank=not answered
Provider identified concern - PTSD	0 = minor, 1 = major, blank=not answered
Provider identified concern - ANGER	0 = minor, 1 = major, blank=not answered
Provider identified concern - SUICIDE	0 = minor, 1 = major, blank=not answered
Provider identified concern - FAMILY	0 = minor, 1 = major, blank=not answered
Provider identified concern - ETOH	0 = minor, 1 = major, blank=not answered
Provider identified concern - OTHER	0 = minor, 1 = major, blank=not answered
Provider identified concerns other text	TEXT FIELD
Under care for PHYSICAL	Y = YES, N = NO, blank=not checked
Under care for EXP	Y = YES, N = NO, blank=not checked
Under care for ENV	Y = YES, N = NO, blank=not checked
Under care for OCC	Y = YES, N = NO, blank=not checked
Under care for COMBAT	Y = YES, N = NO, blank=not checked
Under care for DEPRESSION	Y = YES, N = NO, blank=not checked
Under care for PTSD	Y = YES, N = NO, blank=not checked
Under care for ANGER	Y = YES, N = NO, blank=not checked
Under care for SUICIDE	Y = YES, N = NO, blank=not checked
Under care for FAMILY	Y = YES, N = NO, blank=not checked
Under care for ETOH	Y = YES, N = NO, blank=not checked
Under care for OTHER	Y = YES, N = NO, blank=not checked
Referral time - PRIMARY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - MENTAL PRIMARY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - MENTAL SPECIAL	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - AUDIOLOGY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - CARDIAC	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - DENTISTRY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - DERMATOLOGIC	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - ENT	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - GI	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - INTERNAL MEDICINE	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered

Referral time - NEUROLOGY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral tme - GYN	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - OPHTHALMOLOGY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - OPTOMETRY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - ORTHO	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - PULMONARY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - UROLOGY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - CASE MANAGER	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - SUBSTANCE ABUSE	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - HEALTH EDUCATION	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - CHAPLAIN	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - FAMILY	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - MILITARY ONESOURCE	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral time - OTHER	0=within 24hrs,1=within 7 days, 2=within 30 days, blank=not answered
Referral other text	TEXT FIELD
No referral	Y = CHECKED, N = NOT CHECKED
Comments	TEXT FIELD
Provider's Signature	PROVIDER SIGNATURE, "Y", "N"
Provider's Signature Date	DATE PROVIDER SIGNS, YYYYMMDD FORMAT
Medical threat debriefing completed	Y = CHECKED, N = NOT CHECKED
Provided information for health education	Y = CHECKED, N = NOT CHECKED
Provided information for benefits	Y = CHECKED, N = NOT CHECKED
Provided information for appointment assistance	Y = CHECKED, N = NOT CHECKED
Member declined to complete form	Y = CHECKED, N = NOT CHECKED
Member declined interview	Y = CHECKED, N = NOT CHECKED
Member declined referral	Y = CHECKED, N = NOT CHECKED
LOD	Y = CHECKED, N = NOT CHECKED
Post-Deployment serum specimen collected	Y = CHECKED, N = NOT CHECKED
Provided OTHER	Y = CHECKED, N = NOT CHECKED
Provided OTHER_TEXT	TEXT FIELD
Referred to MTF	Y = CHECKED, N = NOT CHECKED
Referred to Division/Line	Y = CHECKED, N = NOT CHECKED
Referred to VA	Y = CHECKED, N = NOT CHECKED
Referred to Vet	Y = CHECKED, N = NOT CHECKED
Referred to TRICARE	Y = CHECKED, N = NOT CHECKED

Referred to Contractor	Y = CHECKED, N = NOT CHECKED
Referred to Contractor text	TEXT FIELD
Referred to COMMUNITY	Y = CHECKED, N = NOT CHECKED
Referred to COMMUNITY text	TEXT FIELD
Referred to OTHER	Y = CHECKED, N = NOT CHECKED
Referred to OTHER text	TEXT FIELD
Referred to NONE	Y = CHECKED, N = NOT CHECKED
Zip code of location where form is filled out	NNNNN, optional

FDM Comments	PII/HIPAA Sensitive	ADS Comment	Code Table Reference
	DI		
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