

*Australian
Gulf War Veterans'*
HEALTH STUDY
2003

volume

3



MONASH
UNIVERSITY



Table of contents

Volume 1

Authors	1
Table of contents	2
Executive summary	12
Introduction	12
Study aims	12
Methods	13
Recruitment, demographics and non-Gulf War exposures	13
Gulf War and other exposures	14
Summary of health findings	14
Strengths and limitations of the study	17
Recommendations	18
Acknowledgments	20
List of abbreviations	22
1. Introduction	28
2. Australian involvement in the Gulf War	29
2.1 The Gulf Region	29
2.2 Australian Deployment in the Gulf War	29
2.2.1 Damask I	30
2.2.2 Damask II	30
2.2.3 Damask III	31
2.2.4 Clearance Diving Team 3	31
2.2.5 Task Group Medical Support Elements on USNS Comfort	32
2.2.6 Operation Habitat	33
2.2.7 The United Nations Special Commission (UNSCOM)	33
2.2.8 Summary of ADF Deployments	33
2.2.8.1 Nominal Roll	34
3. Review of literature on exposures during the Gulf War	39
3.1 Introduction	39
3.2 Smoke from oil well fires (SMOIL)	40
3.2.1 Background	40
3.2.2 Plume dispersal	41
3.2.3 SMOIL exposure measurements	44
3.2.4 SMOIL exposure recall by veterans	46
3.3 Particulate matter	46
3.4 Psychological stressors	47
3.5 Immunisations and other prophylactic medications	48
3.6 Pyridostigmine bromide	50
3.7 Pesticide use	51
3.7.1 Insect repellent use	52
3.8 Biological and chemical weapons	53
3.9 Interactions between pesticides, PB and chemical warfare agents	56
3.10 Depleted uranium	56
3.11 Infectious disease agents	58
3.12 Other exposures	59
3.13 Multi-exposures and recall bias	60
3.14 Summary	60

4.	Review of health studies.....	63
4.1	Scope of review of health studies literature	63
4.2	History of Gulf War veterans' health research.....	63
4.3	Symptoms	71
4.4	Factor analysis	73
4.5	Medical conditions	76
4.6	Demographics and lifestyle factors	77
4.7	Psychological health.....	78
4.8	Respiratory health	80
4.9	Infectious diseases	84
4.10	Immunisations.....	86
4.11	Chronic fatigue and immunological markers	87
4.12	Neurological symptoms.....	89
4.13	Musculoskeletal	92
4.14	Skin	93
4.15	Gastrointestinal conditions.....	94
4.16	DU related health problems	95
4.17	Reproductive outcomes	95
4.18	Cancer.....	96
4.19	Hospitalisations, medical care utilisation due to illness, functional impairment and limitation of work	97
4.20	Mortality	99
4.21	Self-referral evaluation programs.....	100
4.22	Summary	103
5.	Cross-sectional study methods.....	107
5.1	Aims and objectives.....	107
5.2	Study design	107
5.3	Study population	108
5.3.1	Definition of the Gulf War veteran group	108
5.3.2	Definition of the comparison group	108
5.4	Sample size.....	109
5.4.1	Gulf War veteran group.....	109
5.4.2	Comparison group	109
5.5	Contact strategy and recruitment procedures	110
5.5.1	DVA-based Contact and Recruitment team	110
5.5.2	Contact procedures.....	110
5.5.3	Methods to maximise participation	111
5.5.4	Participation options.....	112
5.5.5	Telephone-questionnaire option	112
5.5.6	Administration of appointments for medical assessments	112
5.6	Data collection instrumentation and measures	113
5.6.1	Postal self-administered questionnaire.....	114
5.6.1.1	Demographic information	115
5.6.1.2	Exposure assessment.....	115
5.6.1.2.1	History of military service postings.....	116
5.6.1.2.2	Gulf War deployment history and specific exposures	117
5.6.1.2.3	Active (war or peacekeeping) deployment history and deployment exposures	118
5.6.1.2.4	Military Service Experience questionnaire.....	119
5.6.1.2.5	Civilian occupational history	120

5.6.1.3	Health outcomes assessment	120
5.6.1.3.1	Short-Form-12 Health Survey (SF-12)	120
5.6.1.3.2	Twelve item General Health Questionnaire (GHQ-12)	121
5.6.1.3.3	Symptom questionnaire	122
5.6.1.3.4	Neuropathic symptom questionnaire	122
5.6.1.3.5	Doctor diagnosed or treated medical conditions	122
5.6.1.3.6	General medical history	123
	Hospitalisation	123
	Functional impairment due to illness or injury	123
	Current use of medication	123
	Family history	123
5.6.1.3.7	Cigarette smoking and tobacco use	123
5.6.1.3.8	Alcohol consumption	123
5.6.1.3.9	Posttraumatic Stress Disorder Checklist – S (PCL-S)	124
5.6.1.3.10	Reproductive health outcomes	124
5.6.1.4	Nomination of a medical practitioner to receive a copy of their medical report	125
5.6.2	Medical assessment	125
5.6.2.1	Nurse-administered data collection	125
5.6.2.1.1	Informed Consent	126
5.6.2.1.2	Standardised measurement of height, weight, hip and waist circumference	126
	Body mass index	127
	Waist circumference and waist-to-hip ratio	127
5.6.2.1.3	Blood pressure	127
5.6.2.1.4	Visual acuity	128
5.6.2.1.5	Symptoms of tiredness or fatigue	128
5.6.2.1.6	Spirometry	129
5.6.2.1.7	Skin prick testing for common allergens	130
5.6.2.1.8	Respiratory Health Questionnaire	130
5.6.2.1.9	Laboratory investigations and pathology service	131
	Laboratory investigations	131
	Storage of samples for later analysis (overview)	131
	Storage of samples for possible analysis within 12 months	132
	Indefinite storage of a serum sample	133
	Pathology service	133
5.6.2.1.10	Urinalysis	133
5.6.2.2	Psychologist's assessment	133
5.6.2.2.1	Psychological assessment procedure	134
5.6.2.2.2	Modifications to the posttraumatic stress disorder module	135
5.6.2.3	Medical examination	135
5.6.2.3.1	Physical examination	136
5.6.2.3.2	Assessment of symptoms of extreme tiredness or fatigue	137
	Lymphocyte subsets	139
5.6.2.3.3	Review of the doctor diagnosed or treated medical conditions section of the postal questionnaire	139
5.6.2.3.4	General health questions and additional findings	140
5.6.2.3.5	Fitness test	140
5.6.2.3.6	Feedback to Participants	141
5.6.3	Telephone questionnaire participants	141

5.6.4	Consistency and validation measures and other sources of data	141
5.6.4.1	Access to ship's records	141
5.6.4.2	Comparison of self-reported information with Defence policies	141
5.6.4.3	Access to previous medical records	142
5.6.5	Blinding	142
5.6.6	Pilot study	142
5.6.7	Study Protocol	142
5.6.8	Study Procedures Manuals	143
5.6.9	Training	143
5.6.10	Communication	143
5.6.11	Data management	144
5.6.11.1	Transfer of medical data	144
5.6.11.2	Data checking, processing and coding and data entry	144
5.6.11.3	Methods to ensure privacy of medical data	145
5.6.11.4	Long-term storage of data	145
5.6.11.5	Data quality	146
5.6.11.6	Confounders and bias	146
5.6.11.7	Power considerations	146
5.6.11.8	Statistical analysis	147
5.6.11.9	Exploration of symptom clusters	149
5.6.12	Research Team	149
5.6.12.1	The Department of Epidemiology & Preventive Medicine, Monash University	150
5.6.12.2	Health Services Australia	150
5.6.13	Scientific Advisory Committee	150
5.6.14	Consultative Forum	151
5.6.15	Ethics Committees' Approvals	151
6.	Recruitment	152
6.1	Recruitment categories	152
6.1.1	Ineligible subjects	152
6.1.2	Eligible subjects	152
6.1.2.1	Not recruitable categories	152
6.1.2.2	Recruitable categories	152
6.2	Recruitment results	153
6.2.1	Final eligible sample sizes	153
6.2.2	Recruitment outcomes for Gulf War veterans and the comparison group ..	153
6.2.2.1	Total eligible sample	153
6.2.2.2	Eligible sample by service type	154
6.3	Comparison of study participants and non-participants.	159
6.3.1	Participants compared with all non-participants.	159
6.3.2	Comparison of study participants with telephone questionnaire-only subjects	162
6.4	Investigation of possible participation bias	163
6.4.1	Method 1: Grouped data assessment of participation bias	165
6.4.2	Method 2: Individual data imputation-based assessment of participation bias.	167
6.5	Discussion	168
6.6	Technical Supplement – Details of the imputation procedure for non-participation	172
7.	Demographic, socioeconomic and lifestyle factors	173

7.1	Aims	173
7.2	Research questions	173
7.3	Methods and materials	173
7.3.1	Subjects	173
7.3.2	Measurement of demographic and socioeconomic variables	173
7.3.3	Measurement of cigarette smoking and tobacco use	174
7.3.4	Measurement of alcohol consumption	175
7.4	Results	175
7.4.1	Demographic and socioeconomic variables	175
7.4.2	Cigarette smoking and tobacco use	177
7.4.3	Alcohol consumption	177
7.5	Discussion	179
7.5.1	Summary of findings	180
8.	Reported Gulf War and other exposures	181
8.1	Aims	181
8.2	Research questions	181
8.3	Results	182
8.3.1	Service characteristics of the Gulf War deployment	182
8.3.2	Other active deployments	184
8.3.3	Immunisations and preventive medications reported for the Gulf War deployment	186
8.3.4	Self-reported psychological stressors during Gulf War service and during non-Gulf War service	188
8.3.4.1	Psychological stressors during Gulf War service	191
8.3.4.2	Psychological stressors during non-Gulf War service	193
8.3.5	Self reported chemical and environmental exposures during the Gulf War and other active deployments	193
8.3.5.1	Self-reported chemical and environmental exposures during the Gulf War	195
8.3.5.2	Self-reported chemical and environmental exposures on other active deployments	197
8.3.6	Development of chemical and environmental exposure metrics related to the Gulf War deployment	197
8.3.7	Other occupational exposures during the whole military career and during civilian careers	199
8.4	Discussion	199
8.4.1	Summary of findings	203
Volume 2		
9.	General health	205
9.1	Aim	205
9.2	Research questions	205
9.3	Definitions of general health outcomes	205
9.3.1	Self-reported symptom definitions	205
9.3.2	Self-reported medical conditions definitions	206
9.3.3	Hospitalisations, functional impairment and current use of medication	206
9.3.4	SF-12 Health Survey scoring	206
9.3.5	Physical health status definitions	207
9.3.5.1	Body mass index	207
9.3.5.2	Waist circumference and waist-to-hip ratio	207
9.3.5.3	Blood pressure	207

9.3.6	Gulf War exposure measures	208
9.4	Results	208
9.4.1	Symptoms.....	208
9.4.1.1	Comparison by service type	214
9.4.1.2	Total number of self-reported symptoms	216
9.4.2	Medical conditions	217
9.4.2.1	Self-reported medical conditions first diagnosed in 1991 or later	217
9.4.2.2	Comparison by service type	222
9.4.2.3	Total number of self-reported medical conditions	224
9.4.2.4	Doctor's assessment of the likelihood of self-reported medical conditions	224
9.4.2.5	Self-reported doctor medical conditions first diagnosed in 1990 or earlier	225
9.4.3	Hospitalisations, functional impairment due to illness or injury, and current use of medication.....	226
9.4.4	SF-12 Health Survey	226
9.4.5	Physical measures of general health.....	229
9.4.5.1	Height, weight, body mass index, waist and hip circumference and waist-to-hip ratio	229
9.4.5.2	Blood pressure.....	230
9.4.5.3	Fitness test.....	231
9.4.6	Gulf War veteran group subanalysis	232
9.5	Discussion	240
9.5.1	Summary of findings.....	246
10.	Laboratory investigations.....	248
10.1	Aim.....	248
10.2	Research questions	248
10.3	Definitions.....	248
10.3.1.1	Overview of parameters for analysis.....	248
10.3.1.2	Laboratory reference intervals	249
10.3.1.3	Definitions of laboratory investigation outcomes	249
10.4	Results	250
10.4.1	Quality control.....	250
10.4.2	Gulf War vs non-Gulf War comparisons	251
10.4.2.1	Haematological test results.....	251
10.4.2.2	Biochemical test results.....	254
10.4.2.3	Liver function test results	256
10.4.2.4	Serological test results.....	259
10.4.2.5	Urinalysis results	260
10.4.3	Gulf War veteran group subanalysis	261
10.5	Discussion	261
10.5.1	Summary of findings.....	263
11.	Psychological health.....	265
11.1	Aim.....	265
11.2	Research questions	265
11.3	Methods and materials	265
11.3.1	Measurement of psychological health.....	265
11.3.1.1	Composite International Diagnostic Interview, CIDI-Auto 2.1	265
11.3.1.2	12-item General Health Questionnaire (GHQ-12)	267
11.3.1.3	Posttraumatic Stress Disorder Checklist-S (PCL-S)	267

11.3.1.4	Alcohol Use Disorders Identification Test (AUDIT).....	268
11.3.2	Gulf War exposure measures	268
11.4	Results	268
11.4.1	CIDI-defined DSM-IV disorders.....	268
11.4.2	12 item General Health Questionnaire (GHQ-12).....	275
11.4.3	Posttraumatic Stress Disorder Checklist (PCL-S).....	276
11.4.4	Alcohol Use Disorders Identification Test (AUDIT).....	277
11.4.5	All Gulf War veterans versus comparison group subjects who had been on active deployments.....	278
11.4.6	Gulf War veteran group subanalysis: the effects of Gulf War-related exposures on psychological disorders in Gulf War veterans.....	279
11.4.7	Investigation of possible participation bias	286
11.5	Discussion	288
11.5.1	Summary of findings	294
12.	Respiratory health	295
12.1	Aims	295
12.2	Research questions	295
12.3	Definitions of respiratory health outcomes	295
12.3.1	Respiratory symptom definitions	296
12.3.2	Respiratory condition definitions	296
12.3.3	Lung function definitions	296
12.3.4	Atopy definition	297
12.4	Gulf War exposure measures	298
12.5	Results	298
12.5.1	Respiratory symptoms.....	298
12.5.2	Respiratory conditions.....	299
12.5.2.1	Atopy.....	300
12.5.3	Lung Function Tests (spirometry).....	300
12.5.4	Respiratory examination findings	302
12.5.5	Gulf War veteran group subanalysis	303
12.6	Discussion	306
12.6.1	Summary of findings.....	310
13.	Neurological health	312
13.1	Aim.....	312
13.2	Research questions	312
13.3	Definition of neurological health outcomes.....	312
13.3.1	Neuropathic symptoms definition	312
13.3.2	Neuropathic disorder definition.....	312
13.3.2.1	A neuropathic disorder defined by neuropathic symptoms and neurological signs.....	313
13.3.2.2	A neuropathic disorder defined by a neuropathy impairment score	313
13.3.3	Myopathy definition	314
13.3.4	Disorders of peripheral motor neurones or their axons definition	314
13.3.5	Central nervous system disorder definition.....	314
13.3.6	Epilepsy definition	315
13.4	Results	315
13.4.1	Neuropathic symptoms and disorders	315
13.4.1.1	Neuropathic symptoms.....	315
13.4.1.2	Neuropathic disorders	318

