OPEN PHOENIX

MISSION-CRITICAL BEHAVIORAL HEALTH SUPPORT TECHNOLOGY

Clinician Guide

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CLINICIAN GUIDE
Introduction and Overview

First Responders in Need

First responders have one of the most stressful jobs in America. Firefighters have some of the highest rates of PTSD, up to 18 percent, compared to the national average of 7 to 8 percent. First responders also have some of the highest suicides, divorce and alcoholism rates in the country—three times the national average. Alcohol abuse is more than double that of the general population. These are often co-occurring symptoms of PTSD, and the treatment success involves diagnosing and treating all conditions.

Currently the first responder community relies on Critical Incident Stress Debriefing (CISD) after a traumatic event for PTSD, and a yearly physical with an occupational physician to diagnose mental health conditions. However, research indicates that these debriefing sessions fall short of a complete solution, and occupational physicians look for help in diagnosing mental health issues.

Ensure Duty Readiness

OPENPHOENIX can help. This sophisticated software-assisted psychological diagnostic tool, adminstered during the yearly physical, helps to more accurately diagnose behaviorial health issues. When given to all active duty responders, the solution helps overcome stigma and ensures much-needed support.

First responders begin by first taking computer-based self assessments. Occupational physicians and behavioral health clinicians can then review the results of the assessments, allowing them to triage first responder needs and tailor any consultations to meet a first responder's particular needs.

OPENPHOENIX helps detect PTSD, depression, anxiety, family issues, risky behavior, anger, alcoholism, substance abuse, unit support issues, and suicide risk.

US Army Tested

OPENPHOENIX was developed by behavioral health clinicians in the US Army to diagnosis PTSD stress indicators and other behaviorial health issues for troops returning from active duty deployment in Iraq and Afghanistan.

Open Phoenix is an outgrowth of a preventive behavioral health program developed in conjunction with the US Army.

openPhoenix is designed to support the intake triage, assessment, and treatment process for first responder patients during their yearly physical.

Overview of the Yearly Physical Process

Fire Fighter Yearly Physical

Takes Questionnaire

General Practitioner Reviews

Issues Indicated REFERRED

No Issues Indicated CLEARED FOR DUTY

Psychologist Reviews

Issues Severe NOT DUTY READY

Issues Manageable CLEARED FOR DUTY

Psychologist Counsels
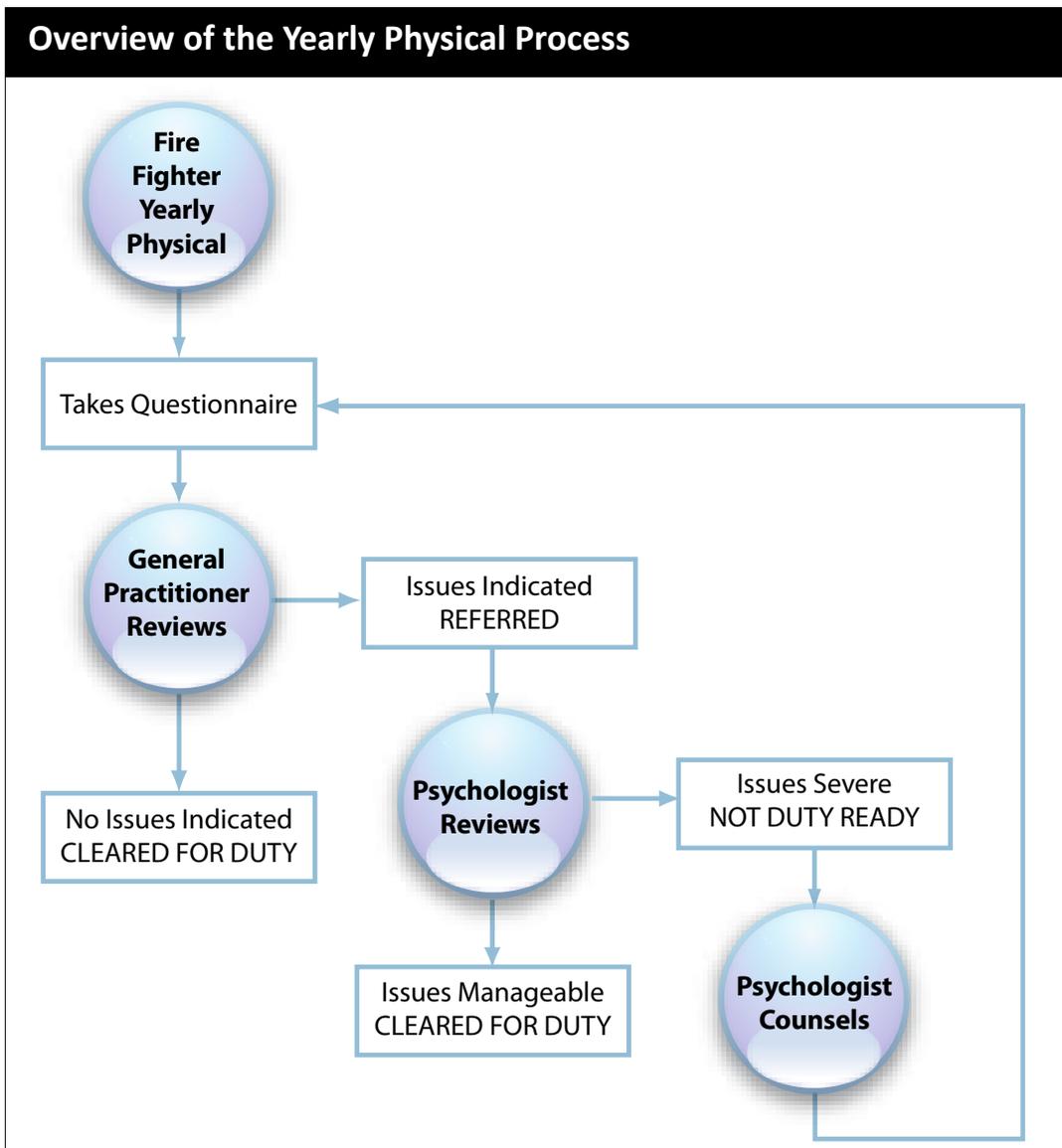
About the openPhoenix Process

OPENPHOENIX is a computerized self-report completed by a responder either at a kiosk located at an occupational physician's facility, in a private office specially set aside at the workplace, or from the responder's home computer. The responder is asked questions pertaining to depression, anxiety, panic, anger, posttraumatic stress, and alcohol and substance abuse. Information about the first responder's medical history, quality of marriage, and risk of harm to self and others is also obtained.

The occupational physician reviews the assessment results, which includes a series of rated measures for each behavioral health category, as well as a "hot sheet" of any issues of concern flagged by the system's scoring and routing algorithms. This allows for easier triage of the responder's psychological health needs.

Any responder that is referred will see a behavioral health provider. The responder assessment results will be available to behavior health providers who provide any follow on care in order to re-administer any or all of the measures and track changes over time.

