# ▼A Department of Veterans Affairs

## PERSIAN GULF REGISTRY CODE SHEET

| TT # 1 | 1. Use PTF Number Only | FACILITY NO. | | | SUFFIX | | |
|---|---|---|---|---|---|---|---|
| | | (2) | (3) | (4) | (5) | (6) | (7) |

### PART 1 (Phase I)

The information the veteran supplies may be disclosed outside the VA to Federal, State and local government agencies and National Health Organizations to assist in the development of programs for research purposes and other uses as stated in the "Notice of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974

INSTRUCTIONS: Please print. Use only one letter or number per block. If possible use black ballpoint or felt-tip pen. Shaded areas for VA use only. (DO NOT USE BLUE INK)

**2. LAST NAME (8-33)**

**3. FIRST NAME (34-48)**

**4. MIDDLE NAME (49-58)**

**5. TYPE (59)**

**6. SOCIAL SECURITY NUMBER (60-69)** (60)

**7. D.O.B. (Complete all blanks)**

| MO (70-71) | DAY (72-73) | YR (74-75) |

**8. ADDRESS (Street Name and Apartment Number, If applicable) 76-101**

**8A. CITY OR TOWN (102-127)**

**8B. COUNTY** | **STATE** | **8C. ZIP CODE (128-132)** | **8D. LEAVE BLANK (133) (134) (135) (138)** | **8E. COUNTY (137-139)** | **STATE (140-141)**

**9. RACE/ETHNICITY (Enter one code at right)** | 142

1=American Indian or Alaskan Native     3=Black, Not of Hispanic Origin     5=Hispanic
2=Asian or Pacific Islander                      4=White, Not of Hispanic Origin     6=Unknown

**10. MARITAL STATUS (Enter one code at right)** | 143

1=Married     3=Separated     5=Single, Never Married
2=Divorced    4=Widowed

**11. SEX (Enter one code at right)** | 144

M=Male  F=Female

**12. CURRENT STATUS (Enter one code at right)** | 145

1= Inpatient       3=Incarcerated                    5. Active Duty (Inpatient)
2= Outpatient    4=Active Duty (Outpatient)

**13. BRANCH OF SERVICE (If more than one, enter latest Persian Gulf Service)** | 146

1=Army     3=Navy     5=Coast
2=Air Force  4=Marine  6=Other

**14. DID VETERAN HAVE MILITARY SERVICE IN PERSIAN GULF AREA?** | 147
Y=Yes (If "Yes", list below the dates of veteran's last two periods of service there)      N=No (If "No", Persian Gulf Veterans not eligible for PGR exam.)

| | | MO(148-149) | YR (150-151) | | MO(152-153) | YR (154-155) | | | MO(156-157) | YR (158-159) | | MO(160-161) | YR (162-163) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. LAST PERIOD | FROM | | | TO | | | B. NEXT TO LAST PERIOD | FROM | | | TO | | |

**15A. IN WHAT AREAS DID VETERAN SERVE?** (Enter appropriate code in block 164) | 164

1 = Combat Zone
2 = Other Land Area
3 = Sea Duty

**15B. IF OTHER SERVICE OR "DON'T KNOW"** (Enter appropriate code in block 164) | 165

4 = Other (Specify i.e. Air Force, Ground or Air Crew, etc.)
5 = Don't Know

**16. MILITARY UNITS AND MOS**

**16A. LIST MILITARY UNITS IN WHICH VETERAN SERVED.** PLEASE SPECIFY COMPLETE UNABBREVIATED TITLE. (Company, battalion, etc.)

**16B. LIST MILITARY OCCUPATIONAL SPECIALTY (MOS)**

**16C. WERE ACTUAL DUTIES DIFFERENT FROM MOS?** ENTER EITHER OF THE FOLLOWING CODES IN BLOCK 166 | 166

Y =Yes          N =No

**16D. IF YES, LIST HERE AND IN CONSOLIDATED HEALTH RECORD**

**16E. ENTER THE NAME OF THE UNIT IN WHICH VETERAN HAD THE LONGEST AND NEXT TO LONGEST PERIOD OF SERVICE WHILE IN THE PERSIAN GULF**

NOTE A&E: These units could be different from the one to which the veterans was assigned if veterans was on detached duty.