13.4.2	Symptoms or signs indicative of myopathy, disorders of peripheral motor neurones or their axons, central nervous system disorder and epilepsy	320
13.4.3	Gulf War veteran group subanalysis	320
13.5	Discussion	325
13.5.1	Summary of findings	327
14.	Chronic fatigue syndrome	329
14.1	Aim	329
14.2	Research questions	329
14.3	Definitions and classification of fatigue	329
14.3.1	Definitions of fatigue and chronic fatigue syndrome	329
14.4	Results	332
14.4.1	Fatigue and chronic fatigue syndrome	332
14.4.1.1	Fitness test results	333
14.4.2	Immunological profile of cases of chronic fatigue syndrome	333
14.4.3	Gulf War veteran group subanalysis	335
14.5	Discussion	335
14.5.1	Summary of findings	338
15.	Health of female Gulf War veterans	340
15.1	Aim	340
15.2	Research questions	340
15.3	Results	340
15.3.1	Recruitment	340
15.3.2	Demographic, socioeconomic and lifestyle factors	341
15.3.3	Reported Gulf War and other exposures	342
15.3.3.1	Service characteristics of female Gulf War veterans during the Gulf War	343
15.3.3.2	Other active deployments	343
15.3.3.3	Immunisations and preventive medications reported for the Gulf War deployment	343
15.3.3.4	Self reported psychological stressors during Gulf War service and during non Gulf War service	344
15.3.3.5	Self reported chemical and environmental exposures during the Gulf War and other active deployments	346
15.3.3.6	Other occupational exposures during military postings and during civilian occupations	347
15.3.4	General health	348
15.3.4.1	Symptoms	348
15.3.4.2	Medical conditions	350
15.3.4.3	Hospitalisations, functional impairment and use of medications	352
15.3.4.4	Short-Form-12 Health Survey (SF-12)	352
15.3.4.5	Height, weight and Body Mass Index	352
15.3.4.6	Waist, hip, and waist-to-hip ratio	353
15.3.4.7	Blood Pressure	353
15.3.4.8	Fitness test	353
15.3.5	Laboratory investigations	353
15.3.6	Psychological health	355
15.3.6.1	CIDI-defined psychological disorders	355
15.3.6.2	GHQ-12, PCL-S and AUDIT	356
15.3.7	Respiratory health	356
15.3.7.1	Self reported respiratory symptoms and conditions	356

15.3.7.2	Spirometry	357
15.3.8	Neurological health	357
15.3.9	Chronic fatigue and immunological investigations	358
15.3.10	Reproductive outcomes	358
15.3.11	Cohort study of mortality and cancer	359
15.4	Discussion	359
15.4.1	Summary of findings	361
16.	Reproductive health outcomes	362
16.1	Aim	362
16.2	Research questions	362
16.3	Methods and materials	362
16.4	Results	363
16.4.1	Fertility difficulties	363
16.4.2	Pregnancy outcomes	364
16.4.3	Health of live born children	364
16.4.4	Validation of reports of children with cancer	365
16.5	Discussion	365
16.5.1	Summary of findings	367
17.	Cohort study of mortality and cancer	368
17.1	Aim	368
17.2	Research questions	368
17.3	Methods	368
17.3.1	Cohort composition	368
17.3.2	Registry matching process	369
17.3.2.1	Matching process	369
17.3.3	Data analysis and statistics	370
17.3.3.1	Cohort study periods	370
17.3.3.2	Calculation of person-years	370
17.3.3.3	Population cancer and death rates	371
17.3.3.4	Calculation of rate ratios, standardised cancer incidence ratio and standardised mortality ratios	371
17.4	Results	371
17.4.1	Cohort composition	371
17.4.1.1	Demographic characteristics	371
17.4.1.2	Person years of follow-up	372
17.4.2	Mortality results	372
17.4.3	Cancer results	373
17.5	Discussion	374
17.5.1	Summary of findings	377
18.	Factor analysis of self-reported symptoms	378
18.1	Aim	378
18.2	Research questions	378
18.3	Methods	378
18.4	Results	380
18.4.1	Factor analysis of self reported symptoms among Gulf War veterans	380
18.4.2	Factor analysis of symptoms in the comparison group	383
18.5	Discussion	386
18.5.1	Summary of findings	387
19.	Overall findings, discussion and recommendations	388
19.1	Introduction and research questions	388

19.2	Main findings.....	389
19.3	Discussion	390
19.4	Strengths and limitations of the study	395
19.5	Further research	399
19.6	Recommendations.....	401
Volume 3		
Appendix 1	Mailout materials	i
Appendix 2	Telephone questionnaire for non-participants	ii
Appendix 3	Appointment confirmation package	iii
Appendix 4	Postal questionnaire	iv
Appendix 5	Medical Examination Data Collection Booklet.....	v
Appendix 6	IMVS reference intervals and testing methodology	vi
Appendix 7	Ethics Committees' Approvals	x
References	403

1. Mailout materials

Dear

I am writing to you to invite and encourage you to participate in the Australian Gulf War Veterans Health Study.

This study will add to our understanding of any health effects which may have arisen from service in the Gulf War, and to our knowledge of the health of members of the Australian Defence Force. This study should also provide useful knowledge to assist with future deployment planning. A successful study will enable us to assess the need for future health support to our Veteran community.

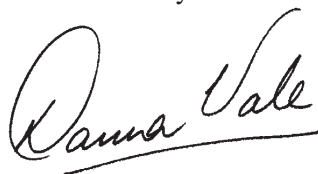
The study has the full support of the ex-service community, and of the Australian Defence Force.

For the study to be successful, it is vital that as many individuals as possible participate. This includes those who feel that they enjoy good health, as well as those who are unwell, those that went to the Gulf as well as those who did not. A high participation rate is required in order to obtain useful results. If you decide to participate in the study, you will be helping all of those who served and you will be provided with an assessment of your current health. All the expense associated with the study will be met by the Department of Veterans' Affairs, including your travel expenses.

The study will be conducted by an independent medical research team headed by Monash University. The records will be subject to the provisions of the *Privacy Act 1988* which regulate their use, storage and disclosure. Ethics committees have approved this study on the proviso that your results will not be used by the Department of Veterans' Affairs or Defence for any purpose without your written consent. On the other hand, you may use the information concerning yourself any way you see fit.

This study is important for both Gulf War Veterans and other members of the Australian Defence Force and I urge you to participate.

Yours sincerely

A handwritten signature in black ink that reads "Danna Vale". The signature is written in a cursive, flowing style. The first name "Danna" is written in a larger, more prominent script, and "Vale" is written in a slightly smaller, more compact script to its right. A horizontal line is drawn underneath the signature.

DANNA VALE MP

Dear

The Gulf War Veterans' Health Study Consultative Forum was formed to act as bridge between the team responsible for studying the health of those serving at the time of the Gulf War, and the broader veteran community. The Forum is composed of representatives of many veteran and service organisations. On your behalf, we have been involved in the formulation of this Study. We strongly support this Study.

In designing the Study, great care has been taken to ensure confidentiality for all participants – particularly for those who are still members of the Defence Force. As explained in the material enclosed with this letter, safeguards are built into the Study that will ensure that the data that relates to you as a person will remain private.

The Study is very important, not only to Gulf War veterans, but also to all veterans of overseas deployments – in fact, to all in the Australian Defence Force.

Because the success of this Study depends on the numbers who volunteer to participate, we urge you to be in it.

Yours sincerely,



David Wilson
David Wilson
Warrant Officer Navy



David Watts
David Watts
Australian Gulf War Veterans Association



Mike Flynn
Mike Flynn
Naval Association of Australia

Organisations represented on the Gulf War Veterans' Health Study Consultative Forum:

AVADSC
TPI Federation
Naval Association of Australia
Regular Defence Force Welfare Association
Armed Forces Federation of Australia
Australian Gulf War Veterans Association
National Consultative Group of Service Families
RSL
Australian Defence Force

Monash University and Health Services Australia invite you to participate in the Gulf War Veterans' Health Study

This Study aims to determine whether the health status of Australia's Gulf War Veterans differs from that of Australian Defence Force personnel who were not deployed to the Gulf, and whether any such differences can be associated with Gulf War-related activities or experiences. The Study is being undertaken by medical researchers at Monash University and Health Services Australia (HSA) who are independent of the ADF and DVA. The study is funded by the Australian Government.

In brief, participation in the Study involves:

- ❶ **Completing a questionnaire about your Service experiences and your health.**
- ❷ **Attending a Health Services Australia Clinic for a medical examination, mental health assessment and routine tests.**

This package should contain most of the information you need in order to make an informed decision about participation in the Study.

Specifically you will find enclosed:

- Letters of support from the Minister for the Department of Veterans' Affairs and Assisting the Minister for Defence and from the Consultative Forum to this study.
- A comprehensive Explanatory Statement (blue) identifying the procedures and requirements related to participation in the Study.
- A copy of the study Consent Form (yellow). This outlines your rights as a Study participant and the obligations of the Study Investigators. You may choose to consent to some or all of the items on the form.
- A phone contact page (green) - outlining how to contact the Study teams to indicate your interest in participating, or to discuss any questions you have about the study.

Other things you should know:

- ★ Participants will receive a copy of their examination results for their personal use.
- ★ There are HSA clinics in each of Australia's capital cities and also in several of the large towns. HSA will endeavour to tailor their appointment times to suit you.
- ★ Participants can claim reimbursement for any loss of income, travel or accommodation costs associated with attending the medical examination.
- ★ Participation in the Study is entirely voluntary; you are under no obligation to take part. If you do choose to participate you may withdraw at any time.
- ★ Individual assessment results are **entirely confidential**. This very important aspect of the Study is outlined, in more detail, in the blue Explanatory Statement.

What you should do now:

- ☛ Please read the enclosed information, particularly the Explanatory statement and Consent form (NB. Don't sign the form now, you can do that at the time of participation)
- ☛ If you would like to ask any further questions please phone the Study Contact and Recruitment team on **1800 502 302** – they will endeavor to answer your questions or to refer you to the most appropriate alternative source of information.

YOUR DECISION:

❖ YES, I'LL PARTICIPATE

Please phone the Study Contact & Recruitment team on **1800 502 302**. All of the necessary arrangements will be made for you. (please see the green contact page for times to call from your State)

❖ STILL NOT SURE

Please think about it, maybe talk to a friend who has participated or has been invited to, perhaps talk to your local Veterans Association, call the Contact and Recruitment team again or call the Study Investigators (see green contact page for their number).

❖ NO, I would not like to participate

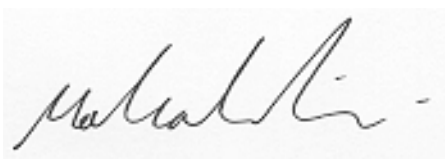
Please phone **1800 502 302** to register your voluntary refusal. This has several purposes:

- We will know that you have received the Study information package, and we will flag your record to prevent you receiving reminder notices about participation. This saves you aggravation, and saves us lots of time.
- It is very important to the Study to know a little about those who decline to participate. For example, if you decline participation due to ill-health this information is very important to the overall Study goal of comparing the health of Gulf War Veterans with that of non-Gulf War Service personnel.

By participating in this Study you will be contributing valuable knowledge to both civilian and Defence Force communities about the health impacts of Service related activities & experiences. This knowledge may assist you or other Service personnel (current or former) in gaining recognition for Service-related ill-health. It may also assist the ADF in developing the most appropriate supportive & protective measures against future health threats. Finally, participation offers you the opportunity to take part in a confidential, free and comprehensive medical examination; the results of which you can keep for your own records and use.

Thanks:

Many thanks for your consideration of this invitation. The Study team feel very privileged to be involved in this Study and trust that you will too. We have a rare opportunity to understand more fully the activities, experiences and associated health impacts among our valued veterans and Servicemen & women. We look forward to documenting your experience soon.



Associate Professor Malcolm Sim
Monash University



Dr Michael Pincus
Health Services Australia

Explanatory statement: **Australian Gulf War Veterans' Health Study**

Introduction

Independent medical researchers at Monash University and Health Services Australia are undertaking a health study of military personnel who were in the Australian Defence Forces around the time of the Persian Gulf War with Iraq in late 1990 and early in 1991. This study is funded by the Australian Government.

The study aims to determine whether Defence Force activities at that time, particularly any preparation or experience related to the Gulf War, may have resulted in any adverse health effect on Australian Defence Force personnel. The study includes Defence Force personnel who were not deployed to the Gulf War as a comparison group. The inclusion of veterans who did not go to the Gulf is also important to identify other service related activities which may affect health.

Participation overview

Your active participation in the study will involve two parts. The first part involves the completion of a multi-faceted questionnaire about aspects of your Service experience, other work history, your general health, medical history and life-style. In most instances, the questionnaire may take approximately one and a half hours to complete and this can be done in your own time at home.

The second part of the study consists of a comprehensive medical examination to be conducted at a Health Services Australia (HSA) Clinic. The medical examination will involve several different types of tests. They include an interviewer administered mental health questionnaire, some additional clinician administered health questions, blood and urine tests for infections, routine blood counts and tests of liver and kidney functioning, neurological examination, breathing tests, skin tests for common allergens including house dust mites, cats, grasses and mould, a brief test of your fitness, and measures of height, weight and blood pressure. Internal examinations will NOT be performed. However you will be physically examined by a doctor and will be required to remove some clothing. The complete medical assessment at HSA, including questionnaires, could take up to 5 hours to complete. All assessments will be conducted by trained and qualified medical personnel.

You will be asked about medical conditions which your children may have. We would like to check any reports of childhood cancer or malformations with the records held by the National Cancer Registry and the National Childhood Malformations Registry. We will only check these national records with your signed consent to do so.

Similarly, but in the future, we would like to check the names of all participants in the Study against the records of the National Cancer and National Death Registries. This may help us to determine if there are any long term health differences between the Gulf War Veterans and those Servicemen and women not deployed to the Gulf. We seek your consent to include your name in these checks.

You will be sent a copy of your medical assessment results, within a few weeks of your appointment, and you will be invited to nominate a medical practitioner to also receive a copy. If any medical condition, identified during the conduct of the medical examination, requires more immediate treatment or investigation, a letter will be provided to you to take to your regular medical practitioner for follow-up. Alternatively the HSA clinician may feel it necessary to contact your regular practitioner directly, in which case your consent will be sought for that purpose.

It should be emphasised that participation in all parts of the study is voluntary. There is no obligation to take part in this study. Further you may choose to participate in some but not all components of the Study. If you do initially choose to take part you may withdraw at any time with no detriment to your career or hindrance to access to appropriate medical care. Serving Australian Defence Force personnel who choose not to participate, or choose to withdraw, will not be subject to detriment to their career as a result of that decision.

Risks and inconveniences

Risks and inconveniences involved with participation include time and travel incurred, the possibility of some emotional distress in answering questions about life and Service experiences, and mild discomforts associated with some test procedures. More specifically, actual participation in the study may take more than six hours, including self-administered questionnaire and medical assessment, but not including travel time associated with attendance at an appropriate HSA clinic. Where possible appointments for medical assessments will be made at times and locations convenient to you and, if necessary, travel and accommodation arrangements will be made on your behalf. **Travel and accommodation costs will be borne by the DVA. DVA can also reimburse participants for any loss of income incurred as a result of participation in the medical examination.** Those participants who are current members of the Defence Forces will be regarded as on duty while travelling and participating in the examination.