Software-Assisted Diagnosis and Monitoring

About the Survey Instruments

OPENPHOENIX allows you to administer a wide array of industry-standard questionnaires in order to diagnose, measure and monitor many different psychological issues including PTSD, depression, substance and alcohol abuse, anxiety, anger, suicide risk,etc.
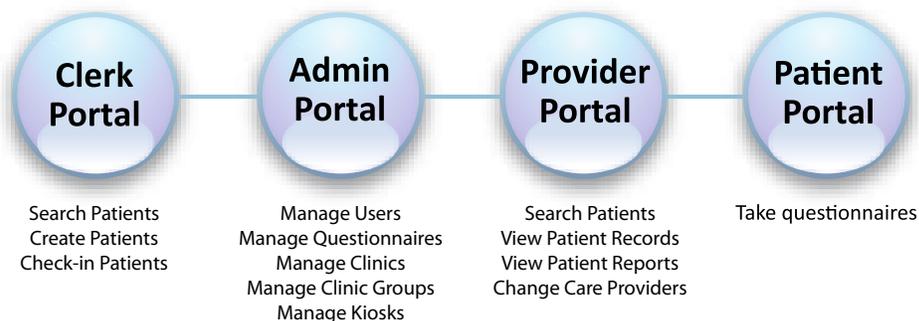
Many of these instruments are recommended by the Veteran Administrations as battle-tested assessments, especially suitable for those in high-stress jobs.

The system does not require all measures to be given at one time. The initial questionnaire contains measures specifically aimed at a population who is statistically at a much higher incidence for certain kinds of problems (PTSD, suicide, depression, substance abuse, divorce). This subset of instruments goes beyond just a "general diagnostic" in order to provide additional detail and cross-checking that some of the condition-specific instruments provide, but falls short of subjecting the first responder to all measures.

About the User Portals

OPENPHOENIX consists of a series of user portals that allow responders, providers, office staff and system administrators to interact with the system, while adhering to Health Insurance Portability and Accountabilty (HIPAA) protocols to ensure privacy.

OPENPHOENIX consists of the following portals, each with different security privileges:

Clerk Portal	Admin Portal	Provider Portal	Patient Portal
Search Patients Create Patients Check-in Patients	Manage Users Manage Questionnaires Manage Clinics Manage Clinic Groups Manage Kiosks	Search Patients View Patient Records View Patient Reports Change Care Providers	Take questionnaires

Clerk User Portal

The Clerk Portal is for office staff who need to be able to create new patients, search for existing patients and check them in to the system. This user has no access to the patient data except for their name and social security number.

Provider User Portal

The Provider Portal is for occupational physicians and behavioral health providers. These users can view patient records and reports and can assign care providers to patients.

Patient User/Questionnaire Portal

The Patient users only have access to the questionnaire they have been assigned.

Administrator User Portal

Administrator Users can create new Clerk and Provider users, manage questionnaire modules, set up clinics/clinic groups and manage kiosks. This user has access to all data.

openPhoenix Survey Instrument Descriptions

Alcohol Use Disorder Detection Test (AUDIT) *(Saunders et al.,1993)*	The measure was developed in a WHO six-country effort to identify a broad spectrum of problem drinkers and was introduced in a primary care setting. Alcohol consumption scoring is based on that used by other researchers. Scores are generated by summing the 10 item values for a possible total of 40. A score of 8 or higher indicates hazardous or harmful consumption. Scores of 13 for women and 15 for men indicate possible alcohol dependence and 20 indicates probable alcohol dependence.
BASIS-24	A 24-item scale designed to assess treatment outcomes by measuring symptoms and functional difficulties experienced by those seeking mental health services. Designed to measure outcome for a broad range of treatments and services encompassing many theoretical orientations. Scores are computed for the overall BASIS-24, as well as for six domains: Depression and Functioning, Interpersonal Relationships, Psychosis, Substance Abuse, Emotional Lability, and Self-harm. The survey was field tested among more than 6,000 consumers from racially and ethnically diverse backgrounds receiving inpatient or outpatient treatment for mental health or substance abuse at one of 28 facilities across the U.S.
Dimensions of Anger Reactions (DAR) *(Novaco 1975)*	A 7-item scale suggested for use in PTSD evaluation (Forbes et al. 2004). It has been shown reliable and sensitive to change related to PBD treatment among combat veterans. In a study of Australian Vietnam Veterans, depression (AADS), anger (DAR), and alcohol use (AUDIT) were significant predictors of treatment outcome for PTSD (Forbes, et al. 2003).
Deployment Risk and Resilience Inventory (DRRI) *(King, King, & Vogt, 2003)*	Developed as a research measure to evaluate factors related to long-term health for veterans. The entire DRRI includes 14 scales that may be used together or individually, depending on needs, with three general categories: pre-deployment/prewar, deployment/war-zone, and post-deployment/postwar. Items from DRRI scales used on the paper screener included: Prior Stressors and Deployment Social Support (i.e. Unit Support). Added items for **openPhoenix** include Childhood Experiences (family environment) and combat items to complement the CES. (King et al., 2003).
PTSD Checklist (PCL-C) *(Weathers, and Ford, 1996)*	A 17-item self-report questionnaire based on DSM diagnosis of PTSD that addresses symptom severity. Responses are for the past month and on a five-point scale. Coefficient alphas have been established at .89-.97 for DSM criteria with Veteran samples. Convergent and discriminant validity has been shown strong, with a particularly strong correlation (r = .93) with the Mississippi Scale. A cutoff score of 50 was the best predictor of PTSD among Vietnam veterans and has been suggested for optimal efficacy. The civilian version of the instrument was chosen, as it allows for the assessment of PTSD, regardless of its origin.
PHQ9 Depression Patient Health Questionnaire *(Kroenke & Spitzer, 2002)*	A 9-item version of the PRIME-MD depression module used to assess depression. The PHQ-9 has two scoring methods, one for diagnosis and one for measuring severity. For use as a measure of symptom severity, items are scored for the past two weeks time period. If 5 out of the 9 symptom items are endorsed for at least more than half the days, and one is anhedonia, and/or depressed mood, major depression is suggested. If 2, 3, or 4 items are endorsed, more than half the days, including depressed mood and/or anhedonia, other depression is suggested. For any mood disorder, reported sensitivity for the PHQ-9 is 61% and specificity is 94%, with 88% overall accuracy. For major depressive disorder, the measure has 73% sensitivity, 98% specificity, and 93% overall accuracy.
PHQ - Patient Health Questionnaire *(Spitzer et al., 1999)*	Developed by authors of the Structured Interview for DSM-IV (SCID; First et al., 1997), together with occupational physicians, and based upon existing epidemiological research and psychiatric nosology (Hahn, Kroenke, Williams, & Spitzer, 2000). In a validation study, the PRIME-MD was administered to 1,000 patients from four primary care locations, including Walter Reed Army Medical Center.
PHQ Anxiety Module *(Lowe et al., 2003)*	Similar to the depression module. Anxiety syndrome is suggested if anxiety or worry is endorsed for several or more days over the past four weeks and three or more of the remaining six anxiety questions are endorsed as more than half the days. In order to suggest the presence of panic disorder, all of the five panic symptom questions must be endorsed. One study of 499 outpatients found the PHQ sufficiently sensitive (75%) in detecting the presence of panic disorder, with increased sensitivity when the algorithm was modified to require endorsement of only three (86%) or two (91%) panic items.
Posttraumatic Growth Inventory (PTGI) *(Tedeschi & Calhoun, 1996)*	In an effort to address the stigma issue, as well as the fact that most of our scales are pathology focused, the PGI was added to **openPhoenix**. This tool addresses the coping process and the possibility of positive outcomes associated with negative life events. The scale is 21 items and totals scores range 0-105. No cutoffs are defined at this time.
PTSD - Primary Care PTSD Screen (PC-PTSD) *(Prins et al., 2003)*	A 4-item PTSD scale, validated with a VA sample (N=188), with soldiers from all branches of the armed services. Using a PC-PTSD cutoff score of 3 and the Clinician Administered PTSD Scale (CAPS) as the gold standard for PTSD diagnosis, the PC-PTSD demonstrated acceptable sensitivity and specificity, with a correlation of .83 with CAPS diagnoses. Recent work with active duty soldiers suggests a lower cutoff of 2 is more appropriate to increase sensitivity (Bliese et al., 2004), and the NCPTSD suggests the PC-PTSD should be considered positive if any of the four items are endorsed (NCPTSD website, 12/9/04,2004). These are the same PTSD items found on DOD Form 2796, which is routinely administered to soldiers following deployment. This has also been shown comparable in sensitivity and specificity to the well-known PTSD checklist (PCL; Weathers et al., 1993) in assessing soldiers for PTSD (Bliese et al., 2004).
Quality of Marriage Index (QMI). *(Calahan, 1996)*	A 6-item scale with good established concurrent validity with the Kansas Marital Satisfaction Scale (Calahan, 1996). This is based on a factor analysis of 430 responses to the Partner Communication Scale (PCS), which is a longer (261) item measure. The six QMI items with the highest factor loadings and correlations that met semantic criteria (as per Norton,1983) are included in **openPhoenix**.
Revised Suicide Ideation Scale (R-SIS) *(Rudd, 1989)*	A 10-item scale to assess the presence of suicidal thoughts in the past week. Individual responses with scores of 3-5 should be considered clinically significant. Concurrent validity established with Beck Hopelessness Scale.