**17. ENTER THE DATES OF THE LAST TWO PERIODS OF SERVICE (If deferent from above)**

| | | MO(167-168) | YR (169-170) | | MO(171-172) | YR (173-174) | | | MO(175-176) | YR (177-178) | | MO(179-180) | YR(181-182) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. LAST PERIOD | FROM | | | TO | | | B. NEXT TO LAST PERIOD | FROM | | | TO | | |

| 18. VETERANS EXPOSURE TO ENVIRONMENTAL FACTORS (ENTER APPROPRIATE CODES) | | |
|---|---|---|
| 18A. ARE YOU CURRENTLY SMOKING CIGARETTES? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 183. IF NO, GO TO ITEM 18D. | Y=YES N=NO | (183) |
| 18B. IF YES, HOW MANY YEARS HAVE YOU BEEN SMOKING CIGARETTES? ENTER THE NUMBER OF YEARS IN BLOCK 184 AND 185. | | (184) (185) |
| 18C. ON THE AVERAGE HOW MANY PACKS ARE YOU SMOKING PER DAY? ENTER THE NUMBER OF PACKS IN BLOCKS 186 AND 187 | | (186) (187) |
| 18D. HAVE YOU SMOKED CIGARETTES IN THE PAST? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 188. IF NO, GO TO ITEM 18G. | Y=YES N=NO | (188) |
| 18E. IF YES, HOW MANY YEARS HAD YOU SMOKED? ENTER NUMBER OF YEARS IN BLOCKS 189 AND 190. | | (189) (190) |
| 18F. ON THE AVERAGE, HOW MANY PACKS DID YOU SMOKE PER DAY? ENTER THE NUMBER OF PACKS IN BLOCKS 191 AND 192. | | (191) (192) |
| 18G-Z1. WHILE IN THE PERSIAN GULF DO YOU BELIEVE YOU WERE EXPOSED TO ANY OF THE FOLLOW-ING. | | |
| 18G. SMOKE FROM OIL FIRES? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 193. | Y=YES N=NO U=UNKNOWN | (193) |
| 18H. SMOKE OR FUMES FROM TENT HEATERS? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 194. | Y=YES N=NO U=UNKNOWN | (194) |
| 18I. CIGARETTE SMOKE (PASSIVE) FROM OTHERS? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 195. | Y=YES N=NO U=UNKNOWN | (195) |
| 18J. DIESEL AND/OR OTHER PETROCHEMICAL FUMES? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 196. | Y=YES N=NO U=UNKNOWN | (196) |
| 18K. EXPOSURE TO BURNING TRASH/FECES? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 197. | Y=YES N=NO U=UNKNOWN | (197) |
| 18L. SKIN EXPOSURE TO DIESEL OR OTHER PETROCHEMICAL FUEL? ENTER ONE OF THE FOLLOW- | Y=YES N=NO U=UNKNOWN | (198) |
| 18M. CARC (CHEMICAL AGENT RESISTANT COMPOUND)? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 199. | Y=YES N=NO U=UNKNOWN | (199) |
| 18N. OTHER PAINTS AND/OR SOLVENTS AND/OR PETROCHEMICAL SUBSTANCES? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 200. | Y=YES N=NO U=UNKNOWN | (200) |
| 18O. DEPLETED URANIUM? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 201. | Y=YES N=NO U=UNKNOWN | (201) |
| 18P. MICROWAVES? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 202. | Y=YES N=NO U=UNKNOWN | (202) |
| 18Q. PERSONAL PESTICIDE USE, INCLUDING CREAMS, SPRAYS OR FLEA COLLARS? ENTER ONE OF | Y=YES N=NO U=UNKNOWN | (203) |
| 18R. NERVE GAS OR OTHER NERVE AGENTS? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 204. | Y=YES N=NO U=UNKNOWN | (204) |
| 18S. DRUG (PYRIDOSTIGMINE) USED TO PROTECT AGAINST NERVE AGENTS? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 205. | Y=YES N=NO U=UNKNOWN | (205) |
| 18T. MUSTARD GAS OR OTHER AGENTS? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 206. | Y=YES N=NO U=UNKNOWN | (206) |
| 18U. ATE OR DRANK FOOD CONTAMINATED WITH SMOKE, OIL OR OTHER CHEMICAL? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 207. | Y=YES N=NO U=UNKNOWN | (207) |

| | | |
|---|---|---|
| 18V. ATE FOOD OTHER THAN PROVIDED BY ARMED FORCES?  ENTER ONE OF THE FOLLOWING CODES | Y=YES N=NO U=UNKNOWN | (208) |
| 18W. BATHED IN OR DRANK WATER CONTAMINATED WITH SMOKE OR OTHER CHEMICAL? ENTER ONE OF THE FOLLOWING CODES IN BLOCK 209. | Y=YES N=NO U=UNKNOWN | (209) |
| 18X. BATHED IN WATER OTHER THAN PROVIDED BY ARMED FORCES?  ENTER ONE OF THE FOLLOW-ING CODES IN BLOCK 210. | Y=YES N=NO U=UNKNOWN | (210) |
| 18Y. IMMUNIZATION AGAINST ANTHRAX?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 211. | Y=YES N=NO U=UNKNOWN | (211) |
| 18Z. IMMUNIZATION AGAINST BOTULISM?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 212. | Y=YES N=NO U=UNKNOWN | (212) |

18Z1. OTHER EXPOSURES?  ENTER HERE AND IN CHR ONLY.