The interviewer administered mental health survey may include questions about stressful or upsetting experiences or questions which elicit unpleasant or distressful memories or feelings. This survey instrument will be administered by a qualified clinical psychologist experienced in the use of such instruments, sensitive to the feelings of the participant, and bound by a professional code of ethics and confidentiality.

The skin test for allergies is painless but often results in a small itching red weal on the skin of participants allergic to the tested substance, much like an insect bite. This reaction usually disappears after approximately fifteen minutes and participants can be treated with a cream to relieve itchiness. In extremely rare cases, in individuals highly allergic to a tested substance, a shock-like reaction can occur. This reaction is easily identified and all HSA clinics are staffed by trained medical personnel and equipped with the necessary medical equipment for such emergency situations.

Breathing tests involve filling your lungs and blowing in to a spirometer which measures lung volume. This can result in mild breathlessness similar to that which results from blowing up a balloon. Participants may rest in between each blow and the procedure will be strictly monitored and carried out according to internationally approved standards.

The fitness test will involve stepping up and down from a 16 inch platform for three minutes. Your heart rate will be measured upon completion of this test. This test may result in a moderate level of breathlessness.

The taking of a blood sample from a vein in the arm may cause a brief pricking sensation. Occasionally bruising or tenderness may result, which on rare occasions, may persist for a few days. Blood samples will be taken by a registered nurse.

Blood storage

Blood taken for the purpose of routine and immediate pathological investigations will be destroyed within days of collection. An extra sample of your blood will be frozen

and stored for approximately twelve months. This allows us to run additional tests, if necessary, to explain any specific clusters of symptoms which may become evident in the study group as the Study progresses. After 12 months these samples will also be destroyed.

We would, however, also like to freeze and store a sample of your blood serum indefinitely. Blood serum is part of the fluid in which blood cells are suspended. For the purpose of long-term storage the genetic material is removed leaving non-genetic containing particles and the liquid serum. The purpose of this serum storage is to enable us to test for any new conditions that might become apparent in the future without the requirement to obtain another blood sample from you. The blood serum will never be used by the study team without your written consent and our purpose is to only ever use it for medical research.

Confidentiality and privacy – What will happen to your data?

All of the information gained in the study will be held securely by Monash University for a minimum of 7 years. You can ask Monash for, and receive a copy, of your assessment results for your own use in that time. To ensure the confidentiality of the information the data will have all identifying information removed and will be held in storage using code numbers.

The Department of Veterans' Affairs will store a set of this deidentified data indefinitely and the code will be kept by the secretary of the DVA Ethics Committee. You will continue to have access to this information for your own use. The information, however, can not be accessed by DVA to assess compensation or pension claims. DVA can only access the information for the purpose of medical research and only with the approval of an overseeing committee which includes representatives from Veteran's groups.

The Department of Defence will not have access to the data, which relates to you.

In extreme circumstances some information may be subject to mandatory reporting legislation or obtainable, by a third party, via a court order.

The results of all of the material gathered will be statistically analysed in grouped format, published in a Report to the Government and in articles in medical journals. It will not be possible to identify any individual's results from these publications or reports.

Future investigations

To assist us, in assessing long term health effects, we may need to contact you in the future. This may be to ask you about your health or to invite you to participate in future studies. This may assist us to avoid unnecessary checks of the National Death Registry for persons known to be alive, and to validate matches made with the National Cancer registry. If we do contact you, you will be under no obligation to participate in any proposed investigations.

We may be able to answer some questions, which arise from this study, by reviewing some of the medical records that are held by the Australian Defence Force. Your medical record can only be accessed with your signed consent.

Concerns or complaints

Should you have any concerns or complaints about the manner in which this project is conducted, please do not hesitate to contact the study team on **1800 062 534**.

The principal investigator for this study is:

Associate Professor Malcolm Sim
Department of Epidemiology & Preventive Medicine
Monash University
Level 3 553 St Kilda Rd Melbourne VIC 3004
Telephone: 1800 062 534 Fax: (03) 9903 0556

If the study team cannot satisfactorily address your concerns or complaints you may wish to consider contacting one of several committees who are responsible for endorsing various aspects of the study procedures.

The study is being conducted under the auspices of an independent Scientific Advisory Committee. The chairperson of the Scientific Advisory Committee is:

Professor Terry Dwyer
University of Tasmania
Menzies Centre
17 Liverpool Street
Hobart TAS 7000
Telephone: (03) 6226 7702 Fax: (03) 6226 7704

There is also a Consultative Forum of representatives of the veteran community. They have written a separate letter to you.

Alternatively you may prefer to contact the Ethics Committees which have endorsed the procedures within the study. They are the Australian Defence Medical Ethics Committee and the Monash University Standing Committee on Ethics in Research Involving Humans (SCERH). They are contactable at the following addresses:

Executive Secretary
Australian Defence Medical Ethics Committee
CP2-7-67
Department of Defence
Canberra ACT 2600
Telephone: (02) 6266 3818 Fax: (02) 6266 4982

The Secretary
Standing Committee on Ethics in Research Involving Humans
Monash University (*please quote project number 2000/140*)
Wellington Rd
Clayton VIC 3800
Telephone: (03) 9905 2052 Fax: (03) 9905 1420

INFORMED CONSENT STATEMENT

Gulf War Veterans Health Study

I agree to take part in the Gulf War Veterans Health Study. I have had the aims of the project, and the procedures therein, satisfactorily explained to me and I have had the opportunity to read and ask questions arising from the Explanatory Statement. In signing this consent form I am declaring the following:

1

I have read and understand the information about the Study and have had explained to me the aims of this research project, and the procedures in which I will be involved.

I understand that I will need to devote time to completing the various parts of the study including a self-administered questionnaire and a medical examination.

I understand that I will have blood taken for testing.

I understand that there are some inconveniences and risks involved in participation including potential emotional distress, associated with answering questions about my Service or life experiences, and mild discomfort associated with procedures such as skin testing, fitness testing, breathing tests and blood sampling.

I understand that I am participating in this project in a voluntary capacity and that I can withdraw at any time. This withdrawal will be without penalty or detriment to career or hindrance to future medical care.

I understand that if any medical condition, requiring further investigation or treatment, is found as a result of the medical examination, the appropriate feedback will be provided to me or to my nominated medical practitioner.

I am co-operating in this project on condition that:

- the information I provide and results of my assessments will be kept confidential and only used for this project.
- the research reports will be made available to me at my request and
- any published reports of this study will preserve my anonymity

2

I agree that a sample of my blood serum may be stored indefinitely for potential and further medical research. This serum can not be used for any such purpose without my further specific written consent.

3

I agree that the researchers may check the records of the National Cancer Registry and National Childhood Malformations Registry against information I provide about my children's health.

4

I agree that the researchers may check my name against the records of the National Cancer Registry and National Deaths Registry.

5

I also agree that the researchers may obtain my Australian Defence Force medical record.

I consent to all of the above points 1 to 5.

Name.....

HSA Witness

Signed.....

Signed.....

OR

I consent to all of the above points except number/s _____ (please specify).

Name.....

HSA Witness

Signed.....

Signed.....

TO CONTACT THE STUDY TEAMS

The **Gulf War Veterans Health Study Contact & Recruitment Team** are available to:

- *register your intention to participate, or to not participate, in the Study*
- *answer any queries you have about participation in the study*
- *refer you on to an alternative and appropriate source of information if they are unable to answer a question*

Please call them on **1800 502 302** during the following times, Monday to Friday, from your State. This is a free call from anywhere within Australia.

8.30am – 4.30pm for NSW, ACT, VIC & TAS

8.00am – 4.00pm from SA & NT

7.30am – 3.30pm from QLD

5.30am – 1.30pm from WA

If these times are not suitable you may call at any time and leave a message. Please be sure to include, in your message, your full name, phone contact details and some information about when you can best be contacted at that phone number. The Contact & Recruitment team will call you back as soon as possible.

Alternatively you can **email** the team on **GulfWar.HealthStudy@dva.gov.au** to register your intention to participate, or to not participate, in the Study. Please be sure to include, in your email, your full name, phone contact details and some information about when you can best be contacted at that phone number. The Contact & Recruitment team may need to speak to you directly by phone.

If you would like to speak directly with the **Monash University and Health Services Australia Gulf War Veterans Health Study Investigators**, please phone them directly on **1800 062 534**. This is a free call from anywhere within Australia. They should be able to answer any questions you may have about participating, or refer you to alternative source of information if necessary.

WE LOOK FORWARD TO HEARING FROM YOU SOON

2. Telephone questionnaire for non-participants

REFUSER QUESTIONNAIRE

STUDY NUMBER

--	--	--	--

1. Is the participant willing to complete a short questionnaire?

☐ No ☐ Yes

2. What is your date birth?

___/___/___
day month year

☐ Not answered

3. Were you a serving Defence Force member in August 1990?

☐ No ☐ Yes ☐ Not answered



Cease interview. The subject was not eligible to participate in the study.

4. In which country were you born?

- ☐ Australia
- ☐ UK & Ireland
- ☐ Italy
- ☐ Greece
- ☐ Netherlands
- ☐ Germany
- ☐ New Zealand
- ☐ Malaysia
- ☐ USA
- ☐ Canada
- ☐ South Africa
- ☐ Other _____
please specify
- ☐ Not answered

5. Do you regard yourself as being of Aboriginal or Torres Strait Islander origin?

☐ NO ☐ YES ☐ Not answered

6. Which category best describes the highest educational qualification you have completed?

Choose one.

- ☐ Primary school up to grade 6
- ☐ Secondary school up to grade 10
- ☐ Secondary school grades 11-12
- ☐ Certificate (trade, apprenticeship, technicians etc)
- ☐ Diploma (associate, undergraduate)
- ☐ Undergraduate degree
- ☐ Post-graduate degree
- ☐ Not answered

7. What is your current occupational status?

Choose the most relevant option.

- ☐ Still serving with ADF
- ☐ Other paid employment full-time ———→ Occupation? _____
Industry? _____
- ☐ Other paid employment part-time/casual → Occupation? _____
Industry? _____
- ☐ Volunteer/community work
- ☐ Student
- ☐ Home duties
- ☐ Retired
- ☐ Not working due to ill-health / TPI
- ☐ Unemployed
- ☐ Other _____
(please specify)
- ☐ Not answered

8. Are you a current smoker, former smoker or have you never smoked?

Current smoker Former smoker Never smoked Not answered

☐ ☐ ☐ ☐

9. In general, would you say your health is:

Excellent Very good Good Fair Poor Not answered

☐ ☐ ☐ ☐ ☐ ☐

☐

10. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Does your health limit you in:		Yes, limited a lot	Yes, limited a little	No, not limited at all	Not answered
a.	Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Have you:

- a. **You accomplished less** than you would like ☐ YES ☐ NO ☐ Not answered
- b. You were limited in the **kind** of work or other activities ☐ YES ☐ NO ☐ Not answered

12. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- a. **You accomplished less** than you would like ☐ YES ☐ NO ☐ Not answered
- b. You didn't do work or other activities as **carefully** as usual ☐ YES ☐ NO ☐ Not answered

13. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all A little bit Moderately Quite a bit Extremely Not answered

14. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

- [illegible]

15. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time Most of the time Some of the time A little of the time None of the time Not answered

3. Appointment confirmation package

Australia's leading health assessment and advisory service



[name field]
[address field]

Ref: [number field]

Dear [name field]

Thank you for agreeing to participate in the Gulf War Veterans Health Study.

Your participation in the Study involves completing a postal questionnaire and attending for a detailed medical examination.

As discussed, your medical examination will be conducted by staff at Health Services Australia (HSA). Our office is located on the **4th floor at Casselden Place, 2 Lonsdale Street (corner of Spring St), Melbourne.** This is very close to Parliament station.

Your appointment time is on [fields for day of week, date, month, year] at [time field].

Please allow **at least four and a half hours** for your complete medical examination, including breaks. You will be provided with a complimentary voucher to purchase refreshments at a local cafe.

The **postal questionnaire** is included in this package. This may take an hour and a half or more to complete. Please do your best to complete all sections **prior** to your appointment with us.

Please read the attached instruction sheet before attending your appointment. If, for any reason, you are unable to attend at the arranged time please telephone us immediately on **1300 361 046 or 9224 8376.**

The Department of Veterans Affairs can arrange, on your behalf, any travel or transport requirements between your home or work place and our office. This arrangement includes full coverage of associated costs. *Please telephone them on (03) 9284 6000 to arrange this.* If you prefer to arrange your own travel you can be reimbursed for any costs incurred including parking, petrol, public transport fares, etc. **Please keep your receipts.**

We look forward to your involvement in this very important Study.

Very best regards

on behalf of the Gulf War Veterans Health Study team

[date field]

Gulf War Veterans Health Study

INSTRUCTIONS FOR PARTICIPANTS

In the week prior to your medical appointment at Health Services Australia (HSA):

- Please take the time to read through and COMPLETE the **postal questionnaire**. The questionnaire should take approximately an hour and a half to complete. You may need several sittings to properly complete all sections. It could be useful to look up your personal records such as your medical records, W.H.O. yellow vaccination booklet, or a job resume to most accurately answer some sections.

In the four days prior to your appointment at HSA:

- Please avoid, if possible, the use of anti-histamine based medications typically used for cold, flu and hayfever symptoms. Examples of these are Sinutab, Codral, Demazin, Claratyne and Sudafed.
- Expect to receive a phone call from your allocated HSA office to confirm your appointment details. If you have any questions about attendance, please take this opportunity to ask them.

On the day of your appointment at HSA:

- Please avoid, if possible, drinking any alcohol.
- Please avoid, if possible, the use of asthma medications such as Ventolin, Becotide and Brondecon.

IMPORTANT

It is important that you do not endanger your health in any way by withholding these medications. Please do not hesitate to use any medications if your symptoms necessitate this.

In the hour prior to your appointment at HSA:

- Please avoid, if possible, drinking coffee and smoking cigarettes or other nicotine containing products.

When attending your appointment at HSA:

- Please wear flat shoes and light, comfortable clothes (remember there will be a brief fitness test).
- Please bring your completed postal questionnaire.
- *Gulf War Vets only:* If you still have your W.H.O. yellow vaccination booklet, please bring this with you.

You do not need to fast prior to your appointment.

How to claim for **Travelling Expenses**

1

Check you have the right form

Use the form 'Claim for Travelling Expenses' to claim for expenses relating to your visits to a health provider for treatment or a disability claim. For other expenses (for example travel relating to the Veterans' Review Board or Administrative Appeals Tribunal) you will need a different form - contact your State Office or Veterans' Advice Network (VAN).

2

Complete your details and sign the front

Write your name, DVA file number, contact phone number and address on the front of the form, then sign the declaration.

3

Use a different form for each provider you visit

If you are claiming for travel to different doctors or other health providers, you must use a separate form for each provider you visited. You need to give the form to your provider so they can complete the blue sections.