The Provider Portal

Occupational physicians and behavioral health providers can access patient questionnaire reports via the openPhoenix Provider Portal. Through this portal, providers can:
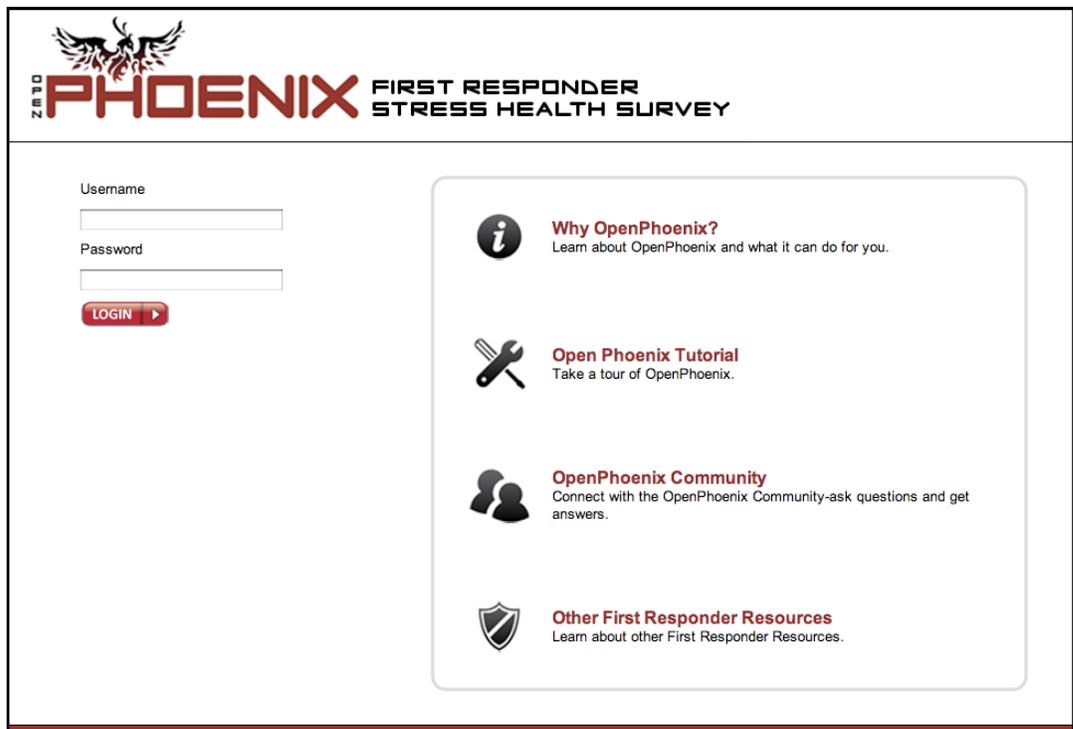
- Search for Patients

- View Patient records

- View Patient reports

- View assessment scoring and algoritms

Accessing the Provider User Portal

To access the Provider Portal, you must have internet access and a web browser. This portal can be access via a PC or Macintosh computer or via an iPad kiosk.

To access the Provider User Portal:

1. Launch your browser and type in the following URL:
   https://talus360.com:8443/abhc

2. The Provider Portal landing page appears.

3. Enter your assigned username and password.

4. The Provider main menu appears. The Current Clinic appears just below the logo.

Changing Clinics

In **OPENPHOENIX,** a Clinic is a way of assigning different questionnaire sets according to the needs of the provider and the patient. For instance, the occupational physician may want one set of questionnaire measures, the behavioral health may want another. These would be considered two different clinics. A third clinic might be a set of questionnaire modules in response to a traumatic event that only wants to look at PTSD and anxiety. Providers and Clerks will need to be in the correct clinic in order to assign a patient to that clinic.

NOTE: Creating new clinics is handled by the system administrator.

To change clinics:

1. If the Current Clinic under the logo is the incorrect Clinic, select **Change Clinic.**
2. The Change Clinic screen appears.
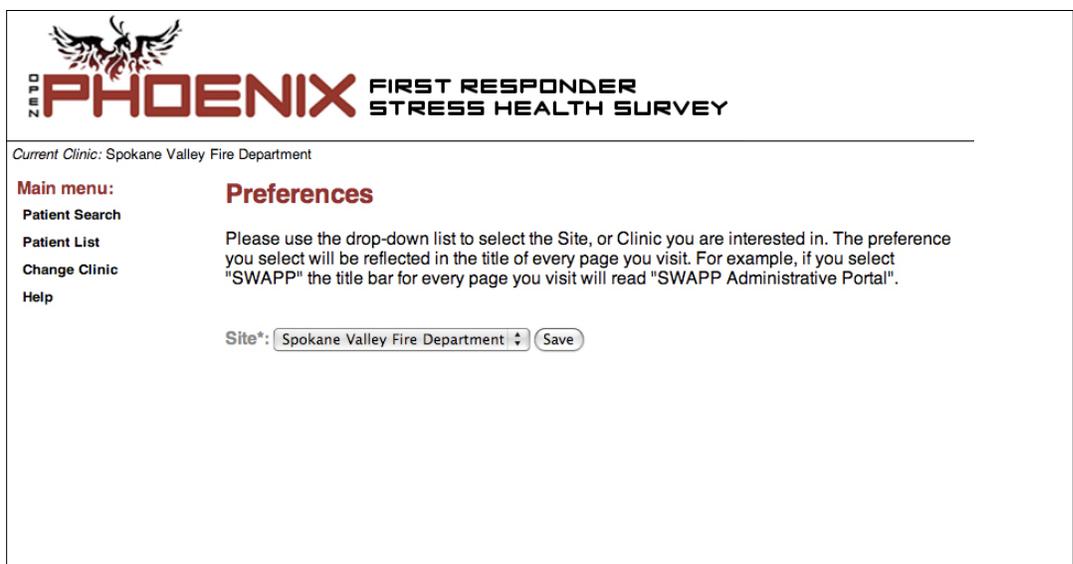
3. Select the desired "Site:" from the drop down menu.
4. Click **Save**.
5. The system will return you to the Main menu.

