

Reviewed: 1 _____ 2 _____ 3 _____
QA Check: _____

Deployment Injuries

****Note: Please include the page & line numbers (from the transcript) for quotes*

Events:

Symptoms

- Immediately following injury:

- Shortly after:

- Now:

Perception of Injury Outcome on Functional Living:

- Interactions with others:

- Occupational effects:

- Sense of Self:

Additional Notes/Quotes:

Reviewed: 1 _____ 2 _____ 3 _____

QA Check: _____

Emotionally Distressing Events

**** Note: Please include the page & line numbers (from the transcript) for quotes*

Events:

Symptoms

- Immediately following injury:

- Shortly after:

- Now:

Perception of Injury Outcome on Functional Living:

- Interactions with others:

- Occupational effects:

- Sense of Self:

Additional Notes/Quotes:

Reviewed: 1 _____ 2 _____ 3 _____

QA Check: _____

Overall Functional Changes from Deployment Experiences

**** Note: Please include the page & line numbers (from the transcript) for quotes*

Ability to get along with others:

- Soldier's perception of why it has changed:

Ability to complete job duties:

- Soldier's perception of why it has changed:

Change in sense of self:

- Soldier's perception of why it has changed:

Additional Notes/Quotes:

Subject ID number: _____
Coder Initials: _____

Reviewed: 1 _____ 2 _____ 3 _____
QA Check: _____

Habituation to Painful Stimuli

Note: Please include the page & line numbers (from the transcript) for quotes

Change in experience of Physical Pain:

Change in experience of Emotional Pain:

Overall Pain Tolerance Now Vs. Pre-Deployment:

Additional Notes/Quotes:

Subject ID number: _____
Coder Initials: _____

Reviewed: 1 _____ 2 _____ 3 _____

QA Check: _____

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Perceived Burdensomeness

Note: Please include the page & line numbers (from the transcript) for quotes

Burden to:

Unit

Job

Family

Friends

Society

Thoughts/Feelings Actions:

How is feeling like a burden handled?

Additional Notes/Quotes:

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Reviewed: 1 _____ 2 _____ 3 _____

QA Check: _____

Failed Belongingness

**** Note: Please include the page & line numbers (from the transcript) for quotes*

Feel like an outsider to:

- Unit

- Job

- Family

- Friends

- Society

Thoughts/Feelings Actions:

How is feeling like an outsider handled?

Additional Notes/Quotes:

Reviewed: 1 _____ 2 _____ 3 _____

QA Check: _____

Traumatic Brain Injury

**** Note: Please include the page & line numbers (from the transcript) for quotes*

Events:

Symptoms

- Immediately following injury:

- Shortly after:

- Now:

Additional Notes/Quotes:

Post-Traumatic Stress Disorder

**** Note: Please include the page & line numbers (from the transcript) for quotes*

Events:

Symptoms:

- Immediately following event:

- Shortly after:

- Now:

Additional Notes/Quotes:

Subject ID number: _____
Coder Initials: _____

Reviewed: 1 _____ 2 _____ 3 _____
QA Check: _____

Other significant Observations/Timeline

**** Note: Please include the page & line numbers (from the transcript) for quotes*

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