4

Lodge your form with DVA within three (3) months

You must lodge your form within three (3) months of the first travel you are claiming for. Claims received after three (3) months cannot be paid. You do not need to wait until you have filled up the form (5 visits). When you lodge your form, another form will be sent to you.

Completing the form

You need to give separate details about each visit to the health provider.

For example:

John Veteran's first visit that he is claiming for was at 9am on January 6 2000.

He travelled 320km to the appointment and 320km back home (total 640km). He travelled in a private vehicle and had parking fees of \$10. He stayed overnight in a motel.

A You need to take note of the date of the first visit you are claiming for. You must lodge your claim within 3 months of this date.

B You need to attach receipts for travelling expenses such as accommodation (see page 5 for more information about receipts).

Details about your travel expenses

VETERAN to complete

Date and time of visit

A 6 / 1 / 00 9 am / pm

Give details of all transport and parking used for each visit (total there and back)

- ◆ Public transport = bus, tram, train, ferry
- ◆ Community = transport by a community organisation
- ◆ Arranged by DVA = transport supplied or paid by DVA

Private vehicle **640** km
Public transport km
Taxi \$
Community \$
Air \$
Parking fees **\$ 10**
Arranged by DVA ☐

Attach receipts

Did you travel FROM HOME?

Yes ☒

No ☐ If you answered 'No', write the address you travelled from

Accommodation used for each visit

- ◆ Commercial = hotel, motel etc.
- ◆ Subsidised = hostel, special hospital unit etc.
- ◆ Private = family, friends, etc.

Number of nights
B Commercial **1**
Subsidised
Private

Attach receipts

Your situation

What if I have different travel arrangements?

Different kinds of travel are covered by this form. Depending on how you travel, you need to write the distance you travelled or the amount you paid in fares. If you write the amount in fares (for example if you travel by taxi, community transport or air) you will need to attach receipts. If you are travelling from somewhere other than your home, you need to write the address from which you travelled in the space provided.

For example:

At the time of John Veteran's second visit to this health care provider, he is staying with his sister and takes a taxi to his appointment. His taxi fare is \$23.50 there and \$25.00 back. He writes the total in the box provided. He also writes his sister's address in the box provided.

C John needs to attach the receipt from his taxi (see page 5 for more information about receipts).

What if I need someone to travel with me?

If you need someone to travel with you for medical reasons, you may be able to claim some of their expenses. Your health care provider must indicate on the form whether or not an attendant is medically required.

VISIT 2	
14/	1 / 00 9 am / pm
Private vehicle	km
Public transport	km
Taxi	\$ 48.50 C
Community	\$
Air	\$
Parking fees	\$
Arranged by DVA	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/> If you answered 'No', write the address you travelled from
20 National Crescent	
Australia Bay	

VISIT 2	
<input type="text"/>	
Unable to use private/public transport	<input checked="" type="checkbox"/>
Attendant medically required	<input checked="" type="checkbox"/>

Completing the form

If you are admitted to hospital

If you are admitted to hospital for any length of time, please use the space on the back of the form to give details of your stay in hospital.

Remember to fill in details about your discharge as well as your admission.

For example:

John Veteran is admitted to hospital for one week in February 2000. He was transported via ambulance from his sister's home.

On discharge he left the hospital by private vehicle.

VETERAN to complete

Dates and times

Give details of all transport and parking used.

Give separate details for the trip there (for admission) and the trip back (after discharge).

- ◆ Public transport = bus, tram, train, ferry
- ◆ Community = transport by a community organisation
- ◆ Arranged by DVA = transport supplied or paid by DVA

Did you travel FROM HOME?

Accommodation used for this visit

- ◆ Commercial = hotel, motel etc.
- ◆ Subsidised = hostel, special hospital unit etc.
- ◆ Private = family, friends, etc.

If you had a MEDICALLY REQUIRED ATTENDANT

Did your attendant travel home and then return for you on discharge?

Number of nights your attendant used COMMERCIAL accommodation while you were in hospital

ADMISSION

15 / 2 / 00 **8** ~~am~~ / pm

TRANSPORT FOR ADMISSION ONLY

Private vehicle km

Public transport km

Taxi \$

Community \$

Air \$

Parking fees \$

Ambulance ☒

Arranged by DVA ☐

Attach receipts

Yes ☐ No ☒ If you answered 'No', write the address in the white space →

Number of nights

Commercial

Subsidised

Private

Attach receipts

Yes ☐ No ☐

Attach receipts – a contributing allowance may be paid by DVA

About receipts

DISCHARGE

22 / 2 / 00 8 am / pm

TRANSPORT AFTER DISCHARGE ONLY

Private vehicle 21 km

Public transport km

Taxi \$

Community \$

Air \$

Parking fees \$

Ambulance ☐

Arranged by DVA ☐

Attach
receipts

20 National Crescent
Australia Bay

Depending on your particular travel and accommodation arrangements, we may need to see your receipts for some of the travel you have undertaken for your condition. Please make sure that you attach receipts securely to your form.

Veteran Cove Parking Station

6 January 2000

Total \$10.00

TERRIFIC TAXIS

TERRIFIC TAXIS

14 January 2000

Pick up 08:15

Set down 08:47

Distance 20km

Extras -

Tariff \$23.50



AUSTRALIAN MOTEL

HOSPITAL ROAD, VETERAN COVE 2000

Mr & Mrs J Veteran
21 Park Street
Barrack Flats

Accommodation

Tariff

1 Night, Standard Double Room

\$90.00

In: 5 January 2000

Out: 6 January 2000

Total \$90.00

the health provider

Your health provider needs to complete the blue section of the form.

The provider must also sign the certification.

If you are admitted to hospital, your health provider needs to complete the blue section on page 4 of the form.

The provider must also sign the certification.

Confirming the travel details

DOCTOR or other HEALTH PROVIDER to complete

Condition treated (for White Card only) ▶

For each visit, indicate any special requirements due to veteran's medical condition ▶

VISIT 1

Unable to use private/public transport ☐

Attendant medically required ☒

STAMP OR PRINT

Provider's surname & initials

Dr I Jones

Address at which treatment occurred No. & street Suburb/town Postcode

10 Australia Street

Veteran Cove

2000

Contact phone

(02) 7890 7890

Provider Number for treatment address

34569A

HOSPITAL to complete

Indicate any special requirements due to veteran's medical condition ▶

ADMISSION

Unable to use private/public transport ☒

Attendant medically required ☐

DISCHARGE

Unable to use private/public transport ☐

Attendant medically required ☒

STAMP OR PRINT

Hospital name

Veteran Cove Hospital

Address at which treatment occurred No. & street Suburb/town Postcode

20 Hospital Road

Veteran Cove

2000

Contact phone

(02) 2000 2000

Provider Number for treatment address

Condition treated (for White Card only)

CERTIFICATION

I certify that I have provided treatment on the dates shown and that the details I have provided are correct.

Signature

I Jones

Print name

Admitting doctor

Dr I Jones

Type of provider

Cardiologist

To the best of your knowledge, did the treatment meet the health care needs of the veteran and are you the **closest practical** provider able to administer the required treatment? Yes ☒ No ☐

Date **22 / 2 / 00**

VISIT 2

Unable to use private/public transport ☒

Attendant medically required ☒

VISIT 3

Unable to use private/public transport ☐

Attendant medically required ☐

VISIT 4

Unable to use private/public transport ☐

Attendant medically required ☐

Type of provider

Cardiologist

Reason for visit(s):

Treatment ☒

Disability claim ☐

For treatment visits: To the best of your knowledge, did the treatment meet the health care needs of the veteran and are you the **closest practical** provider able to administer the required treatment?

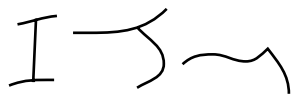
Yes ☒

No ☐

CERTIFICATION

I certify that I have provided treatment on the dates shown and that the details I have provided are correct.

Signature



Date **14 / 1 / 00**

Remember

Even if you choose to leave your form with your health provider, it is your responsibility to ensure that your form reaches DVA within three (3) months of the first visit for which you are claiming expenses.

more information

For further assistance to complete the form or to obtain further copies of the form, please ring the State Office numbers shown right, or your local VAN Office.

Other information is available in the booklet 'Your guide to The Repatriation Transport Scheme' or in the following DVA Fact Sheets. You can get a copy of any of the fact sheets from your State Office or VAN, or you can download them from the DVA website: www.dva.gov.au

National Toll Free Number	1800 113 304
Queensland	(07) 3223 8666
New South Wales	(02) 9213 7777
Victoria	(03) 9284 6000
South Australia	(08) 8290 0462
Tasmania	(03) 6221 6740
Western Australia	(08) 9366 8222

HSV02 Overview of the Repatriation Transport Scheme

HSV120 Ambulance

HSV121 Travel with an Authorised Attendant

HSV122 Transport—Meal and Accommodation Allowances

HSV123 Transport—Community Transport

HSV124 Private Motor Vehicle, Bus, Train, Tram and Ferry Travel and Parking Expenses

HSV125 Taxi, Booked Car and Air Travel

HIP80 Providers—Transport Information for Health Providers

D800

Use this form for

travel relating to treatment or a disability claim.

Do NOT use this form for

travel relating to the Administrative Appeals Tribunal, the Veterans' Review Board or the Specialist Medical Review Council. Use a different form – contact your State Office or Veterans' Affairs Network (VAN) office.

Information

For information, please read 'Your Guide to the Repatriation Transport Scheme' and DVA fact sheets, available from your State Office or VAN, or visit our website www.dva.gov.au

Filling in your claim

Complete a separate form for each health provider visited.

You must complete the **BROWN** parts, and your doctor or other health provider must complete the **BLUE** parts.

For ADMISSION TO HOSPITAL, please use the back page.

Please print neatly in BLOCK LETTERS using a BLACK or BLUE PEN.

3 months claim period

To receive payment for travel, you must lodge the form within 3 months after that travel (only in exceptional circumstances will DVA extend the period).

Send your claim to**Department of Veterans' Affairs****GPO Box 9998 in your State capital city.****Privacy**

The information provided is required to assess your claim for travelling expenses under the *Veterans' Entitlements Act 1986*. The Act requires that a claim be made on this form as approved by the Repatriation Commission. We may disclose some of the information provided on this form to your doctor or health provider, or to the Health Insurance Commission in order to verify your claim. We may also provide information to the Department of Finance and Administration to facilitate payment of your claim.

Claim for Travelling Expenses

Veteran to complete and sign

Your surname

Given names

DVA File Number

Contact phone

HOME ADDRESS

Number and street

Suburb/town

Postcode

POSTAL ADDRESS (if different to home address)

Number and street

Suburb/town

Postcode

DECLARATION

I declare that the details I have provided in this form are correct to the best of my knowledge.

I have attached all required receipts to this form.

I understand that giving false or misleading information is a serious offence.

YOUR SIGNATURE

Date

If you are a person authorised to act on behalf of the veteran in matters relating to this claim, please give your name

Remember!

☐**Attach** all required receipts.☐**Complete and sign** the section above.☐**Lodge** your form **within 3 months** of the travel you are claiming for.**Office use**

Claim ID

Amount paid

\$

Use this page to claim for visits for treatment or a disability claim. For admini

VETERAN to complete

Date and time of visit

VISIT 1

/ / am / pm

Give details of all transport and parking used for each visit (total there and back)

- ◆ Public transport = bus, tram, train, ferry
- ◆ Community = transport by a community organisation
- ◆ Arranged by DVA = transport supplied or paid by DVA

Private vehicle km

Public transport km

Taxi \$

Community \$

Air \$

Parking fees \$

Arranged by DVA ☐

Attach receipts

VISIT 2

/ / am / pm

Private vehicle km

Public transport km

Taxi \$

Community \$

Air \$

Parking fees \$

Arranged by DVA ☐

Attach receipts

Did you travel FROM HOME?

Yes ☐

No ☐ If you answered 'No', write the address you travelled from

Yes ☐

No ☐ If you answered 'No', write the address you travelled from

Did you travel with an ATTENDANT?

No ☐

Yes ☐ Name of attendant

No ☐

Yes ☐ Name of attendant

Accommodation used for each visit

- ◆ Commercial = hotel, motel etc.
- ◆ Subsidised = hostel, special hospital unit etc.
- ◆ Private = family, friends, etc.

Number of nights

Commercial

Subsidised

Private

Attach receipts

Number of nights

Commercial

Subsidised

Private

Attach receipts

DOCTOR or other HEALTH PROVIDER to complete

Specify condition treated (for **White Card** only) ►

For each visit, indicate any special requirements due to veteran's medical condition ►

By signing for each visit, you, the doctor/health provider certify that you saw the veteran for treatment that day and the details entered are correct ►

VISIT 1

Unable to use private vehicle or public transport? Yes ☐ No ☐

Attendant medically required? Yes ☐ No ☐

Date / /

VISIT 2

Unable to use private vehicle or public transport? Yes ☐ No ☐

Attendant medically required? Yes ☐ No ☐

Date / /

Before this claim can be lodged

Please make sure you (the doctor or other health provider) have completed **ALL** of the following details ►

Type of provider

Provider number

Reason for visit(s): Treatment ☐

Disability claim ☐

To the best of your knowledge, did the treatment meet the health care needs of the veteran and are you the **closest practicable** provider able to administer the required treatment?

Yes ☐

No ☐



VISIT 3

/	/	am / pm
---	---	---------

Private vehicle		km
Public transport		km
Taxi	\$	Attach receipts
Community	\$	
Air	\$	
Parking fees	\$	
Arranged by DVA <input type="checkbox"/>		

Yes ☐

No ☐ If you answered 'No', write the address you travelled from

No ☐

Yes ☐ Name of attendant

--

	Number of nights	Attach receipts
Commercial		
Subsidised		
Private		

VISIT 3

--

Unable to use private vehicle or public transport? Yes ☐ No ☐

Attendant medically required? Yes ☐ No ☐

--

Date

/	/
---	---

VISIT 4

/	/	am / pm
---	---	---------

Private vehicle		km
Public transport		km
Taxi	\$	Attach receipts
Community	\$	
Air	\$	
Parking fees	\$	
Arranged by DVA <input type="checkbox"/>		

Yes ☐

No ☐ If you answered 'No', write the address you travelled from

No ☐

Yes ☐ Name of attendant

--

	Number of nights	Attach receipts
Commercial		
Subsidised		
Private		

VISIT 4

--

Unable to use private vehicle or public transport? Yes ☐ No ☐

Attendant medically required? Yes ☐ No ☐

--

Date

/	/
---	---

VISIT 5

/	/	am / pm
---	---	---------

Private vehicle		km
Public transport		km
Taxi	\$	Attach receipts
Community	\$	
Air	\$	
Parking fees	\$	
Arranged by DVA <input type="checkbox"/>		

Yes ☐

No ☐ If you answered 'No', write the address you travelled from

No ☐

Yes ☐ Name of attendant

--

	Number of nights	Attach receipts
Commercial		
Subsidised		
Private		

VISIT 5

--

Unable to use private vehicle or public transport? Yes ☐ No ☐

Attendant medically required? Yes ☐ No ☐

--

Date

/	/
---	---

STAMP OR PRINT

Provider's surname & initials

Address at which treatment occurred
No. & street
Suburb/town
Contact phone

Postcode

Remember!