Managing Patients

The Provider Portal allows you to search for and view existing patients as well as to add new patients to the system.

Patient searches can be made in one of the following ways:

• Enter the Social Security Number (with or without dashes)

• Enter the first initial of the last name and last four digits of the Social Security Number (for example "d1234")

• Enter the patient's name (for example "Smith, John" or "John Smith")

If more than one result is available, you will see a list of patients. If no results are available, you will see the option to add a new patient.

Note: You must search the system first to see if a patient is already in the system before you can add a new patient.

To search for a patient:

1. Select **Patient Search** from the Main menu. The Patient Search screen appears

2. Enter the name, Social Security Number, or the first initial of the last name and the last four digits of the Social Security Number.

3. Click **Search**. If the exact patient is found, you will see their record. If more than one patient is found, you can select from a list of matches. The Patient record appears.

4. If no patients are found that match your search criteria, you will see the option to add a new patient.

To add a new patient:

1. Select **Patient Search** from the Main menu. The Patient Search screen appears

2. Enter the name, Social Security Number, or the first initial of the last name and the last four digits of the Social Security Number.

3. Click **Search**. If no existing patients are found that match your search criteria, you will see the New Patient button. Click **New Patient**.

4. The New Patient screen appears.

5. Enter the Social Security Number, First Name and Last Name of the patient.

6. If you know any past military affiliation, select the appropriate option from the pull-down. Otherwise, select **None**.

7. Select **Save Changes**. The patient check-in page appears. You will now be able to check in that patient.

To check in a patient:

1. Select **Patient Search** from the Main menu. The Patient Search screen appears

2. Enter the name, Social Security Number, or the first initial of the last name and the last four digits of the Social Security Number.

3. Click **Search**. If the exact patient is found, you will see their record. If more than one patient is found, you can select from a list of matches. The Patient record appears.

4. Click **Check In**. The patient will now be able to log in to the questionnaire assigned to the Current Clinic.

To view a list of currently checked in patients:

1. Select **Patient List** from the Main menu. The Patient List screen appears. All currently checked in patients will display.

To view patients assigned to a Clinic:

1. Select **Patient List** from the Main menu. The Patient List screen appears.

2. Select the **Options** button. The Options panel appears.

3. Select the desired Site.

4. Select the desired assigned **Provider** or select **All**.

5. Select the desired **Intensity** level or select **All**.

6. Select the desired **Day** or select **All**.

7. Click the checkbox for the desired columns to be displayed.

8. Click **Apply**. The patients meeting your selected criteria will display.

Viewing Reports

Once a first responder is checked in to a clinic, he/she can take the assigned questionnaire. Once completed, the provider can view the results of that questionnaire in the form of a PDF hotsheet summarizing the results, with indications for flagged issues. Blue-highlighted links in the report allow the provider to drill down to individual assessment results to view a patient's complete answer sets.

Example of the First Page of the Provider Report

Provider Report	Patient Report	Sally Public 01 Apr 2011 12:47 PDT

Sally Public 333-33-3333 None home phone: 206-257-8297

Flagged Results		
Identifying Data		
Baseline Demographics (Spokane Valley Fire Department)	01Apr11	51 year old White Non-Hispanic Female
Contact Information (Spokane Valley Fire Department)	01Apr11	Home Phone **206-257-8297**
Military Status	-	No results
Presenting Problems (Spokane Valley Fire Department)	01Apr11	What difficulties, symptoms, problems or complaints are you having that caused you to come to this clinic TODAY? **None**
		Are you having physical health problems? **No**
		Are you having marital or relationship problems? **Yes**
		Are you having financial problems? **No**
		Are you having legal problems? **No**
		Would you like to speak to a counselor? **Yes**
Risk Levels		
Dangerousness (Spokane Valley Fire Department)	01Apr11	Incomplete
RSIS (Suicidal Ideation) (Spokane Valley Fire Department)	01Apr11	Nothing endorsed
DAR (Anger) (Spokane Valley Fire Department)	01Apr11	Score: 16 out of 56. Score in normative range.
Substance Use		
Substance Use (Spokane Valley Fire Department)	01Apr11	Nothing endorsed
AUDIT (Alcohol Use) (Spokane Valley Fire Department)	01Apr11	Harmful Alcohol Consumption not detected
HPI/Symptoms		
BASIS	01Apr1	Overall: 1.38

Source: openPhoenix Behavioral Health Diagnostic   page of 4

Example of Individual Measure Answers

Note: Interpretations and scoring information follows at the end of each scored report.

PCL-C (PTSD)	Patient Complet	Sally Public 01 Apr 2011 12:27 PDT

Demographic Data	Summary
Nam Sally Public SSN: 333-33-3333	Score: 24 Clinical Threshold Not Met

Question Results

Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully and select an answer choice to indicate how much you have been bothered by that problem in the past month.

#	Question	Scor	Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?		●				
2	Repeated, disturbing dreams of a stressful experience from the past?		●				
3	Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?		●				
4	Feeling very upset when something reminded you of a stressful experience from the past?		●				
5	Having physical reactions (e.g. heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?		●				
6	Avoiding thinking about or talking about your stressful experience or avoiding having feelings related to it?		●				
7	Avoiding activities or situations because they reminded you of a stressful experience from the past?		●				
8	Trouble remembering important parts of a stressful experience?		●				
9	Loss of interest in activities that you used to enjoy?			●			
10	Feeling distant or cut off from other people?			●			
11	Feeling emotionally numb or being unable to have loving feelings for those close to you?			●			
12	Feeling as if your future will somehow be cut short?		●				
13	Trouble falling or staying asleep?					●	
14	Feeling irritable or having angry outbursts?				●		
15	Having difficulty concentrating?				●		
16	Being "super alert" or watchful or on guard?		●				
17	Feeling jumpy or easily startled?		●				

Interpretation

The range of possible scores is 17 to 85. Scores greater than 50 are considered to be PTSD positive.

Source: Spokane Valley Fire Department	page of 1

Clinical Scale Explanations

Explanations for many clinical scales available in openPhoenix can be found below. A report of a specific patient's responses to these clinical scales can be accessed by viewing the patient's Provider Report.

Alcohol Use Disorder Detection Test (AUDIT)

(Saunders et al.,1993). A 10-item measure of alcohol use intended to screen for alcohol use disorders. The measure was empirically-derived and was developed in a WHO six-country effort to develop a test to identify a broad spectrum of problem drinkers and was introduced in a primary care setting.

Scoring

Alcohol consumption scoring is based on frequency and quantity (0=never, 1=less than monthly, 2=monthly, 3=weekly, 4=daily oral most daily). Scores are generated by summing the 10 item values for a possible total of 40.

• 8 or higher indicates hazardous or harmful consumption.

• 13 for women and 15 for men indicate possible alcohol dependence

• 20 indicates probable alcohol dependence

BASIS-24®

This twenty-four item questionnaire was designed to assess treatment outcomes by measuring symptoms and functional difficulties experienced by consumers seeking mental health services. Scores are computed for the overall BASIS-24, as well as for six domains: Depression and Functioning, Interpersonal Relationships, Psychosis, Substance Abuse, Emotional Lability, and Self-harm. The survey is grounded in scientific methods of instrument development and validation, using sophisticated psychometric techniques.