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_____
_____
_____
_____

**19. DID VETERAN HAVE ANY OF THE FOLLOWING EXPERIENCES WHILE IN THE PERSIAN GULF? ENTER APPROPRIATE CODE.**

| | |
|---|---|
| 19A. DID YOU EVER GO ON COMBAT PATROLS OR HAVE OTHER VERY DANGEROUS DUTY?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 213<br>    1 =NO   2=1-3X   3=4-12X   4=13-50X   5=51+TIMES | (213) |
| 19B. WERE YOU EVER UNDER ENEMY FIRE (INCLUDING "SCUDS")?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 214<br>    1 = NEVER   2=1 DAY   3=<1 WEEK   4=1-<4 WEEKS   5=4 WEEKS OR MORE | (214) |
| 19C. WHAT PERCENTAGE OF PEOPLE IN YOUR UNIT WERE KILLED (KIA), WOUNDED OR MISSING IN AC-TION (MIA), ENTER ONE OF THE FOLLOWING CODES IN BLOCK 215.<br>    1=NONE   2=1-25%   3=26-50%   4=51-75%   5=76% OR MORE | (215) |
| 19D. HOW OFTEN DID YOU SEE SOMEONE HIT BY INCOMING OR OUTGOING ROUNDS?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 216.<br>    1=NEVER   2=1-2X   3=3-12X   4=13-50X   5=51 OR MORE TIMES | (216) |
| 19E. HOW OFTEN WERE YOU IN DANGER OF BEING INJURED OR KILLED (I.E. PINNED DOWN, OVERRUN, AMBUSHED, NEAR MISS, ETC.)?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 217.<br>    1=NEVER   2=1-2X   3=3-12X   4=13-50X   5=51 OR MORE TIMES | (217) |
| 19F. DID YOU WITNESS CHEMICAL ALARMS?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 218.    Y=YES N=NO U=UNKNOWN | (218) |
| **20. VETERAN'S HEALTH (VETERAN'S EVALUATION)** | |
| 20A. WHICH BEST DESCRIBES VETERAN'S HEALTH AFTER PERSIAN GULF SERVICE?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 219.<br>    1=Very Good   2=Good   3=Fair   4=Poor   5=Very Poor | (219) |
| **21. VETERAN'S FUNCTIONAL IMPAIRMENT** | |
| 21A. WHICH BEST DESCRIBES VETERAN'S OWN ASSESSMENT OF FUNCTIONAL IMPAIRMENT?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 220<br>    1=NO IMPAIRMENT   2=SLIGHT IMPAIRMENT   3=MODERATE IMPAIRMENT   4=SEVERE IMPAIRMENT | (220) |

| | | |
|---|---|---|
| 21B. HOW MANY WORKDAYS WERE LOST BY VETERAN DUE TO ILLNESS IN THE PAST 90 DAYS?  ENTER NUMBER OF DAYS LOST IN BLOCKS 221-222. | (221) | (222) |

**22. EVIDENCE OF BIRTH DEFECTS AND INFANT DEATH(S) AMONG VETERAN'S CHILDREN AND PROB-LEMS WITH PREGNANCY AND INFERTILITY.**

| | | |
|---|---|---|
| 22A. HOW MANY CHILDREN DOES VETERAN HAVE?  ENTER NUMBER IN BLOCKS 223 AND 224.<br>    (I.E. 05).  IF NONE, LEAVE BLANK AND GO TO ITEM 22C. | (223) | (224) |