You must lodge your form **within 3 months** of the travel you are claiming for.

ADMISSION TO HOSPITAL

For other types of visits, please use the other side.

VETERAN to complete		ADMISSION		DISCHARGE	
Dates and times		<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; position: relative;"> / / am / pm </div>		<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; position: relative;"> / / am / pm </div>	
<p>Give details of all transport and parking used.</p> <p>Give separate details for the trip there (for admission) and the trip back (after discharge).</p> <ul style="list-style-type: none"> ◆ Public transport = bus, tram, train, ferry ◆ Community = transport by a community organisation ◆ Arranged by DVA = transport supplied or paid by DVA 		<p>TRANSPORT FOR ADMISSION ONLY</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Private vehicle <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> km</p> <p>Public transport <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> km</p> <p>Taxi \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p>Community \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p>Air \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p>Parking fees \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p>Ambulance <input type="checkbox"/></p> <p>Arranged by DVA <input type="checkbox"/></p> </div> <div style="margin-left: 10px;"> <p>Attach receipts</p> </div> </div>		<p>TRANSPORT AFTER DISCHARGE ONLY</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Private vehicle <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> km</p> <p>Public transport <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> km</p> <p>Taxi \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p>Community \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p>Air \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p>Parking fees \$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p>Ambulance <input type="checkbox"/></p> <p>Arranged by DVA <input type="checkbox"/></p> </div> <div style="margin-left: 10px;"> <p>Attach receipts</p> </div> </div>	
<p>Did you travel FROM HOME?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> What address did you travel from?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
<p>Accommodation used for this visit</p> <ul style="list-style-type: none"> ◆ Commercial = hotel, motel etc. ◆ Subsidised = hostel, special hospital unit etc. ◆ Private = family, friends, etc. 		<p>Number of nights: Commercial <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p> Subsidised <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p> Private <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <div style="margin-left: 10px;"> <p>Attach receipts</p> </div>			
<p>Did you travel with an ATTENDANT?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> Give details</p>		<p>Name of your attendant <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p>Did your attendant travel home and then return for you on discharge? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Number of nights your attendant used COMMERCIAL accommodation while you were in hospital <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <p style="margin-left: 10px;">Attach receipts – a contributing allowance may be paid by DVA</p>			

HOSPITAL to complete		ADMISSION		DISCHARGE	
<p>Indicate any special requirements due to veteran's medical condition ▶</p>		<p>Unable to use private vehicle or public transport? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attendant medically required? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Unable to use private vehicle or public transport? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attendant medically required? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Hospital name</p> <p>Address at which treatment occurred</p> <p style="margin-left: 40px;">No. & street</p> <p style="margin-left: 40px;">Suburb/town</p> <p style="margin-left: 40px;">Contact phone</p> <p style="margin-left: 40px;">Provider Number for treatment address</p>		<p>STAMP OR PRINT</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
<p>Admitting doctor <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>Type of provider <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p>		<p>Specify condition treated (for White Card only)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>CERTIFICATION</p> <p>I certify that I have provided treatment on the dates shown and that the details I have provided are correct.</p> <p>Signature <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div></p> <p>Print name <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>Date <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></p>			
<p>To the best of your knowledge, did the treatment meet the health care needs of the veteran and are you the closest practicable provider able to administer the required treatment? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					

4. Postal questionnaire

STUDY NUMBER

--	--	--	--



GULF WAR VETERANS' HEALTH STUDY

PARTICIPANT QUESTIONNAIRE

OFFICE USE ONLY

PRE EXAM. ☐

POST EXAM ☐

THANK YOU

for participating in the Gulf War Veterans Health Study


Please read the following instructions regarding the completion of this questionnaire.

1. This questionnaire is to be completed by both Gulf War Veterans and other serving or former ADF members, who did not deploy to the Gulf War, but who have been invited to participate in the Gulf War Veterans' Health Study.
2. For the purpose of this study, **YOU ARE A GULF WAR VETERAN IF you were deployed in support of the Gulf War during the period of 2nd August 1990 to 4th September 1991 as part of ADF Operation Ozone, Operation Damask and Operation Habitat, or with overseas forces as part of Desert Shield and Desert Storm.**

The Gulf War Veteran Group does NOT include:

- i) those personnel who were on other Defence duties in the Middle East at the time,
- ii) personnel deployed in support of Operation Blazer after 4th September 1991,
- iii) personnel deployed in support of Operation Damask after 4th September 1991.

If you are not sure whether you are a Gulf War Veteran, or are not a Gulf War Veteran, according to the above definition, the names of all those included in this Study's Gulf War Veteran group are published in the Gulf War Nominal Roll. The Nominal Roll can be viewed at <http://www.dva.gov.au/commem/nomroll/gulf/index.htm>. Alternatively you could call 1800 502 302 to check if you are included.

3. When completing the questionnaire please **TICK**  **ONLY** those boxes corresponding to your answers.

Please **DO NOT** place crosses  in the boxes or circle the boxes 

RIGHT

WRONG

4. Parts of the questionnaire are complicated to complete. Please be sure to read each question, and its instructions, **VERY CAREFULLY**.
5. Please be sure to ring the Study team if you are unsure about how to complete any section of this questionnaire. The freecall number is **1800 062 534**. Please call any time during business hours, Monday to Friday.

Question 1.

For the purpose of this study do you regard yourself as a Gulf War Veteran or NOT a Gulf War Veteran? Please refer to the definition provided on the previous page if you are not certain.

Please tick one.

☐ **I am a Gulf War Veteran**

- You should complete ALL sections of this questionnaire.
- Some tables in this questionnaire have columns labeled “Everyone” and columns labeled “GW Vets only”; you should complete BOTH columns where applicable.

☐ **I am NOT a Gulf War Veteran**

- You should complete ALL sections of this questionnaire EXCEPT section C and any other questions marked “Gulf War Veterans Only”
- Some tables in this questionnaire have columns labeled “Everyone” and columns labeled “GW Vets only”; you should complete ONLY the columns labeled “Everyone”.

- ☐ Not changed my marital status
- ☐ Married, or started living with a partner
- ☐ Separated from a partner
- ☐ Divorced from a partner
- ☐ Been widowed
- ☐ Other _____

please specify

A9. Which category best describes the highest educational qualification you have completed?

Choose one.

- ☐ Primary school up to grade 6
- ☐ Secondary school up to grade 10
- ☐ Secondary school grades 11-12
- ☐ Certificate (trade, apprenticeship, technicians etc)
- ☐ Diploma (associate, undergraduate)
- ☐ Undergraduate degree
- ☐ Post-graduate degree

A10. What is your current occupational status?

Choose the most relevant option.

- ☐ Paid employment full-time
- ☐ Paid employed part-time/casual
- ☐ Volunteer/community work
- ☐ Student
- ☐ Home duties
- ☐ Retired
- ☐ Not working due to ill-health / TPI
- ☐ Unemployed
- ☐ Other _____

please specify

A11. Since August 1991 have you had a period of unemployment greater than 3 months?

- ☐ NO ☐ YES



If YES, was this period of unemployment primarily due to health problems?

- ☐ NO ☐ YES

A12. What is your main source of income now?

Choose one

- ☐ Wage or salary
- ☐ Own business or share in a partnership
- ☐ Disability pension
- ☐ Other government pension/allowance/benefit
- ☐ Child allowance
- ☐ Superannuation/annuity
- ☐ Dividends/interest/income from investments
- ☐ Other _____

please specify

GO TO SECTION B

SECTION B: MILITARY POSTINGS

B1. When you joined the ADF for military service were you:

☐ Navy☐ Army☐ Airforce☐ Other

_____ please specify

B2. What year did you first join the ADF? 19 ____

B3. Are you still a serving member of the ADF?

☐ YES☐ NO If NO, What year did you leave?

Office use only

B4. In January 1991, what was your rank?

_____ please specify

--	--

INSTRUCTIONS: Please answer the following questions about military postings, including postings with defence forces of other countries, that you have held for **3 months or more.**
Please DO NOT include postings that you held as a reservist in the military.

B5. Please write in the year you started each non-reserve posting, the duration of the posting in years and months, the rank mostly held for that posting, the name of your unit, ship or squadron, your category/branch, corps or mustering and a brief description of your duties, the type of area that you worked in. Then please indicate whether you regularly worked with or handled pesticides, fuels, engine exhaust, or solvents during those postings.

Please start with your first posting and continue in order. If the duties were substantially the same from one posting to the next you may amalgamate the postings.

	Year Started	Duration in years & months	Rank Mostly held	Name of Unit/Ship/Squadron	Category/Branch, Corps or Mustering and a brief description of duties	Was it primarily? Select the most relevant option	Did you regularly work with or handle any of the following? Select all that apply
Eg	1975	2 yrs 6 mo	Able seaman	HMAS Success	Seaman, engine maintenance painting ship	<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input checked="" type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input checked="" type="checkbox"/> Solvents <input checked="" type="checkbox"/> Fuels <input checked="" type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
1		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
2		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
3		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these

B. MILITARY POSTINGS

	Year Started	Duration in years & months	Rank Mostly held	Name of Unit/Ship/Squadron	Category/Branch, Corps or Mustering and a brief description of duties	Was it primarily? Select the most relevant option	Did you regularly work with or handle any of the following? Select all that apply
4		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
5		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
6		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
7		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
8		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
9		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
10		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
11		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these
12		____ yrs ____ mo				<input type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Barracks <input type="checkbox"/> Ship above deck <input type="checkbox"/> Ship below decks	<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Fuels <input type="checkbox"/> Engine Exhaust <input type="checkbox"/> None of these

GO TO SECTION C

IF YOU ARE A GULF WAR VETERAN,
A COPY OF YOUR GULF WAR
DEPLOYMENT RECORD SHOULD BE
STAPLED HERE.

GULF WAR VETERANS ONLY SHOULD ANSWER THIS SECTION

If NOT a Gulf War Veteran, please go to SECTION D

SECTION C: YOUR DEPLOYMENT TO THE GULF WAR

We would like to know some specific details about your deployment to the Gulf War.

The Gulf War Nominal Roll records your service number, date entered the operational area, date departed the operational area, ship/unit/squadron, rank and corps/mustering. A copy of your Gulf War Nominal Roll record should be stapled to the previous page.

C1. Please check the details of the deployment record from the Nominal Roll, writing any necessary corrections clearly and directly on to the stapled sheet.

Please mark the box below to indicate that you have checked the attached Nominal Roll record and that you have made any needed corrections.

☐ **I have checked my Nominal Roll deployment record and have made any needed corrections.**

C2a. What were your primary duties during your deployment to the Gulf War?

(mark all boxes that apply)

- | | |
|---|--|
| <input type="checkbox"/> On board a frigate or destroyer | <input type="checkbox"/> Logistic support/staff duties |
| <input type="checkbox"/> On board a supply ship | <input type="checkbox"/> Medical |
| <input type="checkbox"/> On board a submarine | <input type="checkbox"/> Environmental health duties |
| <input type="checkbox"/> Mine countermeasures | <input type="checkbox"/> Airbase support |
| <input type="checkbox"/> Ground Crew | <input type="checkbox"/> Airfield guarding |
| <input type="checkbox"/> Engaged in combat/combat missions/combat patrols | |
| <input type="checkbox"/> Combat support/flight-line support/convoy protection | |
| <input type="checkbox"/> Other duty | _____ |

please specify

C2b. Please write your job title, or trade, applicable to when you were there (eg technician, cook, driver)

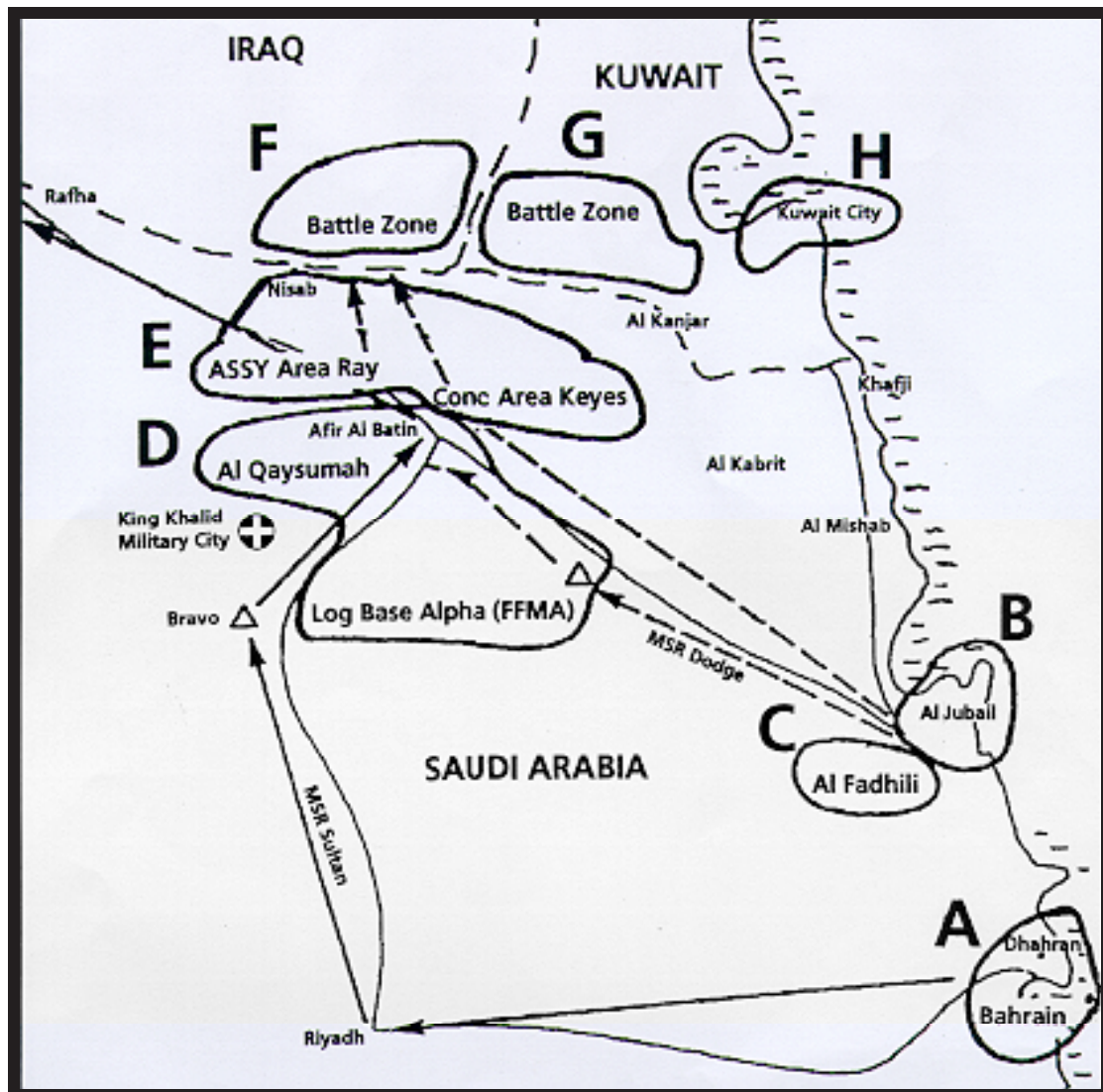
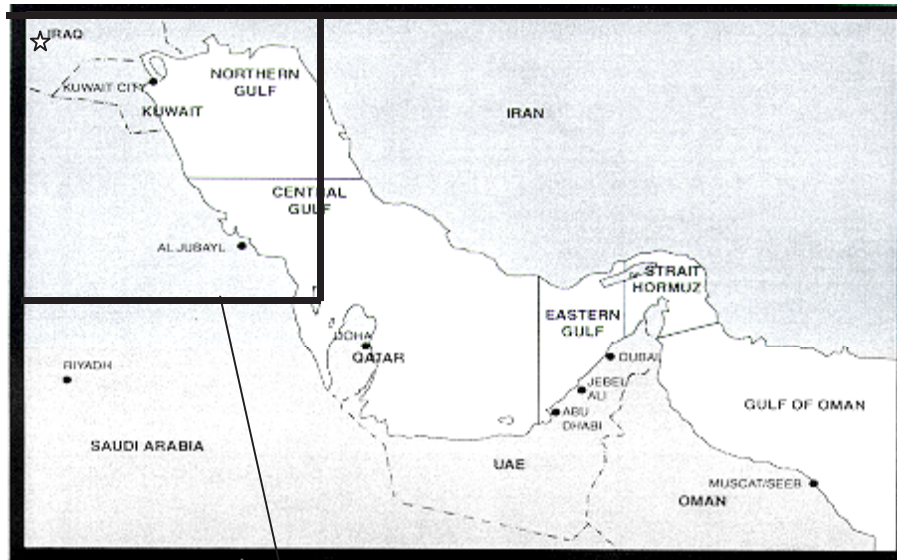
(job title or trade)