The survey was then field tested among more than 6,000 consumers from racially and ethnically diverse backgrounds receiving inpatient or outpatient treatment for mental health or substance abuse at one of 28 facilities across the U.S.

Scoring

The BASIS-24® has six sub-scales and an overall score. All items ask patients about how they felt during the past week. The scales are listed below with some basic interpretation guidelines. Higher scores on each of these scales indicate more of the problems listed on the right. In this way the BASIS-24® can be used as a diagnostic aid; higher scores on subscales suggest that these are useful areas to focus on during a diagnostic interview.

Each subscale is scored from 0 to 4. A score of 0 equals "absence" of the problem. A score of 4 is equal to "strong presence of the problem." The scores are likely to include decimals such as 1.87.

Begin with the Summary score as an indication of overall distress. Then compare individual subscale scores to see what relative problems the individual is reporting. Lastly you can look at each individual item for additional understanding of what contributed to their subscale scores. You can use the scale scores to estimate the frequency of the problem or how much reported difficulty the patient has.

Dimensions of Anger Reactions (DAR)

(Novaco 1975) The DAR measures anger disposition directed towards others. A brief, 7-item scale for use in PTSD evaluation (Forbes et al. 2004), it has been shown reliable and sensitive to change related to PBD treatment among combat veterans. In a study of Australian Vietnam Veterans, depression (AADS), anger (DAR), and alcohol use (AUDIT) were significant predictors of treatment outcome for PTSD (Forbes, et al. 2003).

Scoring

The items are scored 0-8 (0=Not at all; 8=Exactly so) total score is sum of all 7 items, possible range 0-56. A score of 47 or above is indicative of some anger detected.

The Deployment Risk and Resilience Inventory (DRRI)

(King, King, & Vogt, 2003). A 12-item scale developed as a research measure to evaluate factors related to long-term health for veterans. The scale assesses assistance and encouragement in the war zone from the military in general (i.e., military personnel felt they were valued versus expendable by the military), unit leaders (i.e., military personnel believed that superiors were trustworthy and dependable), and other unit members (i.e., military personnel felt a sense of camaraderie with their peers in the unit). This has been modified for a first responder audience.

Scoring

Item responses are scored on a 1-5 scale where 1 = Strongly Disagree and 5 = Strongly Agree.

Patient Health Questionnaire Anxiety (PHQ Anxiety)

(Lowe et al., 2003). An 8-item scale used to assess anxiety. The PHQ Anxiety has two scoring methods, one for diagnostic purposes and one for measuring severity. For use as a measure of symptom severity, items are scored for the past four week time period. Each items has scoring options from 0 – 2.

• Not at all = 0

• Several days = 1

• More than half the days = 2

Anxiety syndrome is suggested if anxiety or worry is endorsed for several or more days over the past four weeks and three or more of the remaining six anxiety questions are endorsed as more than half the days. If the score >=3, then possible anxiety syndrome and brief evaluation would be indicated.

Patient Health Questionnaire Depression (PHQ9 Depression)

(Kroenke & Spitzer, 2002). A 9-item scale used to assess depression.

Scoring

The PHQ-9 has two scoring methods, one for diagnostic purposes and one for measuring severity. For use as a measure of symptom severity, items are scored for the past two weeks time period. Each items has scoring options from 0 – 3.

• Not at all = 0

- Several days = 1
- More than half the days = 2
- Nearly every day = 3

For those users who complete all 9 items, the total score is the sum of those items, possible range 0-27. A brief evaluation is indicated if score >= 10, or if two or more items are answered "more than half the days." The item about hurting oneself is counted if present at all.

- 5 = mild,
- 10 = moderate
- 15 = moderately severe
- 20 = severe

For any mood disorder, reported sensitivity for the PHQ-9 is 61% and specificity is 94%, with 88% overall accuracy. For major depressive disorder, the measure has 73% sensitivity, 98% specificity, and 93% overall accuracy (cite manual).

Patient Health Questionnaire Panic (PHQ Panic)
(Spitzer, Kroenke & Williams, 1999). The PHQ Panic is a subset of the full PHQ. It has been shown to identify panic disorder better than other anxiety disorders.

Scoring
Each item is scored Yes or No. The first question is a screen-out question followed by four Yes/No questions. In order to suggest the presence of panic disorder, all of the five panic symptom questions must be endorsed.

Posttraumatic Growth Inventory (PTGI)
(Tedeschi & Calhoun,1996). In an effort to address the stigma issue, as well as the fact that most of our scales are pathology focused, the PTGI was added to openPhoenix. This tool addresses the coping process and the possibility of positive outcomes associated with negative life events.

Scoring
The scale is 21 items and totals scores range 0-105. No cutoffs are defined at this time. There are several factors scores pertaining to:

1. relating to others;
2. new possibilities;
3. personal strength;
4. spiritual change; and
5. appreciation of life.

Post Traumatic Stress Disorder Primary Care Screen (PC-PTSD)
(Prins et al., 2003). A brief, 4-item screening instrument for PTSD. The PC-PTSD was validated with a VA sample (N=188),with soldiers who had backgrounds in all branches of the armed services. The four PC-PTSD items are the same PTSD items found on DOD Form 2796, which is routinely administered to soldiers following deployment. The four-item scale

has also been shown to be comparable in sensitivity and specificity to the well-known PTSD checklist (PCL; Weathers et al., 1993) in assessing soldiers for PTSD (Bliese et al., 2004).

Scoring

Using a PC-PTSD cutoff score of 3 and the Clinician Administered PTSD Scale (CAPS) as the gold standard for PTSD diagnosis, the PC-PTSD demonstrated acceptable sensitivity and specificity, with a correlation of .83 with CAPS diagnoses. Recent work with active duty soldiers suggests a lower cutoff of 2 is more appropriate to increase sensitivity (Bliese et al., 2004), and the NCPTSD suggests the PC-PTSD should be considered positive if any of the four items are endorsed (NCPTSD website, 12/9/04,2004).

Post Traumatic Stress Disorder Checklist (PCL-C)

(Weathers, and Ford,1996) A 17-item self-report questionnaire based on DSM diagnosis of PTSD that addresses symptom severity.

Scoring

Responses are for the past month and on a five-point scale of 1= not at all to 5=extremely. Coefficient alphas have been established at .89-.97 for DSM criteria with Veteran samples. Convergent and discriminant validity has been shown strong, with a particularly strong correlation (r = .93) with the Mississippi Scale. A cutoff score of 50 was the best predictor of PTSD among Vietnam veterans and has been suggested for optimal efficacy.

Quality of Marriage Index (QMI)

(Calahan, 1996). A 6-item scale is used to examine demographic correlates of marital satisfaction. The QMI has good established concurrent validity with the Kansas Marital Satisfaction Scale (Calahan, 1996). The six items are based on a factor analysis of 430 responses to the Partner Communication Scale (PCS), which is a longer (261) item measure. Originally, eight items loaded on Factor One and two of these were removed because they did not meet the semantic or correlated criteria for the study. The six suggested QMI items with the highest factor loadings and correlations that met semantic criteria (as per Norton,1983) are included in openPhoenix.

Scoring

Possible score range is 0 to 6, a score of 3 or greater indicates possible relationship problems detected.

Rudd Suicide Ideation Scale (R-SIS)

(Rudd, 1989). A 10-itemscale that assesses the presence of suicidal thoughts in the past week.