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| | | |
|---|---|---|
| **22B. HOW MANY OF THESE CHILDREN WERE BORN WITH BIRTH DEFECTS? (BIRTH DEFECTS ARE ANY STRUCTURAL, FUNCTIONAL, OR BIOCHEMICAL ABNORMALITY AT BIRTH WHETHER GE-NETICALLY DETERMINED OR INDUCED DURING GESTATION THAT IS NOT DUE TO INJURIES SUF-FERED DURING BIRTH.) ENTER NUMBER IN BLOCKS 225 AND 226. IF NONE, GO TO ITEM 22C.** | (225) | (226) |
| 22B1.HOW MANY OF THESE CHILDREN WERE CONCEIVED BEFORE GULF SERVICE?  ENTER THE NUM-BER OF CHILDREN IN BLOCKS 227 AND 228. IF NONE, LEAVE BLANK AND GO TO ITEM 22B2. | (227) | (228) |
| 22B1(a) STATE MATERNAL AGE AT CONCEPTION OF FIRST CHILD CONCEIVED BEFORE GULF SERVICE? ENTER AGE IN BLOCKS 229 AND 230. | (229) | (230) |
| 22B2.HOW MANY OF THESE CHILDREN WERE CONCEIVED DURING AND AFTER GULF SERVICE? EN-TER NUMBER IN BLOCK 231 AND 232. IF NONE, LEAVE BLANK AND GO TO ITEM 22C. | (231) | (232) |
| 22B2(a) STATE MATERNAL AGE AT CONCEPTION OF FIRST CHILD CONCEIVED DURING AND AFTER GULF SERVICE?  ENTER AGE IN BLOCKS 229 AND 230. | (233) | (234) |
| **22C. HAS VETERAN OR SPOUSE HAD INFERTILITY PROBLEMS? (INFERTILITY PROBLEMS OF VETERAN OR SPOUSE BECOMING PREGNANT. NOTE: INFERTILITY - RELATIVE STERILITY DEFINED AS IN-ABILITY TO CONCEIVE AFTER 12 OR MORE MONTHS OF INTERCOURSE WITHOUT USE OF CON-TRACEPTION AND WHEN NEITHER SPOUSE IS SURGICALLY STERILIZED.) ENTER ONE OF THE**     Y=YES N=NO | (235) | |
| 22C1.HAS VETERAN OR SPOUSE HAD INFERTILITY BEFORE GULF SERVICE?  ENTER ONE OF THE FOL-LOWING CODES IN BLOCK 236. IF NO, GO TO ITEM 22C2.     Y=YES N=NO | (236) | |
| 22C1(a). STATE MATERNAL AGE DURING FIRST ATTEMPTS TO CONCEIVE. ENTER AGE IN BLOCKS 237 AND 238. | (237) | (238) |
| 22C2.HAS VETERAN OR SPOUSE HAD INFERTILITY AFTER RETURN FROM GULF SERVICE?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 239. IF NO, GO TO ITEM 22D.     Y=YES N=NO | (239) | |
| 22C2(a). STATE MATERNAL AGE DURING FIRST ATTEMPTS TO CONCEIVE. ENTER AGE IN BLOCKS 240 AND 241. | (240) | (241) |
| **22D. HAS VETERAN OR SPOUSE HAD MISCARRIAGE(S) (NOTE: MISCARRIAGES ARE SPONTANEOUS EXPLUSION OF THE PRODUCTS OF CONCEPTION BEFORE 20 WEEKS OF GESTATION - SPONTA-NEOUS ABORTION) ENTER ONE OF THE FOLLOWING CODES IN BLOCK 242. IF NO, GO TO ITEM 22E.**     Y=YES N=NO | (242) | |
| 22D1.HAS VETERAN OR SPOUSE HAD MISCARRIAGES BEFORE PERSIAN GULF?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 243. IF NO, GO TO ITEM 22D2.     Y=YES N=NO | (243) | |
| 22D1(a). STATE MATERNAL AGE AT CONCEPTION.  ENTER AGE IN BLOCKS 244 AND 245. | (244) | (245) |
| 22D2.HAS VETERAN OR SPOUSE HAD MISCARRIAGES AFTER PERSIAN GULF?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 246. IF NO, GO TO ITEM 22E.     Y=YES N=N O | (246) | |
| 22D2(a).STATE MATERNAL AGE AT CONCEPTION, ENTER AGE IN BLOCKS 247 AND 248. | (247) | (248) |
| **22E. HAS VETERAN OR SPOUSE HAD STILL BIRTH(S)? (NOTE: STILL BIRTH IS BIRTH AFTER 20 WEEKS OF GESTATION OF AN INFANT WHO SHOWED NO EVIDENCE OF LIFE AFTER BIRTH.)  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 249. IF NO, GO TO ITEM 22F.**     Y=YES N=N O | (249) | |
| 22E1.HAS VETERAN OR SPOUSE HAD STILL BIRTH(S) BEFORE GULF SERVICE?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 250. IF NO, GO TO ITEM 22E2.     Y=YES N=N O | (250) | |
| 22E1(a).STATE MATERNAL AGE AT CONCEPTION. ENTER AGE IN BLOCKS 251 AND 252. | (251) | (252) |
| 22E2.HAS VETERAN OR SPOUSE HAD STILL BIRTH(S) AFTER RETURN FROM GULF SERVICE?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 253. IF NO, GO TO ITEM 22F.     Y=YES N=N O | (253) | |
| 22E2(a).STATE MATERNAL AGE AT CONCEPTION.  ENTER AGE IN BLOCKS 254 AND 255. | (254) | (255) |
| **22F. HAS VETERAN OR SPOUSE HAD INFANT DEATH(S). (NOTE: DEATH THAT OCCURRED WITHIN ONE YEAR OF BIRTH AMONG BABIES BORN ALIVE.)  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 256. IF NO, GO TO ITEM 22G.**     Y=YES N=N O | (256) | |
| 22F1.HAS VETERAN OR SPOUSE HAD INFANT DEATH(S) BEFORE GULF SERVICE?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 257. IF NO, GO TO ITEM 22F2.     Y--YES N=N O | (257) | |
| 22F1(a). STATE MATERNAL AGE AT CONCEPTION.  ENTER AGE IN BLOCKS 258 AND 259. | (258) | (259) |
| 22F2.HAS VETERAN OR SPOUSE HAD INFANT DEATH(S) AFTER GULF SERVICE?  ENTER ONE OF THE FOLLOWING CODES IN BLOCK 260. IF NO, GO TO ITEM 22G.     Y=YES N=N O | (260) | |

| 22F2(A) STATE MATERNAL AGE AT CONCEPTION. ENTER AGE IN BLOCKS 261 AND 262. | (261-262) |
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| | |

