**Post Deployment Health Assessment (PDHA)**

**Purpose:** To obtain information from an individual’s health after deployment and to assist healthcare providers in identifying and providing present and future medical care.

**Routine Uses:** Your records may be disclosed to other federal and state agencies, as necessary, in order to provide medical care and treatment. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule.

**Disclosure:** Voluntary. If you chose not to provide information, comprehensive healthcare services may not be possible or administrative delays may occur. However, care will not be denied.

**Instructions:** You are encouraged to answer all questions. You must at least complete the first portion on who you are and when and where you deployed. If you do not understand questions, please discuss the question with your State Volunteer Coordinator.

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**Demographics**

**Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Initial:** \_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** Male Female

**Home Unit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Unit Leader:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Contact Information:**

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS BASED ON YOUR MOST RECENT DEPLOYMENT**

Date Arrived on Scene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Departed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor while on scene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What were your main duties while deployed?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.** **Overall, how would you rate your health during the PAST WEEK?**

 Excellent Very Good Good Fair Poor

**2.** **Compared to before this deployment, how would you rate your health in general now?**

* Much better now than before I deployed
* Somewhat better now than before I deployed
* About the same as before I deployed
* Somewhat worse not than before I deployed ***Please explain:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Much worse now than before I deployed ***Please explain:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Were you wounded, injured, assaulted or otherwise hurt during you deployment:** Yes No

 If yes, are your still having any problems or concerns related to this event? Yes No

 If yes, please explain: where occurred, date, nature location, treatment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** **During your deployment:**

1. Did you ever feel like you were in great danger? Yes No

***If yes, please explain:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you encounter dead bodies or see people die during this deployment? Yes No

***If yes, please explain:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** **How many during your deployment did you visit a health care provider for a medical or health**

 **problem/concern:**

* No visits
* 1 visit
* 2-3 visits
* 4-5 visits
* 6 or more

**6. During this deployment did you received care for stress or mental health problem/concern?** Yes No

**7.** **During this deployment, did you have to spend one or more nights in a hospital as a patient:** Yes No

 ***Reason/dates:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Location:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** **During the past week, how difficult have physical health problems (illness or injury) made it difficult**

 **for you to do your work or other regular daily activities?**

* Not difficult at all
* Somewhat difficult
* Very difficult
* Extreme difficult

**9**. **Since you have returned, how much have you been bothered by any of the following problem? Date of onset.**

 **Preexisting?**

**Treatment?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Symptom | Not bothered at all | Bothered a little | Bothered a lot |
| **1.** | Stomach pain |  |  |  |
| **2.** | Back pain |  |  |  |
| **3.** | Pain in the arms, legs, or joints (knees, hips, etc.) |  |  |  |
| **4.** | Headaches |  |  |  |
| **5.** | Chest pain |  |  |  |
| **6.** | Dizziness |  |  |  |
| **7.** | Fainting spells |  |  |  |
| **8.** | Feeling you heart pound or race |  |  |  |
| **9.** | Shortness of breath |  |  |  |
| **10.** | Constipation, loose bowels, or diarrhea |  |  |  |
| **11.** | Nausea, gas, or indigestion |  |  |  |
| **12.** | Feeling tired or having low energy |  |  |  |
| **13.** | Trouble sleeping |  |  |  |
| **14.** | Trouble concentrating on things (such as reading or watching TV) |  |  |  |
| **15.** | Memory problems |  |  |  |
| **16.** | Balance problems |  |  |  |
| **17.** | Noises in your head or ears (such as ringing, buzzing) |  |  |  |
| **18.** | Trouble hearing |  |  |  |
| **19.** | Sensitivity to bright light |  |  |  |
| **20.** | Becoming easily annoyed or irritable |  |  |  |
| **21.** | Fever |  |  |  |
| **22.** | Cough lasting more than three weeks |  |  |  |
| **23.** | Numbness or tingling in the hands or feet |  |  |  |
| **24.** | Hard to make up your mind or make decisions |  |  |  |
| **25.** | Watery, red eyes |  |  |  |
| **26.** | Dimming of vision, like the lights were going out |  |  |  |
| **27.** | Skin rash and/or lesion |  |  |  |

**10**. **While deployed did you experience anything that was so frightening, horrible, or upsetting that, in the**

 **past week you?**

Have had nightmares about it or thought about it when you did not want to? Yes No

Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes No

Were constantly on guard, watchful or easily startled? Yes No

Felt numb or detached from others, activities, or your surroundings? Yes No

**11.** **Over the last week, how often have you been bothered by the following problems?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Symptom | Not at all | Few or several days | More than half the days | Nearly every day |
| **a.** | Little interest or pleasure in doing things |  |  |  |  |
| **b.** | Feeling down, depressed, or hopeless |  |  |  |  |

**12.** **Are you worried about your health because you believe you were exposed to something in the**

 **environment while deployed?** Yes No

 ***If yes, please explain:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13**. **Were you bitten or scratched by an animal during your deployment?** Yes No

 ***If yes, please explain what kind of animal was involved, your injury, and what happened:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14.** **Would you like to schedule an appointment with a health care provider to discuss any health**

 **concern(s)?**  Yes No

**15.** **Are you interested in receiving information or assistance for a stress, emotional or alcohol concern?**

Yes No

**16.** **Would you like to schedule a visit with a chaplain or a community support counselor?** Y N

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office Use Only*

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the volunteer referred to a health professional Yes No

***If yes, please list organization name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_