C3. During your Gulf War deployment were you:**a. attached to ship**☐ NO☐ YES*If YES, which ship?*☐ HMAS Darwin☐ HMAS Brisbane☐ HMAS Sydney☐ HMAS Westralia☐ HMAS Adelaide☐ HMAS Success☐ USNS Comfort☐ Other

please specify**b. attached to a static HQ**☐ NO☐ YES*If YES, which location?*☐ Australia☐ Saudi Arabia (eg Riyadh)☐ Bahrain☐ UAE (eg Abu Dhabi)☐ Iraq☐ Oman (eg Muscat)☐ Other

please specify**c. did you serve as part of Operation Habitat?**☐ NO☐ YES**d. were you attached to a manoeuvre HQ?**☐ NO☐ YES*If YES, Where was the start deployment?**Where was the finish deployment?***C4. During your deployment to the Gulf on how many days did you have direct contact with, or were you exposed to, intense smoke from burning oil wells?**☐ None☐ 1-3 days☐ 4-9 days☐ 10-30 days☐ more than 30 days☐ Don't know*IF 1 day or more***b. During the smoke and oil cloud, for how many hours on each of those days, on average, were you outside/on the upper decks?**☐ <1 hour☐ 1-4 hours☐ 5-8 hours☐ >8 hours**C5. During your deployment to the Gulf War did you serve, or at any time visit or set foot, on land in any of the countries surrounding the Persian Gulf waters (such as Saudi Arabia, Kuwait, Iraq, Iran etc)?**☐ NEVER☐ YES**If YES please look at maps and answer question C6 on the next pages****If NEVER please go to QUESTION C7**

Question C6. Use this map and the enlargement below to identify where you were on land in any of the countries surrounding the Persian Gulf waters



This map shows the main areas where **ground forces** were located. Several areas are listed on the map with a code (A to H). Please note that the location code includes the whole of the area circled.

Question C6 continued

Location Code	Examples	Location Code	Examples
<i>A</i>	<i>Dahrhan, Bahrain</i>	<i>B</i>	<i>Al Jubail, e.g. Baldrick Lines</i>
<i>C</i>	<i>Devil Dog Dragoon Range, Al Fadhili, St. Patrick's Camp Jerboa Range</i>	<i>D</i>	<i>Al Qaysyumah, Log Base Alpha (FFMA), Hafar Al Batin</i>
<i>E</i>	<i>Ex. Dibdibah Range or Charge Concentration Milton Keynes, Assemble Area Ray</i>	<i>F</i>	<i>Southern Iraq Battle Zone e.g. Bronze, Lead, Tungsten, Copper, Cobalt, Varsity</i>
<i>G</i>	<i>Kuwait (excluding Kuwait City)</i>	<i>H</i>	<i>Kuwait City</i>

C6a. Please indicate in the table, at the bottom of the page, which ground locations you served at or visited during your Gulf War deployment and indicate when you were there. Please use the codes provided on the map OR, if you went to a location not coded on the map, please give its name.

Nb. The Aerial Bombardment commenced on 17th January 1991. The Main Battle took place in Areas F and G between 24th and 28th February 1991.

The example provided is for a veteran whose Gulf War deployment took him/her first to Al Jubail (Area B) between January 17 and February 28, subsequently to Bahrain (Area A) after February 28, and finally to Karachi (not coded on the map) also after February 28.

Example only

	Location	Before war was declared (pre Jan 17)	During the war (Jan 17–Feb 28)	After the cease-fire (post Feb 28)
1st location	<i>B</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd location	<i>A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3rd location	<i>Karachi</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Which ground locations did you serve at or visit?

	Location	Before war was declared (pre Jan 17)	During the war (Jan 17–Feb 28)	After the cease-fire (post Feb 28)
1st location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6th location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7th location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C6b. Were you near Khamisiayah in southern Iraq (☆on the top map) in March 1991?

☐ NO ☐ YES

C6c. Were you at camp Doha on July 11th , when the North Compound caught fire, or involved in the subsequent clean up operations?

☐ NO ☐ YES

GO TO Question C7

Section C continued VACCINATIONS & MEDICATIONS

We would like to know about vaccinations and medications you received as part of your deployment to the Gulf War.

If you have a written record of these vaccinations, e.g. your WHO International Certificates of Vaccination 'yellow book', please refer to it when completing this section; and bring the book with you to the medical examination. If you do not have your 'yellow book', please indicate this, but still complete this section to the best of your ability.

C7. Do you have your WHO 'yellow book' to refer to? ☐ YES ☐ NO

C8. As part of your Gulf War deployment, how many vaccinations did you receive:

before you left for the Gulf? ☐ none ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ >7 ☐ Don't know

Over what time period did you receive these?

☐ all in one session ☐ across 1 week ☐ across 2-4 weeks ☐ across a period > 4 weeks

in transit to the Gulf? ☐ none ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ >7 ☐ Don't know

Over what time period did you receive these?

☐ all in one session ☐ across 1 week ☐ across 2-4 weeks ☐ across a period > 4 weeks

while you were in the Gulf? ☐ none ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ >7 ☐ Don't know

Over what time period did you receive these?

☐ all in one session ☐ across 1 week ☐ across 2-4 weeks ☐ across a period > 4 weeks

C9. Which of the following vaccinations do you think you received:

Typhoid	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Cholera	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Diphtheria, Tetanus (ADT)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Pertussis (whooping cough)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Hepatitis B	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Measles, Mumps, Rubella (MMR)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Polio (oral Sabin)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Tuberculosis (BCG)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Hepatitis A (Havrix)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Smallpox	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Anthrax	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Plague	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know

If Other, please specify _____

C10. Did you take anti-nerve agent pills (i.e. PB or NAPS)?

☐ NO ☐ YES ☐ Don't know

If YES,

a. Please estimate how many days you took them for in total? ___ days

b. On average how many did you take each day?

☐ 1 ☐ 2 ☐ 3 ☐ >3 ☐ Don't know

C11. Did you take tablets to protect you against malaria (e.g. chloroquine or doxycycline)?

☐ NO ☐ YES ☐ Don't know

If YES,

a. please estimate how many days you took them for in total? ___ days

C12. Did you take any anti-biological warfare tablets (Ciprofloxacin or Ciproxin)?

☐ NO ☐ YES ☐ Don't know

If YES,

a. please estimate how many days you took them for in total? ___ days

C13. Did you have a significant reaction to any vaccinations or medications that you received?

☐ NO ☐ YES

If YES,

a. Please specify which vaccination(s) or medication(s) you reacted to

b. Which vaccination or medication resulted in the most severe reaction.

Please specify one _____

c. How long did this most severe reaction last? ___ days

d. Did you need to seek medical advice for this reaction

☐ NO ☐ YES

GO TO SECTION D.

SECTION D: DEPLOYMENTS *(Everyone should answer this section)*

D1a. Have you been on an active deployment (war or peacekeeping). This does not include training exercises or goodwill visits (flying the flag).

☐ **YES** GO TO QUESTION D1b.

☐ **NO**

GO TO SECTION E →

D1b. In the table below please indicate where you were actively deployed. Remember that this does not include training exercises or goodwill visits (flying the flag).

INSTRUCTIONS: *From this list please mark the YES box for those active deployments which apply to you. Then, please write the year in which you were deployed, the approximate duration of your participation in that deployment and indicate whether you were ordered to serve on that deployment or whether you volunteered.*

Were you deployed to:	Yes	Year First Deployed	Duration (Choose the nearest period) (If you went more than once show the total time)				Were you ordered to serve or did you volunteer to serve?	
			Less than one week	One week to less than one month	One month to less than 6 months	More than 6 months	Ordered	Volunteered
1. Angola	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Afghanistan	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Balkanís	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Bougainville 1997 →	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cambodia 1993 -1999	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. East Timor 1999 →	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Egypt	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Former Rep of Yugoslavia 1997 →	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gulf of Oman 1999	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Korea 1953 →	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Kuwait 1998 →	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Malaysia	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D1. continued

Gulf War Vets

Were you deployed to:	Yes	Year Deployed	Duration (Choose the nearest period)				Were you ordered to serve or did you volunteer to serve?	
			Less than one week	One week to less than one month	One month to less than 6 months	More than 6 months	Ordered	Volunteered
13. Middle East 1956 →	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Mozambique 1994 →	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Namibia 1989-1990	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Papua New Guinea 1997-1998	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Persian Gulf (between 2/8/90 & 4/9/91)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Persian Gulf (<u>not</u> between 2/8/90 & 4/9/91)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Rwanda	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Sinai 1982-1986 & Sinai 1993 →	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Solomon Islands	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Somalia 1994	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Southern Ocean	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Thailand	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Vietnam	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Western Sahara	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other deployments overseas, please specify destination/s below. Do not include training exercises or goodwill visits (flying the flag).

27.	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



D2. We would like to know about chemical or environmental contaminants that you may have been exposed to during the deployments you listed in Question D1.

[illegible]

D. DEPLOYMENTS

[illegible]

If No or Don't Know go to D4.

<i>If YES,  (tick all that apply below)</i>	<i>If YES,  (tick all that apply below)</i>
<p>What chemical agents had been used?</p> <p><input type="checkbox"/> Nerve gas</p> <p><input type="checkbox"/> Mustard gas</p> <p><input type="checkbox"/> Other unknown</p> <p><input type="checkbox"/> Other _____</p> <p>_____ please specify</p>	<p>What chemical agents had been used?</p> <p><input type="checkbox"/> Nerve gas</p> <p><input type="checkbox"/> Mustard gas</p> <p><input type="checkbox"/> Other unknown</p> <p><input type="checkbox"/> Other _____</p> <p>_____ please specify</p>
<p>What made you think that chemical warfare agents had been used?</p> <p><input type="checkbox"/> I felt ill at the time</p> <p><input type="checkbox"/> Saw dead or affected animals</p> <p><input type="checkbox"/> Saw dead or affected people</p> <p><input type="checkbox"/> Chemical alarms went off</p> <p><input type="checkbox"/> I was told so</p> <p><input type="checkbox"/> Another reason,</p> <p>_____ please specify</p>	<p>What made you think that chemical warfare agents had been used?</p> <p><input type="checkbox"/> I felt ill at the time</p> <p><input type="checkbox"/> Saw dead or affected animals</p> <p><input type="checkbox"/> Saw dead or affected people</p> <p><input type="checkbox"/> Chemical alarms went off</p> <p><input type="checkbox"/> I was told so</p> <p><input type="checkbox"/> Another reason,</p> <p>_____ please specify</p>

[illegible]

If No or Don't Know go to D5.

<i>If YES, ▼ (tick all that apply below)</i>	<i>If YES, ▼ (tick all that apply below)</i>
Why did you use a respirator? <input type="checkbox"/> Dust storms <input type="checkbox"/> Smoke from oil well fires <input type="checkbox"/> Chemical alarms <input type="checkbox"/> Biological alarms <input type="checkbox"/> Smoke forest fires <input type="checkbox"/> Another reason, _____ <div style="text-align: center; margin-top: 10px;">_____</div> <div style="text-align: center;">please specify</div>	Why did you use a respirator? <input type="checkbox"/> Dust storms <input type="checkbox"/> Smoke from oil well fires <input type="checkbox"/> Chemical alarms <input type="checkbox"/> Biological alarms <input type="checkbox"/> Smoke forest fires <input type="checkbox"/> Another reason, _____ <div style="text-align: center; margin-top: 10px;">_____</div> <div style="text-align: center;">please specify</div>

[illegible]

If No or Don't Know go to D6.

<i>If YES, ↓ (tick all that apply below)</i>	<i>If YES, ↓ (tick all that apply below)</i>
<p style="text-align: center;">Why did you use an NBC suit?</p> <p><input type="checkbox"/> Dust storms</p> <p><input type="checkbox"/> Smoke</p> <p><input type="checkbox"/> Chemical alarms</p> <p><input type="checkbox"/> Biological alarms</p> <p><input type="checkbox"/> Another reason,</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p style="text-align: center;">please specify</p>	<p style="text-align: center;">Why did you use an NBC suit?</p> <p><input type="checkbox"/> Dust storms</p> <p><input type="checkbox"/> Smoke</p> <p><input type="checkbox"/> Chemical alarms</p> <p><input type="checkbox"/> Biological alarms</p> <p><input type="checkbox"/> Another reason,</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p style="text-align: center;">please specify</p>

D6. a. During the deployments you listed in Question D1, were you ever issued with a personal insect repellent?

☐ NO ☐ YES

If YES please fill in the following table indicating which type of repellent and how often you used it.

	<i>Everyone during non-Gulf War deployments</i>			<i>GW Vets only during the Gulf War deployment</i>						
What was the personal insect repellent?	NO	DON'T KNOW	YES			NO	DON'T KNOW	YES		
			How often did you use it? Rarely Sometimes Often					How often did you use it? Rarely Sometimes Often		
1. Repellent MK1941, lotion, gel or cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Repellent sachet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Miticide (DBP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other (please name it) _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. During the deployments you listed in Question D1, did you provide and use your own personal insect repellent (ie. non-military issue)

☐ NO ☐ YES

If YES please fill in the following table indicating which type of repellent and how often you used it.

	<i>Everyone during non-Gulf War deployments</i>	<i>GW Vets only during the Gulf War deployment</i>
What was the personal insect repellent?	How often did you use it? rarely sometimes often	How often did you use it? rarely sometimes often
Please name it _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

D7. During the deployments you listed in Question D1, did you ever apply pesticides including insecticides (but not including personal repellents) e.g. by spraying, fogging, laying bait etc?