22G IF A WOMAN VETERAN REPORTS SHE WAS PREGNANT IN PERSIAN GULF, RECORD DATE OF CHILD'S BIRTH AND HOSPITAL OF BIRTH HERE AND IN VETERAN'S CHR ONLY TO FACILITATE FOLLOW-UP, IF NEEDED. (AAC WILL NOT ENTER THIS DATA IN PGR DATABASE).

DATE OF BIRTH _____

NAME OF HOSPITAL _____ MONTH / DAY / YEAR

LOCATION _____

## PART II TO BE COMPLETED BY EXAMINING PHYSICIAN

| 23. DATE OF EXAM | | | 24. TOTAL NO. OF VETERAN COMPLAINTS. | (271-272) |
|---|---|---|---|---|
| MONTH (263-264) | DAY (265-266) | YEAR (267-270) | | |
| | | | | |

25A/J. LIST UP TO TEN MAJOR, CURRENT SYMPTOMS, ICD 9 CODES, MO. & YR OF ONSET, DURATION IN MOS AND IF SYMPTOM IS CURRENTLY PRESENT ON LINES A-J, ITEMS 1-5. IF VETERAN HAS MORE THAN 10, ENTER THE MOST SEVERE & ADDITIONAL SYMPTOMS IN CHR. MAS CODERS: USE ITEM 2, BLOCKS 271-320 FOR ICD-9-CM CODES.

| (1) DESCRIBE SYMPTOM NARRATIVE | (2) ICD-9-CODES (273-322) | (3) MO. & YR OF ONSET MONTH          YEAR (323-382) | (4) DURATION (MONTHS) (383-402) | (5) CURRENTLY PRESENT? Y=YES N=NO (403-412) |
|---|---|---|---|---|
| A | (273-277) | (323-328) | (383-384) | (403) |
| B | (278-282) | (329-334) | (385-386) | (404) |
| C | (283-287) | (335-340) | (387-388) | (405) |
| D | (288-292) | (341-346) | (389-390) | (406) |
| E | (293-297) | (347-352) | (391-392) | (407) |
| F | (298-302) | (353-358) | (393-394) | (408) |
| G | (303-307) | (359-364) | (395-396) | (409) |
| H | (308-312) | (365-370) | (397-398) | (410) |
| I | (313-317) | (371-376) | (399 400 | (411) |
| J | (318-322) | (377-382) | (401-402) | (412) |

| 25K. LIST MOST SEVERE SYMPTOM. (A SYMPTOM FROM ITEM A-J, WHICH VETERAN CONSIDERS THE MOST SEVERE I.E. CHIEF COMPLAINT). ENTER ICD-9-CM CODE IN BLOCKS. | (413-417) |
|---|---|

26. DIAGNOSTIC CONSULTATION. ENTER THE FOLLOWING CODES IN BLOCKS 418-435.

1=NO WORKUP, NO CONSULTATION DONE.   3=WORKUP/CONSULTATION DONE. DIAGNOSIS ESTABLISHED.
2=WORKUP/CONSULTATION DONE. UNEXPLAINED ILLNESS   4=WORKUP/CONSULTATION DONE. NO DIAGNOSIS.

| A. ALLERGY/IMMUNOLOGY. BLOCK 418 | (418) |
|---|---|
| B. AUDIOLOGY. BLOCK 419 | (419) |
| C. CARDIOLOGY. BLOCK 420 | (420) |
| D. DENTISTRY. BLOCK 421 | (421) |
| E. DERMATOLOGY. BLOCK 422 | (422) |
| F. EAR, NOSE AND THROAT 423 | (423) |
| G. ENDOCRINOLOGY. BLOCK 424 | (424) |
| H. GASTROENTEROLOGY. BLOCK 425 | (425) |

NAME: _____

SSN: _____

| | |
|---|---|
| I.  HEMATOLOGY/ONCOLOGY. BLOCK 426 | (426) |
| J. INFECTIOUS DISEASES/PARASITOLOGY. BLOCK 427 | (427) |
| K. NEPHROLOGY. BLOCK 428 | (428) |
| L. NEUROLOGY. BLOCK 429 | (429) |
| M. OCCUPATIONAL MEDICINE. BLOCK 430 | (430) |
| N. PULMONARY. BLOCK 431 | (431) |
| O. PSYCHIATRY. BLOCK 432 | (432) |
| P. PSYCHOLOGY/PSYCHOMETRIC TESTING. BLOCK 433 | (433) |
| Q. RHEUMATOLOGY. BLOCK 434 | (434) |