Scoring

Suicidal ideation is expressed if any item is endorsed as infrequently or greater.

Questionnaires

AUDIT Alcohol Use Module

Please consider the past 12 months when answering these questions on alcohol use. A 'drink' refers to a can or bottle of beer, a glass of wine, a wine cooler, or one cocktail or shot of hard liquor.

How often do you have a drink containing alcohol?
- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?
- 1 or 2
- 3 or 4
- 5 or 6
- 7, 8 or 9
- 10 or more

How often do you have six or more drinks on one occasion?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often during the last year have you found that you were not able to stop drinking once you started?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often in the last year have you failed to do what was normally expected from you because of drinking?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often in the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often during the last year have you had a feeling of guilt or remorse after drinking?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- Never
- Less than monthly
- Monthly

- Weekly
- Daily or almost daily

Have you or someone else been injured as a result of your drinking?
- No
- Yes but not in the last year
- Yes during the last year

Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested that you should cut down?
- No
- Yes but not in the last year
- Yes during the last year

Baseline Demographics

Date of Birth

Sex
- Male
- Female

Racial Category
- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black Hispanic
- Black Non-Hispanic
- White Hispanic
- White Non-Hispanic
- Other

Specific Hispanic ethnic group
- Mexican
- Puerto Rican
- Cuban
- Latin American
- Other Spanish

Specific Native American or Alaskan Native group
- Aleut
- Eskimo
- U.S./Canadian Indian Tribes
- Other

Specific Asian or Pacific Islander group
- Chinese
- Japanese
- Korean
- Indian
- Filipino
- Vietnamese
- Other Asian
- Melanesian
- Polynesian
- Other Pacific Islands

Have you served in the military?
- No
- Yes

Active Duty
- AGR (Active Guard/Reserve)
- IET (Basic and Advanced Individualized Training)
- Mobilized RC (Reserve and National Guard)
- ADT (Active Duty Training)
- Retired
- Released from active duty within 120 days
- Other
- Does not Apply

Retired at what paygrade?
- E-1
- E-2
- E-3
- E-4
- E-5
- E-6
- E-7
- E-8
- E-9
- O-1
- O-2
- O-3
- O-4
- O-5
- O-6
- O-7
- O-8
- O-9
- O-10
- W-1
- W-2
- W-3
- W-4
- W-5

What was your branch of service?
- Army
- Navy
- Air Force
- Marines
- Coast Guard
- More than one branch

BASIS-24

During the PAST WEEK, how much difficulty did you have:

...managing your day-to-day life?
- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty

...coping with problems in your life?
- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty

...concentrating?
- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty

...get along with people in your family?
- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

...get along with people outside your family?
- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

...get along well in social situations?
- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

...feel close to another person?
- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

...feel like you had someone to turn to if you needed help?
- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

...feel confident in yourself?
- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

...feel sad or depressed?
- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

...think about ending your life?
- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

...feel nervous?
- None of the time
- A little of the time
- Half of the time
- Most of the time

All of the time...have thoughts racing through your head?
- Never
- Rarely
- Sometimes
- Often
- Always

...think you had special powers?
- Never
- Rarely
- Sometimes
- Often
- Always

...hear voices or see things?
- Never
- Rarely
- Sometimes
- Often
- Always

...think people were watching you?
- Never
- Rarely
- Sometimes
- Often
- Always

...think people were against you?
- Never
- Rarely
- Sometimes
- Often
- Always

...have mood swings?
Never
- Never
- Rarely
- Sometimes
- Often
- Always

...feel short-tempered?
- Never
- Rarely
- Sometimes
- Often
- Always

...think about hurting yourself?
- Never
- Rarely
- Sometimes
- Often
- Always

...did you have an urge to drink alcohol or take street drugs?
- Never
- Rarely
- Sometimes
- Often
- Always

...did anyone talk to you about your drinking or drug use?
- Never
- Rarely
- Sometimes
- Often
- Always

...did you try to hide your drinking or drug use?
- Never
- Rarely
- Sometimes
- Often
- Always

...did you have problems from your drinking or drug use?
- Never
- Rarely
- Sometimes
- Often
- Always

Combat Experiences Scale (CES) Module

Please select the answer that best describes your experience.

Did you ever go on combat patrols or have other very dangerous duty?
• No
• 1-3X
• 4-12X
• 13-50X
• 51+ times

Were you ever under enemy fire?
• Never
• Less than 1 month
• 1-3 months
• 4-6 months
• 7 months or more

Please select the answer that best describes your experience.
Were you ever surrounded by the enemy?
• No
• 1-2X
• 3-12X
• 13-25X
• 26X or more

Please select the answer that best describes your experience.
What percentage of the men in your unit were killed (KIA), wounded, or missing in action (MIA)?
• None
• 1-25%
• 26-50%
• 51-75%
• 76% or more

Please select the answer that best describes your experience.
How often did you fire rounds at the enemy?
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

How often did you see someone hit by incoming or outgoing rounds?
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

How often were you in danger of being injured or killed (i.e., pinned down, overrun, ambushed, near miss, etc.?)
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

How many times did you directly experience:
...an RPG attack
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

...a mortar attack
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

...an IED attack
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

...a convoy attack
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

How many times did you directly experience:
...car bombs
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

...having your living quarters attacked
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

...an unidentified enemy
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

...close friends killed or seriously wounded in action
• Never
• 1-2X
• 3-12X
• 13-50X
• 51 or more

During combat operations did you:
...become wounded or injured?
• No
• Yes

...personally witness a unit member, ally, enemy, or civilian being killed?
• No
• Yes

...see the bodies of dead soldiers or civilians?
• No
• Yes

...kill others in combat? (or have reason to believe others were killed as result of your actions?)
• No
• Yes

Current Medical Treatment Module

Are you presently under the care of a physician for any medical illness or condition?

- No
- Yes

Are you currently taking any over the counter medications, herbal or dietary supplements, or prescription medications?

- No
- Yes

In the past 30 days, how many work days have you missed due to illness?

Please describe the medical illness or condition that you are being treated for.

What medications or supplements are you currently taking?

Are you currently taking all of your medications or supplements regularly and as prescribed or directed by the product label?

- No
- Yes

Please explain why you are not taking your medications or supplements regularly and as prescribed or directed by the product label.

Dangerousness Module

Are you currently thinking about or making plans to harm someone else?

- No
- Yes

Are you currently thinking about running away?

- No
- Yes

How would you assess yourself being at risk on the scale of 0 (no risk) to 10 (high risk of hurting self/others)

Dimensions of Anger (DAR) Module

I often find myself getting angry at people or situations.
Not at all 1 2 3 4 5 6 7 Absolutely

When I get angry, I get really mad.
Not at all 1 2 3 4 5 6 7 Absolutely

When I get angry, I stay angry
Not at all 1 2 3 4 5 6 7 Absolutely

When I get angry at someone, I want to clobber that person.
Not at all 1 2 3 4 5 6 7 Absolutely

My anger interferes with my ability to get work done.
Not at all 1 2 3 4 5 6 7 Absolutely

My anger prevents me from getting along with people as well as I'd like to.
Not at all 1 2 3 4 5 6 7 Absolutely

My anger has had a bad effect on my health.
Not at all 1 2 3 4 5 6 7 Absolutely

Deployment Risk and Resilience Inventory (DRRI) Unit Support (modified)

I feel like my efforts really count to the department.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

The department appreciates my service.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I am supported by the department.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

My crew is like a family to me.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I feel a sense of camaraderie between myself and other firefighters in my crew.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Members of my crew understand me.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Most people in my crew are trustworthy.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I could go to most people in my crew for help when I have a personal problem.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

My officer(s) are interested in what I think and how I feel about things.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I am impressed by the quality of leadership in my department.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

My superiors make a real attempt to treat me as a person.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

The officer(s) in my department are supportive of my efforts.
- Strong disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Medical History Module

Have you ever been hospitalized or undergone surgery?
- No
- Yes

You reported that you have been hospitalized or undergone surgery. Please briefly describe the situation(s).