☐ NO ☐ YES

If Yes, was it? (mark all those that apply)

- ☐ Permethrin based ☐ Baygon (Propoxur, Aprocarb) ☐ Bendicarb (Ficam)
☐ Diazinon ☐ Temephos (Abate) ☐ Malathion (Maldison)
☐ Other, unknown type ☐ Other, called _____
please specify

And please complete the following table about applying pesticides.

D8.	<i>Everyone during non-Gulf War deployments</i>			<i>GW Vets only during the Gulf War deployment</i>						
Did you ever?	NO	DON'T KNOW	YES			NO	DON'T KNOW	YES		
			How often did you use it? Rarely Sometimes Often					How often did you use it? Rarely Sometimes Often		
1. Spray/fog an outdoor area e.g. for mosquitoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spray/fog an indoor area e.g. for cockroaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Spray your body (with pesticides, not personal repellents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Spray your uniform or bedding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lay bait as a solid or liquid e.g. rat poison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GO TO QUESTION D9

POST DEPLOYMENT EXPERIENCES

D9. We would like to know about some of the experiences you may have had after returning from the deployments you told us about in question D1.

If you answered NO to question D1.a (no active deployments) please GO TO Section E

INSTRUCTIONS: Please indicate whether you have experienced any of the items listed below, as a result of having served in the deployments you listed at question D1. If YES, indicate whether it was related to non-Gulf War deployments (section labeled 'Everyone'), and/or during your Gulf War deployment (section labelled 'Gulf War Vets only'). Then estimate, for each section, whether you experienced the item a little, somewhat or a lot.

	Everyone After returning from non-Gulf War deployments				GW Vets only After returning from the Gulf War deployment			
As a result of having served in deployments listed in question D1, have you experienced, or felt, any of the following?	NO	YES			NO	YES		
		How much?				How much?		
		A little	Some	A lot		A little	Some	A lot
1. Greater self-pride?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rewarded for a job well done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A greater appreciation for your country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Jealousy or resentfulness from other Defence Force members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lack of recognition, or acknowledgement, of the value or nature of your deployment activities by the ADF or by the Australian Government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inadequately debriefed following your deployment activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Improved as a leader?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tougher, more confident or more self assured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. More knowledgeable of world issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Disillusioned by the destruction or hopelessness that you witnessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Valued and respected for your deployment activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Lack of recognition, or acknowledgement, of the value or nature of your deployment activities by the Australian people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. More appreciative of being alive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. More respectful of other Australian and allied veterans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Well looked after by the ADF or the Australian Government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Stronger bonds with the members of your ship/unit/squadron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Proud to be an Australian veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GO TO SECTION E

SECTION E: MILITARY SERVICE EXPOSURES *(Everyone should answer this section)*

E1. We would like to know about some of your experiences, during your **ENTIRE** military service, especially those experiences which may have been stressful or upsetting.

INSTRUCTIONS: Please indicate whether or not you were in contact with, or experienced, any of the items listed below, as part of your military service. If YES, indicate whether it was experienced during non-Gulf War service (section labeled 'Everyone'), and/or during your Gulf War service (section labeled 'GW Vets only'). Then estimate, for each section, how frequently you had the experience, and whether the experience made you feel unwell, stressed or uneasy.

	Everyone during non-Gulf War service						GW Vets only during the Gulf War service							
As part of your military service have you been in contact with, or have you experienced, any of the following?	NO	YES			AND did this experience make you feel unwell, stressed or uneasy?			NO	YES			AND did this experience make you feel unwell, stressed or uneasy?		
		How often?			No	YES mildly	YES strongly		How often?			NO	YES mildly	YES strongly
1. You were on a ship which suffered a collision or was otherwise damaged or sunk during deployment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Artillery, rockets, missiles, mines or something similar, exploded in the air, in the water or on the ground close to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You saw Defence personnel or civilians who were killed, dead, dying or maimed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You made a leadership decision which you think resulted in the death or injury of someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You have suffered ill-effects of extreme heat or extreme cold.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You had to eat food or drink water contaminated with smoke, oil, sewerage or other chemical or biological agents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. You had to work, dive or bathe in water contaminated with smoke, oil, sewerage or other chemical or biological agents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Operational rules of engagement prevented you from taking action which could protect you or others from harm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You experienced lack of leadership in your team, crew or unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. You came under small arms fire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. You handled, buried or exhumed human bodies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E1. continued	<i>Everyone during non-Gulf War service</i>						<i>GW Vets only during the Gulf War service</i>							
As part of your military service have you been in contact with, or have you experienced, any of the following?	NO	YES			AND did this experience make you feel unwell, stressed or uneasy?			NO	YES			AND did this experience make you feel unwell, stressed or uneasy?		
		<small>How often?</small> <small>Rarely Sometimes Often</small>			<small>No</small>	<small>YES mildly</small>	<small>YES strongly</small>		<small>How often?</small> <small>Rarely Sometimes Often</small>			<small>NO</small>	<small>YES mildly</small>	<small>YES strongly</small>
12. You encountered undetonated mines, including sea mines, or booby traps while on patrol or at your duty station.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. You killed someone or think you might have killed someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Your supplies or equipment were inadequate, insufficient or faulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You were deployed to a combat situation against your will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. You were attacked by civilians, bandits or other local militia groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You were sexually harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. You were responsible for detecting incoming attacks or for spotting land or sea-mines, where a mistake could place the lives of others at risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. You were required to administer medical for which you were not adequately trained or equipped, eg. geriatrics, pediatrics, palliative care. <i>(Answer NO if not applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. You experienced a 'near miss' or 'very close call' incident where you were in imminent danger of being injured or killed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. You were required to detonate, deactivate or otherwise handle live missiles, mines, bombs or other explosive devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. You handled or came into contact with POWs or displaced refugees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. You had to board hostile vessels at sea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. You had to decide who would receive life-saving medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. You felt an overwhelming inability to protect yourself or others from harm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. You were in fear for your life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>E1. continued</i>	<i>Everyone during non-Gulf War service</i>						<i>GW Vets only during the Gulf War service</i>							
As part of your military service have you been in contact with, or have you experienced, any of the following?	NO	YES			AND did this experience make you feel unwell, stressed or uneasy?			NO	YES			AND did this experience make you feel unwell, stressed or uneasy?		
		How often? Rarely	Sometimes	Often	No	YES mildly	YES strongly		How often? Rarely	Sometimes	Often	NO	YES mildly	YES strongly
27. You felt <u>not</u> sufficiently trained or prepared for military activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. You felt lack of togetherness or cohesion in your team or unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. You suffered burns or rashes on your skin as a result of exposure to oil or other chemicals in the air.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. You witnessed violent attacks on civilians including rape or other assaults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. You were on formal alert for, or felt in threat of nuclear, biological or chemical agent attack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. You were exposed to nuclear, biological or chemical warfare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. You felt cut off or separated from family or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. You were on a ship or aircraft (including a helicopter) passing through hostile waters or air space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. You sat with or cared for someone who was dying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. You were in fear of artillery, missile, SCUD rocket or bomb attack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. You had difficulty breathing as a result of exposure to oil, smoke, fumes, dust or other contaminants in the air.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. You carried out your duties wearing NBC suits (not including training exercises).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. You felt alienated from other military personnel around you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. You felt overwhelmed by the level of destruction or devastation or disease around you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. On board a ship you feared death, injury or entrapment below the waterline as a result of missile attack or hitting a sea-mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. You were required to live in squalid, unsanitary or disease-ridden conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. You feared attack from bandits, rebels or other local militia groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. You sustained an injury that required medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: CIVILIAN OCCUPATIONAL HISTORY *(Everyone should answer this section)*

F1. Have you ever been a CFA Volunteer? ☐ NO ☐ YES If YES, for how long ☐ <1 year ☐ 1-5 years ☐ 6-10 years ☐ >10 years

F2. Have you held any civilian jobs for more than 6 months? ☐ YES GO TO Question F3 ☐ NO PLEASE GO TO SECTION G

F3. For every civilian job that you have held for six months or more, please complete the table below. Please start with your first civilian job and add new jobs in order. Please write in the year you started each civilian job, your job title, the duration of the job in years and months, the Industry, and the name of the Company or employer. Then indicate whether, as part of that job, you handled, worked with or were otherwise exposed to pesticides, fuels, engine exhaust, or solvents, and whether that job involved exposure to infectious diseases or trauma to others (such as violence, grief or death of others). An example is provided for you.

It may be useful to refer to your personal records, such as an old copy of a resume, to remind you about jobs which you may have forgotten.

	Year Started	Duration in years & months	Job Title	Industry Sector	Company/Employer	This job exposed me to:						Office Only
						Pesticides	Fuels	Engine Exhaust	Solvents	Infectious diseases	Trauma	
<i>e.g</i>	<i>1975</i>	<i>4 yrs 4 mo</i>	<i>Painter</i>	<i>Construction</i>	<i>Self-employed</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Year Started	Duration in years & months	Job Title	Industry Sector	Company/Employer	This job exposed me to:						Office Only
						Pesticides	Fuels	Engine Exhaust	Solvents	Infectious diseases	Trauma	
9		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14		____ yrs ____ mo				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered YES to pesticide exposure in the Table at F3, please answer question F4. If NO to pesticide exposure GO TO SECTION G.

F4. Please list the job number from the table at F3, the pesticides which you were exposed to and tell us the activity that led to exposure.

Job Number	Pesticide	Activity leading to Exposure
<i>e.g. 4</i>	<i>Sheep dip, (Organophosphate type)</i>	<i>Mixing dip, Dipping sheep</i>

Well done - you are half way there!

Keep up the good work.

Remember, the Study team is available on 1800 062 534 if you are unsure about how to complete any section of this questionnaire. Please call any time Monday to Friday during business hours.

SECTION G: YOUR HEALTH IN GENERAL *(Everyone should answer this section)***G1. In general, would you say your health is:**

- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

G2. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- a. **Accomplished less** than you would like ☐ YES ☐ NO
 b. Were limited in the **kind** of work or other activities ☐ YES ☐ NO

G4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- a. **Accomplished less** than you would like ☐ YES ☐ NO
 b. Didn't do work or other activities as **carefully** as usual ☐ YES ☐ NO

G5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

G6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.**How much of the time during the past 4 weeks.**

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- ☐ All of the Time ☐ Most of the Time ☐ Some of the Time ☐ A little of the Time ☐ None of the Time

SECTION G: YOUR HEALTH IN GENERAL continued

We would like to know how you have been feeling **over the past few weeks**.
Please tick the box that most closely describes your experience for each question

G8. Have you recently been able to concentrate on whatever you're doing?

- ☐ Better than usual ☐ Same as usual ☐ Less than usual ☐ Much less than usual

G9. Have you recently lost much sleep over worry?

- ☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

G10. Have you recently felt that you are playing a useful part in things?

- ☐ More so than usual ☐ Same as usual ☐ Less useful than usual ☐ Much less useful

G11. Have you recently felt capable of making decisions about things?

- ☐ More so than usual ☐ Same as usual ☐ Less so than usual ☐ Much less capable

G12. Have you recently felt constantly under strain?

- ☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

G13. Have you recently felt you couldn't overcome your difficulties?

- ☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

G14. Have you recently been able to enjoy your normal day-to-day activities?

- ☐ More so than usual ☐ Same as usual ☐ Less so than usual ☐ Much less than usual

G15. Have you recently been able to face up to your problems?

- ☐ More so than usual ☐ Same as usual ☐ Less able than usual ☐ Much less able

G16. Have you recently been feeling unhappy and depressed?

- ☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

G17. Have you recently been losing confidence in yourself?

- ☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

G18. Have you recently been thinking of yourself as a worthless person?

- ☐ Not at all ☐ No more than usual ☐ Rather more than usual ☐ Much more than usual

G19. Have you recently been feeling reasonable happy, all things considered?

- ☐ More so than usual ☐ About same as usual ☐ Less so than usual ☐ Much less than usual

G20. RECENT HEALTH SYMPTOMS

We would like to know about your health in the **PAST MONTH**.

Please indicate whether or not you have suffered any of the following symptoms in the PAST MONTH, and if so, please indicate whether your symptoms were mild, moderate or severe in nature.

<u>In the past month</u> have you suffered from	NO Not at all	YES		
		Mild	Moderate	Severe
1. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Rapid or pounding heart beat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Irritability / outbursts of anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sleeping difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feeling jumpy / easily startled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Feeling unrefreshed after sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Double vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Intolerance to alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Itchy or painful eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Rash or skin irritation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Skin infections e.g. boils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Skin ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Shaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Tingling or burning sensation in hands or feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Loss of sensation in hands or feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Feeling distant or cut off from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Flatulence or burping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Stomach cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Dry mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Mouth ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Toothache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Persistent cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G20. RECENT HEALTH SYMPTOMS continued

<u>In the past month</u> have you suffered from	NO Not at all	Mild	YES Moderate	Severe
30. Lump in throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Dizziness, fainting or blackouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Seizures or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Feeling disorientated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Loss of concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Difficulty finding the right word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Pain on passing urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Passing urine more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Loss of control over bladder or bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Burning sensation in the sex organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Loss of interest in sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Problems with sexual functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Increased sensitivity to noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Increased sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Increased sensitivity to smells or odours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Ringing in the ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Avoiding doing things or situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Pain, without swelling or redness, in several joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Stiffness in several joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. General muscle aches or pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Loss of balance or coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Difficulty speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Low back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Night sweats which soak the bed sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Feeling feverish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Tender or painful swelling of lymph glands in neck, armpit or groin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Loss of, or decrease in, appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Distressing dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Unintended weight gain greater than 4kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Unintended weight loss greater than 4kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G20. RECENT HEALTH SYMPTOMS continued

*Please indicate whether or not you have experienced any of the following symptoms in the **PAST MONTH**.*

<u>In the past month</u> have you experienced	NO	YES
64. Difficulty lifting objects above your head, or from a high shelf	<input type="checkbox"/>	<input type="checkbox"/>
65. Difficulty undoing buttons	<input type="checkbox"/>	<input type="checkbox"/>
66. Difficulty turning doorknobs or unscrewing jars	<input type="checkbox"/>	<input type="checkbox"/>
67. Difficulty getting up from sitting in a chair or couch without the use of your arms	<input type="checkbox"/>	<input type="checkbox"/>
68. Problems with tripping, or your feet slapping, while walking	<input type="checkbox"/>	<input type="checkbox"/>
69. Difficulty recognising hot from cold water	<input type="checkbox"/>	<input type="checkbox"/>
70. Difficulty feeling pain, cuts or injuries	<input type="checkbox"/>	<input type="checkbox"/>
71. Feeling unsteady walking on uneven ground	<input type="checkbox"/>	<input type="checkbox"/>
72. Feeling unsteady walking in the dark	<input type="checkbox"/>	<input type="checkbox"/>
73. Feeling like you may fall over because of your unsteadiness	<input type="checkbox"/>	<input type="checkbox"/>
74. Numbness, 'asleep feeling' or prickling sensation in your hands or arms	<input type="checkbox"/>	<input type="checkbox"/>
75. Numbness, 'asleep feeling' or prickling sensation in your feet or legs	<input type="checkbox"/>	<input type="checkbox"/>
76. Burning, deep aching pain or tenderness in your hands or arms	<input type="checkbox"/>	<input type="checkbox"/>
77. Burning, deep aching pain or tenderness in your feet or legs	<input type="checkbox"/>	<input type="checkbox"/>
78. Unusual sensitivity or tenderness of your skin when clothes or bedclothes rub against you	<input type="checkbox"/>	<input type="checkbox"/>
79. Feeling like you will faint, or fainting, when you stand up from a lying or sitting position	<input type="checkbox"/>	<input type="checkbox"/>
80. Difficulty swallowing food (more than occasionally)	<input type="checkbox"/>	<input type="checkbox"/>

G21. DIAGNOSED OR TREATED MEDICAL CONDITIONS

We would like to know whether a medical doctor has ever diagnosed you with, or treated you for, any of the following medical problems or conditions.