R. OTHER, ENTER FOLLOWING CODES IN BLOCK 435

    Y=YES

    N=NO

(435)

S. ADDITIONAL WORKUPS/CONSULTATIONS PERFORMED WHICH WERE NOT LISTED IN ITEMS 26A-Q. LIST HERE

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27. DIAGNOSIS.LIST UP TO 10 MAJOR DEFINITE MEDICAL DIAGNOSES ON LINES 27A-J. LIST PRIMARY DIAGNOSIS ON LINE A. BLOCKS 436-485 FOR CORRESPONDENCE ICD-9-CM CODES. LEAVE BLANK IF NO DIAGNOSIS IS MADE. MAS CODERS: USE ICD-9-CM CODES IN FIRST FIVE NUMBERED BLOCKS OF EACH DIAGNOSIS

| 27A.   DESCRIBE DIAGNOSIS (Narrative) | (27B) ICD-9-CM (Codes) | | | | |
|---|---|---|---|---|---|
| A. (PRIMARY) | (436) | (437) | (438) | (439) | (440) |
| B. | (441) | (442) | (443) | (444) | (445) |
| C. | (446) | (447) | (448) | (449) | (450) |
| D. | (451) | (452) | (453) | (454) | (455) |
| E. | (456) | (457) | (458) | (459) | (460) |
| F. | (461) | (462) | (463) | (464) | (465) |
| G. | (466) | (467) | (468) | (469) | (470) |
| H. | (471) | (472) | (473) | (474) | (475) |
| I. | (476) | (477) | (478) | (479) | (480) |
| J. | (481) | (482) | (483) | (484) | (485) |

NOTE: CODERS: DO NOT REPEAT OR LIST SYMPTOM CODE ALREADY LISTED UNDER ITEM 25A-J.

| 28. BLOCK 486 IF NO DIAGNOSIS IS MADE, ENTER "1" IN BLOCK AT RIGHT, OTHERWISE, LEAVE BLANK. THIS ITEM MUST BE CONSIDERED IN CONJUNCTION WITH ITEM 27 "DIAGNOSIS." | 486 |
|---|---|

### 29. DISPOSITION (Enter code Y-Yes or N-No)

| 29A. EXAMINATION COMPLETED?    Y=Yes    N=No | 487 | 29B. HOSPITALIZED AT VAMC FOR FURTHER TEST?    Y=Yes    N=No | 488 | 29C. HOSPITALIZED AT VAMC FOR TREATMENT?    Y=Yes    N=No | 489 |
|---|---|---|---|---|---|
| 29D. REFERRED FOR OUTPATIENT CARE?    Y=Yes    N=No | 490 | 29E. REFERRED TO PRIVATE PHYSICIAN, NON-VA CLINIC OR NON-VA HOSPITAL?    Y=Yes    N=No | 491 | 29F. BIOPSY?    Y=Yes    N=No | 492 |
| 30.   AFTER COMPLETION OF PHASE I EXAM (REFER TO PAR 5), THE PHYSICIAN HAS DETERMINED THE VETERAN HAS UNEXPLAINED ILLNESS?    Y=Yes    N=No | 493 | 31. HAS PHASE II EXAM (REFER TO CH. 3) BEEN INITIATED?    Y=Yes    N=No | | | 494 |

32.   UTILIZE THIS SECTION FOR ADDITIONAL INFORMATION (E.G. PAR 1.07- M-10, PT III).

33.   NAME OF EXAMINER, (PRINT FULL NAME)

34.   TITLE OF EXAMINER. (FULL TITLE OF EXAMINER)

| 35. SIGNATURE OF EXAMINER. | 35A. SIGNATURE OF VRP (VETERANS REGISTRY PHYSICIAN) |
|---|---|

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| PART III |
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| **PHASE II - UNIFORM CASK ASSESSMENT(UCA)** |

1. WERE THE FOLLOWING TESTS PERFORMED? Enter the following codes in blocks 1-24.   Y=YES    N=NO
2. BLOOD TESTS, BLOCKS 1-18; OTHER - BLOCKS 19-24.