Have you ever been knocked unconscious, had a seizure, fit or epilepsy, or found yourself in a strange place without knowing how you got there?
- No
- Yes

You reported that you have been knocked unconscious, had a seizure, fit or epilepsy, or found yourself in a strange place without knowing how you got there. Please briefly describe the situation(s).

Are you having problems or have you had recent changes with your weight?
- No
- Yes

Are you having problems or have you had recent changes with your sex drive?
- No
- Yes

Are you having problems or have you had recent changes with your sexual function?
- No
- Yes

Are you currently receiving mental health or alcohol counseling?
- No
- Yes

Have you received mental health or alcohol counseling in the past?
- No
- Yes

Have you EVER attempted to kill yourself?
- No
- Yes

You mentioned you have attempted to kill yourself, how many times?
- Once
- More than once

What was your age when you first attempted suicide?

Have you ever been on any medication for emotional problems?
- No
- Yes

Please list medications you have taken previously for emotional problems.

Please describe any serious allergic reactions or side effects to any medication you have taken.

Military History Module

What is your branch of service?
- Army
- Navy
- Air Force
- Marine
- Coast Guard
- Foreign Military
- Other Uniformed Service
- Other

What is your component/military status?
- Regular (e.g. Army, Air Force)
- Reserve (e.g. USAR, USMCR)
- National Guard
- Other

What is your current paygrade:
- E-1 to E-9;
- 01-010;
- W1-W5;
- Cadet/Midshipman;
- Does Not Apply

Unit Address:
   Street
   City
   State
   Zip

Who is your:
...Unit Commander
...1SG
...Platoon Leader/Section OIC
...Platoon Sergeant/NCOIC

What is your Unit's name?

What is your UIC?

What is your job code:(MOS, SSI, AFSC, DAFSC, or other military job code)

How many years have you been in the military?

How many times have you deployed? (including current deployment, if deployed now)
1 2 3 or more times

Throughout your military career, how many months have you spent deployed (not including training exercises)?

Have you been deployed to a war zone or deployed for combat?
- No
- Yes

Enter your most recent (or current) deployment.
Most recent deployment location:
- Afghanistan
- Iraq
- Kuwait
- Korea
- Kosovo
- Other Europe
- North America
- Central or South America
- Other

Most recent deployment start date (or best guess):
 MM/DD/YYYY

Most recent deployment end date (or best guess):
 MM/DD/YYYY

Enter your second most recent deployment.
Second most recent deployment location:
- Afghanistan
- Iraq
- Kuwait
- Korea
- Kosovo
- Other Europe
- North America
- Central or South America
- Other

Second most recent deployment start date:
 MM/DD/YYYY

Second most recent deployment end date:
 MM/DD/YYYY

Enter your third most recent deployment.
Third most recent deployment location:
- Afghanistan
- Iraq
- Kuwait
- Korea
- Kosovo
- Other Europe
- North America
- Central or South America
- Other

Third most recent deployment start date:
 MM/DD/YYYY

Third most recent deployment end date:
 MM/DD/YYYY

Are any of the problems that brought you in for treatment related to a present, past, or pending deployment?
- No
- Yes

Are you experiencing any difficulties at work or doing your job?
- No
- Yes

You reported experiencing difficulties at work. Please explain:
Are you experiencing any difficulties with people in your unit?
- No
- Yes

You reported experiencing difficulties with people in your unit. Please explain:
Are you in the Personnel Reliability Program (PRP)?
- No
- Yes
What is your flight status?

Military Status Module

Please select your primary military unit.
- 1st BDE
- 3rd BDE
- 2CR/4th BDE
- 1st MP BDE
- 62nd Medical BDE
- 201st MI BDE
- 142nd Signal BDE
- Special Troops BN
- Non-I Corps Units
- Other

Please select your primary military unit.
- 25th ID(L) Div HHC / Special Troops BN
- 25th ID(L) – 2nd Stryker BCT
- 25th ID(L) – 3rd INF BCT
- 25th ID(L) – 25th Combat Avn BN
- 25th ID(L) – 45th Sustainment BN
- 25th ID(L) – Schofield Barracks Orgs
- Tripler Army Medical Center
- Ft Shafter Units
- Other

Please select your primary military unit under Special Troops BN
- HHC, USAG
- HHC I Corps
- 14th Engineer BN
- NCO Academy
- 555th Engineer Group
- 593rd CSG
- Other

Please select your primary military unit under Non-I Corps Units
- 1st SFG(A)
- 2d BN 75 Ranger RGT
- MAMC
- Other

Please select your primary military unit under 25th ID(L) - 2nd Stryker BCT
- HHC
- 1-14 BN
- 1-21 BN
- 1-27 BN
- 5-14 BN
- 2-11 BN
- 225 BN
- B/52 Co
- 66 Co
- 185th Co
- 556th Co
- Other

Please select your primary military unit under 25th ID(L) - 3rd INF BCT
- HHC
- 2-27 BN
- 2-35 BN
- 3-4 BN
- 3-7 BN
- 325 BN
- Brigade Troop BN

- Other

Please select your primary military unit under 25th ID(L) - 25th Combat Avn BN
- HHC
- 3-25 BN
- 2-6 BN
- 2-25 BM
- 6-17 BN
- 209 BN
- Other

Please select your primary military unit under 45th Sustainment Brigade
- HHC
- Brigade Troop BN
- 17 BN
- 524 BN
- Other

Please select your primary military unit under Non-25th ID(L) - Schofield Barracks Organizations
- 30th SIG BN
- 599th Trans Group
- 25th ASOS
- 9th RSC
- HIARNG
- USA CID
- 125th Finance BN
- 556th Personnel Supp BN
- 84th Engineer Combat BN
- 29th Engineer BN
- MP Brigade – Hawaii
- Other

Please select your primary military unit under Tripler Army Medical Center
- A Co
- B Co
- C Co

Do any of the following apply to you?
- Pending Deployment (within 30 days)
- Medical Hold Over
- Medevac
- Currently on R&R from deployment
- Currently in Rear Detachment for medical reasons
- Currently in Rear Detachment for psychological reasons

Do any of the following apply to you?
- MEB currently in progress
- Awaiting decision regarding MEB
- Chapter 5-13/5-17 (mental health) discharge in progress
- Other administrative discharge in progress
- CID investigation in progress
- UCMJ action in progress
- Current Stop Loss
- Pending Stop Loss

The PTSD Checklist (PCL-C) Module

Please read each one carefully and select an answer choice to indicate how much you have been bothered by that problem in the past month.

Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Repeated, disturbing dreams of a stressful experience from the past?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

very upset when something reminded you of a stressful experience from the past?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Having physical reactions (e.g. heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Avoiding thinking about or talking about your stressful experience or avoiding having feelings related to it?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Avoiding activities or situations because they reminded you of a stressful experience from the past?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Trouble remembering important parts of a stressful experience?
- Not at all
- A little bit
- Moderately

- Quite a bit
- Extremely

Loss of interest in activities that you used to enjoy?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Feeling distant or cut off from other people?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Feeling emotionally numb or being unable to have loving feelings for those close to you?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Feeling as if your future will somehow be cut short?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Trouble falling or staying asleep?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Feeling irritable or having angry outbursts?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Having difficulty concentrating?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Being "super alert" or watchful or on guard?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Feeling jumpy or easily startled?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

PHQ Anxiety Module

Over the last 4 weeks, how often have you been bothered by any of the following problems?

Feeling nervous, anxious, on edge, or worrying a lot about different things
- Not at all
- Several days
- More than half the days

Feeling restless so that it is hard to sit still
- Not at all
- Several days
- More than half the days

Getting tired very easily
- Not at all
- Several days
- More than half the days

Muscle tension, aches, or soreness
- Not at all
- Several days
- More than half the days

Trouble falling asleep or staying asleep
- Not at all
- Several days
- More than half the days

Trouble concentrating on things, such as reading a book, watching TV
- Not at all
- Several days
- More than half the days

Becoming easily annoyed or irritable
- Not at all
- Several days
- More than half the days

If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

PHQ9 Depression Module

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things
- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling down, depressed, or hopeless
- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble falling or staying asleep, or sleeping too much
- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling tired or having little energy
- Not at all
- Several days
- More than half the days
- Nearly every day

Poor appetite or overeating
- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems?
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.
- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television
- Not at all
- Several days
- More than half the days
- Nearly every day

Moving or speaking so slowly that other people could have noticed. Or the opposite--being so fidgety or restless that you have been moving around a lot more
- Not at all
- Several days
- More than half the days
- Nearly every day

Thoughts that you would be better off dead, or of hurting yourself in some way.
- Not at all
- Several days
- More than half the days
- Nearly every day

PHQ Panic Module

In the last 4 weeks, have you had an anxiety attack--suddenly feeling fear or panic?

- No
- Yes

Regarding your anxiety attack or feelings of fear or panic:
Has this ever happened before?

- No
- Yes

Do some of these attacks come suddenly out of the blue--that is, in situations where you don't expect to be nervous or uncomfortable?

- No
- Yes

Do these attacks bother you a lot or are you worried about having another attack?

- No
- Yes

During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, or nausea or upset stomach?

- No
- Yes

Presenting Problems Module

Did someone refer or suggest you come to our clinic?
If so, who?

- Superior
- Chaplain
- Friend
- Spouse
- Healthcare provider
- Self-referred
- Critical Incident Stress Management Team
- Peer Support Team
- Other

What difficulties, symptoms, problems or complaints are you having that caused you to come to this clinic TODAY?

Please explain your situation, what you want to change, and how you would like us to help you.
Are you having physical health problems?

- No
- Yes

Are you experiencing pain now?

- No
- Yes

Rate your pain on a scale of 0 - 10 (with 0 being no pain and 10 being the worst possible pain).
Have you been seen by a medical provider for this condition?

- No
- Yes

Are you having marital or relationship problems?

- No
- Yes
- Unsure

Are you having financial problems?

- No
- Yes

Are you having legal problems?

- No
- Yes

Would you like to speak to a counselor?

- No
- Yes

What sort of activities have you enjoyed lately?

PTSD Growth Module

Degree to which statement is true based on your past experiences.
My priorities about what is important in my life
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

An appreciation for the value of my own life
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

I developed new interest
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

A feeling of self-reliance
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

A better understanding of spiritual matters
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

Knowing that I can count on people in time of trouble
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

I established a new path for my life
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

A sense of closeness with others
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

A willingness to express my emotions
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

Knowing I can handle difficulties
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

I'm able to do better things with my life
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

Being able to accept the way things work out
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

Appreciating each day
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

New opportunities are available which wouldn't have been otherwise
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

Having compassion for others
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

Putting effort into my relationships
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

I'm more likely to try to change things which need changing
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

I have a stronger religious faith
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

I discovered that I am stronger than I thought I was
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

I learned a great deal about how wonderful people are
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

I better accept needing others
- I did not experience this change
- A very small degree
- A small degree
- A moderate degree
- A great degree
- A very great degree

PTSD Screen Module

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you have had nightmares about it or thought about it when you did not want to?
- Yes
- No

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you tried hard not to think about it or went out of your way to avoid situations that remind you of it?
- Yes
- No

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH you were constantly on guard, watchful, or easily startled?
- Yes
- No

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH you felt numb or detached from others, activities, or your surroundings?
- Yes
- No

QMI Marriage Module

Rate the following statements about your spouse or significant other.

Do you currently have a spouse or significant other?
- No
- Yes

Rate the following statements about your spouse or significant other.
We have a good relationship.
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

My relationship with my partner is very stable.
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Our relationship is strong
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

My relationship with my partner makes me happy.
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

I really feel like a part of a team with my partner.
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Everything considered, I am happy in my relationship.
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

RSIS (Suicide Ideation) Module

Please read each question carefully and then select the answer for each item that BEST DESCRIBES the way that you have felt over the past week, including today.

I have been thinking of ways to kill myself.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

I have told someone I want to kill myself.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

I believe my life will end in suicide.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

I have made attempts to kill myself.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

I feel life just isn't worth living.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

Please read each question carefully and then select the answer for each item that BEST DESCRIBES the way that you have felt over the past week, including today.

Life is so bad I feel like giving up.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

I just wish my life would end.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

It would be better for everyone involved if I were to die.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

I feel there is no solution to my problems other than taking my own life.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

I have come close to taking my own life.
- Never
- Infrequently
- Sometimes
- Frequently
- Always

Social History Module

What is your present marital status?
- Single, never married
- Married
- Legally Separated
- Divorced
- Widowed
- Other

What is your living situation?
- Reside with spouse
- Separated due to relationship issues
- Separated for reasons other than relationship (e.g. deployed)
- Other

How long have you been married?
- Less than one year
- One to two years
- Three to five years
- Five to ten years
- More than ten years

Number of marriages for self?

Number of marriages for spouse?

Age of spouse

Do you reside alone?
- No
- Yes

Do you have children?
- No
- Yes

Does religion play an important role in your life?
- No
- Yes

List the ages of your children:

What religion do you practice?

What is the highest level of education you completed in school?
- Some High School, did not graduate
- GED
- High School Graduate
- Some college or technical school, no degree or certificate
- College degree of less than four years or technical school certificate
- Four year college degree
- Master's Degree or greater

What was your major subject area in college?

Have you ever experienced any of the following legal problems:
- Arrested
- Jailed

Have you ever experienced any of the following problems:
- Oral Warning
- Written Warning
- Other

Substance Use Module

Do you smoke cigarettes or use other tobacco products?
- No
- Yes

What form of tobacco do you use most often?'
- Cigarettes
- Cigars
- Pipes
- Chewing Tobacco
- Snuff
- Other

How many packs per day?
- Less than 1
- 1
- 2
- 3
- more than 3

Do you use any caffeinated beverages such as coffee, tea or cola?
- No
- Yes

How many drinks/cups per day?

Have you EVER experienced, as a result of drinking alcohol:

Problems at work or with your family
- No
- Yes

DWI (Driving While Intoxicated) or DUI (Driving Under the Influence)
- No
- Yes

Blackouts
- No
- Yes

Withdrawal symptoms
- No
- Yes

TALUS 360