| Test | (n) | Test | (n) | Test | (n) |
|---|---|---|---|---|---|
| A. CBC (COMPLETE BLOOD COUNT) | (1) | B. SED RATE? (SKIN ERETHYMA DOSE) | (2) | C. C-REACTIVE PROTEIN | (3) |
| D. RHEMATOID FACTOR? | (4) | E. FLUORESCENT ANA? (ANTI-NUCLEAR ANTI-BODY) | (5) | F. SGOT (AST)? (GLUTAMIC OXALOACETIC TRANSAMINASE) | (6) |
| G. SGPT (ALT)? (TRANSAMINASE GLUTAMIC PYRUVATE) | (7) | H. LDH (LACTIC ACID HYDROGENASE) | (8) | I. ALKALINE PHOSPHATASE | (9) |
| J. CPK? CREATINE PHOSPHOKINASE) | (10) | K. HEPATITIS B SURFACE ANTIBODY? | (11) | L. HEPATITIS B CORE ANTIGEN? | (12) |
| M. VDRL? (VENEREAL DISEASE RESEARCH LABORATORY) | (13) | N. VITAMIN B-12 | (14) | O. FOLATE? | (15) |
| P. HIV (HUMAN IMMUNO-DEFICIENCY) | (16) | Q. T4 (THROXINE TOTAL SERUM)? | (17) | R. TSH (THYROID STIMULATING HORMONE)? | (18) |
| 3. URINALYSIS | (19) | 4. TB SKIN TEST (PPD)? (TUBERCULOSIS SKIN TEST PURIFIED PROTEIN DERIVATIVE) | (20) | 5. CHEST XRAY | (21) |
| 6. PSYCHIATRIC EVALUATION? | (22) | 6A. SCID FOR DSM-III-R (STRUCTURED CLINICAL INTERVIEW FOR DIAGNOSIS) | (23) | 6B. CAPS PTSD SCALE (CLINICAL ADMINISTERED POST TRAUMATIC STRESS DISORDER) | (24) |

| **7. LIST DIAGNOSES: MAS CODERS: ENTER ICD-9-CM CODE IN BLOCKS 25-39. IF NONE, LEAVE BLANK.** |
|---|

| DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | | |
|---|---|---|---|---|---|
| 1. | (25) | (26) | (27) | (28) | (29) |
| 2. | (30) | (31) | (32) | (33) | (34) |
| 3. | (35) | (36) | (37) | (38) | (39) |

| 8. PSYCHOLOGY-NEUROPSYCHOLOGICAL TEST?  Enter code in block 40) | (40) | 8A. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 41-55. IF NONE, LEAVE BLANK | | | | | |
|---|---|---|---|---|---|---|---|
| Y=Yes    N=No | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | | |
| | | 1. | (41) | (42) | (43) | (44) | (45) |
| | | 2. | (46) | (47) | (48) | (49) | (50) |
| | | 3. | (51) | (52) | (53) | (54) | (55) |

| 9. INFECTIOUS DISEASE - SCREENING EXAM? (Enter code in block 56) | (56) | 9A. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 57-66. IF NONE, LEAVE BLANK | | | | | |
|---|---|---|---|---|---|---|---|
| Y=Yes    N=No | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | | |
| | | 1. | (57) | (58) | (59) | (60) | (61) |
| | | 2. | (62) | (63) | (64) | (65) | (66) |

| 10. DENTAL EXAM? (Enter code in block 67) | (67) | 10A. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 68-77. IF NONE, LEAVE BLANK | | | | | |
|---|---|---|---|---|---|---|---|
| Y=Yes    N=No | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | | |
| | | 1. | (68) | (69) | (70) | (71 ) | (72) |
| | | 2. | (73) | (74) | (75) | (76) | (77) |

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## 11. DIARRHEA AND/OR ABDOMINAL PAIN

| 11A. GI (GASTROINTESTINAL) CONSULT?<br>(Enter code in block 78)<br><br>Y=Yes    N=No | 78 | 11B. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 79-98. IF NONE, LEAVE BLANK. | | | | |
|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9 CODES | | | |
| | | 1. | (79) | (80) | (81) | (82) (83) |
| | | 2. | (84) | (85) | (86) | (87) (88) |
| | | 3. | (89) | (90) | (91) | (92) (93) |
| | | 4. | (94) | (95) | (96) | (97) (98) |

## 12. HEADACHE AND/OR MEMORY LOSS

| 12A. NEUROLOGY CONSULT?<br>(Enter code in block 99)<br><br>Y=Yes    N=No | 99 | 12B. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 100-109. IF NONE, LEAVE BLANK. | | | | |
|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | |
| | | 1. | (100) | | (102) | (103) |
| | | 2. | | (106) | | (108) (109) |

## 13. MUSCLE ACHES AND/OR NUMBNESS

| 13A. NEUROLOGY CONSULT?<br>(Enter code in block 110)<br><br>Y = Yes    N = No | 110 | 13B. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 111-120. IF NONE, LEAVE BLANK. | | | | |
|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | |
| | | 1. | (111) | (112) | (113) | (114) (115) |
| | | 2. | (116) | (117) | (118) | (119) (120) |

## 14. CHRONIC FATIGUE

| 14A. CHRONIC FATIGUE?<br>(Enter code in block 121)<br><br>Y=Yes    N=No | 121 | 14B. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 122-131. IF NONE, LEAVE BLANK. | | | | |
|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | |
| | | 1. | (122) | (123) | (124) | (125) (126) |
| | | 2. | (127) | (128) | (129) | (130) (131) |

## 15. JOINT PAIN

| 15A. RHEUMATOLOGY CONSULT?<br>(Enter code In block 132)<br><br>Y=Yes    N=No | 132 | 15B. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 133-142. IF NONE, LEAVE BLANK. | | | | |
|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | |
| | | 1. | (133) | (134) | (135) | (136) (137) |
| | | 2. | (138) | (139) | (140) | (141) (142) |

## 16. CHRONIC COUGH AND/OR SHORTNESS OF BREATH

| 16A. PULMONARY CONSULT?<br>(Enter code in block 143)<br><br>Y=Yes    N=No | 143 | 16B. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 144-153. IF NONE, LEAVE BLANK. | | | | |
|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | |
| | | 1. | (144) | (145) | (146) | (147) (148) |
| | | 2. | (149) | (150) | (151) | (152) (153) |

## 17. SKIN RASH

| 17A. DERMATOLOGY CONSULT?<br>(Enter code in block 154)<br><br>Y=Yes    N=No | 154 | 17B. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 155-164. IF NONE, LEAVE BLANK. | | | | |
|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | |
| | | 1. | (155) | (156) | (157) | (156) (159) |
| | | 2. | (160) | (161) | (162) | (163) (164) |

## 18. VERTIGO AND/OR TINNITUS

| 18A. AUDIOLOGY?<br>(Enter code in block 165<br><br>Y=Yes    N=No | 165 | 18B. LIST DIAGNOSES. MAS CODERS: ENTER ICD-9-CM CODES IN BLOCKS 166-175. IF NONE, LEAVE BLANK. | | | | |
|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | |
| | | 1. | (166) | (167) | (168) | (169) (170) |
| | | 2. | (171) | (172) | (173) | (174) (175) |

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## 19. CHEST PAIN AND/OR PALPITATIONS

| 19A. CARDIOLOGY CONSULT (Enter code in block 176)  Y=YES    N=NO | 176 | 19B. LIST DIAGNOSES. MAS CODERS ENTER ICD-9-CM CODES IN BLOCKS 177-186. IF NONE, LEAVE BLANK. | | | | | |
|---|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | | |
| | | 1. | (177) | (178) | (179) | (180) | (181) |
| | | 2. | (182) | (183) | (184) | (185) | (186) |

### 20. REPRODUCTIVE CONCERNS

| 20A. MALES - UROLOGY CONSULT? (Enter code in block 187  Y=YES    N=NO | 187 | 18B. LIST DIAGNOSES. MAS CODERS ENTER ICD-9-CM CODES IN BLOCKS 189-198. IF NONE, LEAVE BLANK. | | | | | |
|---|---|---|---|---|---|---|---|
| | | DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | | |
| | | 1. | (189) | (190) | (191) | (192) | (193) |
| 20B. FEMALES - GYN CONSULT? (Enter code in block 188)  Y=YES    N=NO | 188 | 2. | (194) | (195) | (196) | (197) | (198) |

### 21. FINAL DIAGNOSES: PHASES II

21A.  DIAGNOSES. LIST UP TO 10 MAJOR DEFINITE MEDICAL DIAGNOSES ON LINES 20A-J. LIST PRIMARY DIAGNOSIS ON LINE A. BLOCKS 199-248 OR CORRESPONDING ICD-9-CM CODES. LEAVE BLANK IF NO DIAGNOSIS IS MADE. MAS CODERS: USE ICD-9-CM CODES IN FIRST FIVE NUMBERED BLOCKS OF EACH DIAGNOSIS

| DESCRIBE DIAGNOSES (Narrative) | ICD-9-CODES | | | | |
|---|---|---|---|---|---|
| A. (PRIMARY) | (199) | (200) | (201) | (202) | (203) |
| B. | (204) | (205) | (206) | (207) | (208) |
| C. | (209) | (210) | (211) | (212) | (213) |
| D. | (214) | (215) | (216) | (217) | (218) |
| E. | (219) | (220) | (221) | (222) | (223) |
| F. | (224) | (225) | (226) | (227) | (228) |
| G. | (229) | (230) | (231) | (232) | (233) |
| H. | (234) | (235) | (236) | (237) | (238) |
| I. | (239) | (240) | (241) | (242) | (243) |
| J. | (244) | (245) | (246) | (247) | (248) |

| 22. AFTER COMPLETING PHASE II, UNIFORM CASE ASSESSMENT PROTOCOL, THE PHYSICIAN FEELS THAT THE VETERAN HAS AN UNEXPLAINED ILLNESS?  (Enter code in block 249    Y=YES    N=NO | (249) |
|---|---|