If YES, please indicate the year you were first diagnosed, and whether you have been treated by a medical doctor for this condition in the past year.

Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	NO	YES	If YES		Office only
			Year first diagnosed	Treated by a doctor in the past year	
1. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
2. Heart disease or condition	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
3. Stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
4. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
5. Migraines	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
6. Motor neurone disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
7. Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
8. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
9. Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
10. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
11. Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
12. Other lung disease, e.g. emphysema	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
13. Stomach or duodenal ulcers	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
14. Colitis / Crohn's disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
15. Hepatitis or yellow jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
16. Cirrhosis of the liver	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
17. Bowel disorder e.g. diarrhoea, constipation, bleeding	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
18. Irritable bowel syndrome	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
19. Kidney disease e.g. stones, infection, bleeding	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
20. Bladder disease e.g. infection, bleeding	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
21. Incontinence or difficulty passing urine	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
22. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
23. A thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
24. Blood disorder; e.g. anaemia	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
25. Malaria	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
26. Any significant infections e.g. hepatitis, HIV, pneumonia, glandular fever, leishmaniasis	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
27. Arthritis or rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
28. Fibrositis or fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
29. Back or neck problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	

G21 cont...

Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	NO	YES	If YES		Office only
			Year first diagnosed	Treated by a doctor in the past year	
30. Joint problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
31. Eye or vision problems e.g. glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
32. Sinus problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
33. Ear infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
34. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
35. Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
36. Eczema	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
37. Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
38. Malignant melanoma	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
39. Other skin cancer e.g. squamous cell or basal cell skin cancers	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
40. Any other kind of cancer, tumour or malignancy (please specify type) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
41. Any other skin problem	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
42. Any disease of the hair or scalp, including hair loss	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
43. Chronic Fatigue Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
44. Alcohol abuse or dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
45. Drug abuse or dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
46. Anxiety, stress or depression	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
47. Post Traumatic Stress Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
48. Other psychiatric or psychological condition needing treatment or counseling (please specify type) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
49. Sleep apnoea	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
50. Narcolepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
51. Hayfever	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
52. Yeast disease or candidiasis	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
53. Multiple chemical sensitivity or environmental illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
54. Sick building syndrome	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
55. Food allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
56. Any disease of the genital organs	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
57. Low fertility	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
58. Sexual problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	

G21 cont...
WOMEN ONLY:

Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	NO	YES	If YES		Office only
			Year first diagnosed	Treated by a doctor in the past year	
59. Premenstrual tension	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
60. Period problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
61. Miscarriages	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	

EVERYONE COMPLETE THE NEXT QUESTIONS:

G22. Apart from those listed in the table at G21, are there any other medical problems or conditions which a medical doctor has diagnosed you with, or treated you for?

☐ NO ☐ YES

If YES, please complete the following table indicating which condition/s, what year were you first diagnosed, and have you been treated for that condition by a medical doctor in the past year?

G10a. Which condition	Year first diagnosed	Treated by a doctor in the past year	Office only
	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES	

G23. During the past twelve months have you been hospitalised overnight or longer because of illness or injury?

☐ NO ☐ YES

If YES, please specify why and for how many days:

1st hospitalisation in past 12 months days Why? _____

2nd hospitalisation in past 12 months days Why? _____

3rd hospitalisation in past 12 months days Why? _____

4th hospitalisation in past 12 months days Why? _____

G24. Thinking back over the past two weeks, did you stay in bed or at home all or part of any day because you did not feel well or as a result of illnesses or injury?

☐ NO ☐ YES

MEDICATIONS**G25. Have you EVER had an allergic reaction to any medication?**☐ NO☐ YES

If YES, which medications:

G26. Are you CURRENTLY taking any medicines including tablets, creams, inhalers, or other drugs?☐ NO☐ YES

If YES, what kind:

☐ tabletsplease name them

☐ creamsplease name them

☐ inhalersplease name them

☐ other drugsplease name them

FAMILY HISTORY**G27. Has anyone in your immediate family** (that is your parents, brothers, sisters or grandparents) **had a history of:**

a. Asthma?

☐ NO ☐ YES

b. A stroke when they were less than 65 years of age?

☐ NO ☐ YES

c. A heart attack when they were less than 65 years of age?

☐ NO ☐ YES

d. Diabetes?

☐ NO ☐ YES

e. Cancer?

☐ NO ☐ YES

If YES to cancer at G27e, please complete the following table, indicating the relationship of the family member to you, the type of cancer and the family member's age at diagnosis. If NO, go to question G28.

Relationship of family member to you	Type of cancer	Age at diagnosis
Example: <i>father</i>	<i>bowel</i>	<i>55 yrs</i>

SMOKING & ALCOHOL

G28. Over your lifetime, would you have smoked as much as 100 cigarettes or a similar amount of tobacco?

☐ YES

If Yes go to Question G29

☐ NO

If NO go question G31 over the page

G29. Do you currently smoke as much as one cigarette per day (or 1 cigar per week or 1 ounce of tobacco per month)?

☐ NO

☐ YES

If YES a. How old were you when you started smoking as much as one cigarette per day (or 1 cigar per week or 1 ounce of tobacco per month)?

_____ Age in years

b. What is the average number of cigarettes per day, grams of tobacco per day and/or number of cigars per week that you currently smoke?

_____ cigarettes per day

_____ grams of tobacco per day (don't include tobacco from cigarettes or cigars)

_____ cigars per week

If NO to G29 answer G30. If YES to G29 go to question G31 next page

G30. Have you ever smoked as much as one cigarette per day (or 1 cigar per week or 1 ounce of tobacco per month)?

☐ NO

☐ YES

If YES: a. How old were you when you started smoking as much as one cigarette per day (or 1 cigar per week or 1 ounce of tobacco per month)?

_____ Age in years

b. How old were you when you stopped smoking as much as one cigarette per day (or 1 cigar per week or 1 ounce of tobacco per month)?

_____ Age in years

c. What was the average number of cigarettes per day, grams of tobacco per day and/or number of cigars per week that you smoked?

_____ cigarettes per day

_____ grams of tobacco per day (don't include tobacco from cigarettes or cigars)

_____ cigars per week

GO TO question G31.

G31. How often do you have a drink containing alcohol?

- ☐ Never
 ☐ Once a month or less
 ☐ 2 to 4 times a month
 ☐ 2 to 3 times a week
 ☐ 4 or more times a week

If Never, GO TO QUESTION G41.

In answering the following questions, please remember that a standard drink contains 10g of pure alcohol

Each of these is a standard drink:	1 Middy/Pot of Standard Beer	1 Glass of Wine	1 Glass of Sherry or Port	1 Nip of Spirits
------------------------------------	------------------------------	-----------------	---------------------------	------------------

G32. How many 'standard' drinks (see above) containing alcohol do you have on a typical day when you are drinking?

- ☐ 1 or 2
 ☐ 3 or 4
 ☐ 5 or 6
 ☐ 7 to 9
 ☐ 10 or more

G33. How often do you have six or more drinks on one occasion?

- ☐ Never
 ☐ Less than once a month
 ☐ Monthly
 ☐ Weekly
 ☐ Daily or almost daily

G34. How often during the last 3 months have you found that you were not able to stop drinking once you had started?

- ☐ Never
 ☐ Less than once a month
 ☐ Monthly
 ☐ Weekly
 ☐ Daily or almost daily

G35. How often during the last 3 months have you failed to do what was normally expected from you because of drinking?

- ☐ Never
 ☐ Less than once a month
 ☐ Monthly
 ☐ Weekly
 ☐ Daily or almost daily

G36. How often during the last 3 months have you needed a drink in the morning to get yourself going after a heavy drinking session?

- ☐ Never
 ☐ Less than once a month
 ☐ Monthly
 ☐ Weekly
 ☐ Daily or almost daily

G37. How often during the last 3 months have you had a feeling of guilt or remorse after drinking?

- ☐ Never
 ☐ Less than once a month
 ☐ Monthly
 ☐ Weekly
 ☐ Daily or almost daily

G38. How often during the last 3 months have you been unable to remember what happened the night before because you had been drinking?

- ☐ Never
 ☐ Less than once a month
 ☐ Monthly
 ☐ Weekly
 ☐ Daily or almost daily

G39. Have you or someone else been injured as a result of your drinking?

- ☐ No
 ☐ Yes, but not in the last 3 months
 ☐ Yes, during the last 3 months

G40. Has a relative, a friend, a doctor or other health professional been concerned about your drinking or suggested you cut down?

- ☐ No
 ☐ Yes, but not in the last 3 months
 ☐ Yes, during the last 3 months

Please consider the event or group of events, military or non-military, in your life that you found most stressful or upsetting. Read the list of problems and complaints below and indicate how much you have been bothered by each problem or complaint **in the past month** in relation to that stressful experience.

G41b. As a result of that/those events have you had:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts or images</i> of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Repeated, disturbing <i>dreams</i> of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Suddenly <i>acting or feeling</i> as if the stressful experience <i>were happening again</i> (as if you were reliving it)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling <i>very upset</i> when <i>something reminded you</i> of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Having <i>physical reactions</i> (eg heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoiding <i>thinking about or talking about</i> the stressful experience or avoiding <i>having feelings</i> related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Avoiding <i>activities or situations</i> because <i>they reminded you</i> of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Trouble <i>remembering important parts</i> of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <i>Loss of interest</i> in activities that you used to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Feeling <i>distant or cut off</i> from other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feeling as if your <i>future</i> somehow will be <i>cut short</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Trouble <i>falling or staying asleep</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Having <i>difficulty concentrating</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Being " <i>super alert</i> " or watchful or on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Feeling <i>jumpy</i> or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR CHILDREN'S HEALTH AND YOUR PREGNANCY HISTORY (including your partner's)

We would now like to ask you some questions about your pregnancy history (if you are female) or that of your spouse/partner/s (if you are male). You may need to refer to your spouse/partner/s, or to your Child Health Record, to assist you in answering these questions. Your answers to these questions will help us compare your experience with information held in Australian National Registries, as well as the experiences of military personnel and their families as a whole.

G42. How many times have you **EVER** been pregnant or fathered a pregnancy?

_____ times
please specify

If your answer to G42 is zero (0) please GO TO G47. If one or more, proceed with G43.

G43. Have any of these pregnancies resulted in:

- | | | |
|----------------------------|-----------------------------|------------------------------|
| a miscarriage | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| a still birth | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| a termination of pregnancy | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

G44. If you answered YES in question G43, please provide additional information, if known, about those particular pregnancies in the following table.

If you answered NO, please GO TO G45.

PREGNANCY EVENT	1 st pregnancy	2 nd pregnancy	3 rd pregnancy	4 th pregnancy	5 th pregnancy
Miscarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Still birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of the event	__/__/____	__/__/____	__/__/____	__/__/____	__/__/____
Hospital name					
Hospital State					
Known cause of the event or physical problem, if any					
Baby's sex if known	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known
Mother's full name at the time					
Mother's postcode at the time	_____ <input type="checkbox"/> Not known	_____ <input type="checkbox"/> Not known	_____ <input type="checkbox"/> Not known	_____ <input type="checkbox"/> Not known	_____ <input type="checkbox"/> Not known
Mother's date of birth	__/__/____ <input type="checkbox"/> Not known	__/__/____ <input type="checkbox"/> Not known	__/__/____ <input type="checkbox"/> Not known	__/__/____ <input type="checkbox"/> Not known	__/__/____ <input type="checkbox"/> Not known

G45a. For all of your live born children, please list their name, date of birth, sex, and birth weight (if known) and number of weeks the baby was when it was born. (Nb. Full term is 40 weeks).

	1 st child	2 nd child	3 rd child	4 th child	5 th child
Child's full name					
Date of birth	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __	__ / __ / __
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth weight If known	____ grams or ____ lbs oz <input type="checkbox"/> Not known	____ grams or ____ lbs oz <input type="checkbox"/> Not known	____ grams or ____ lbs oz <input type="checkbox"/> Not known	____ grams or ____ lbs oz <input type="checkbox"/> Not known	____ grams or ____ lbs oz <input type="checkbox"/> Not known
Number of weeks pregnant when baby was born (if known)	____ weeks <input type="checkbox"/> Not known	____ weeks <input type="checkbox"/> Not known	____ weeks <input type="checkbox"/> Not known	____ weeks <input type="checkbox"/> Not known	____ weeks <input type="checkbox"/> Not known

G45b. Have any of these children died, had a cancer, birth defect, or other serious health problem?

☐ **NO** Go to question G46

☐ **YES** Please complete the rest of the table below, keeping the information in the corresponding column for the child or children above

Cancers?	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type
Birth defects or chromosomal abnormalities?	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type
Other serious health problems?	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type	<input type="checkbox"/> NO <input type="checkbox"/> YES specify type
Has any child died?	<input type="checkbox"/> NO <input type="checkbox"/> YES __ / __ / __ specify date _____ specify cause of death	<input type="checkbox"/> NO <input type="checkbox"/> YES __ / __ / __ specify date _____ specify cause of death	<input type="checkbox"/> NO <input type="checkbox"/> YES __ / __ / __ specify date _____ specify cause of death	<input type="checkbox"/> NO <input type="checkbox"/> YES __ / __ / __ specify date _____ specify cause of death	<input type="checkbox"/> NO <input type="checkbox"/> YES __ / __ / __ specify date _____ specify cause of death
Name of Hospital of birth					
Hospital State					
Mother's full name at the time of birth					
Mother's postcode at the time of birth	_____ <input type="checkbox"/> Not known	_____ <input type="checkbox"/> Not known	_____ <input type="checkbox"/> Not known	_____ <input type="checkbox"/> Not known	_____ <input type="checkbox"/> Not known
Mother's date of birth	__ / __ / __ <input type="checkbox"/> Not known	__ / __ / __ <input type="checkbox"/> Not known	__ / __ / __ <input type="checkbox"/> Not known	__ / __ / __ <input type="checkbox"/> Not known	__ / __ / __ <input type="checkbox"/> Not known

G46. Have any of your pregnancies or births involved twins or multiple births?

☐ NO

☐ YES

If YES describe which ones from the tables at G44 and G45.

example: *Table G45, 2nd child and 3rd child are twins.*

G47. Have you and your partner ever experienced difficulties getting pregnant despite trying for at least 12 months?

☐ NO

☐ YES

If YES:

a. What year did those difficulties getting pregnant begin?

— — year — —

b. Have you sought or undertaken infertility treatment?

☐ NO

☐ YES

c. If YES, was there any cause for your infertility found?

☐ NO

☐ YES

— — — —
please specify

d. Have you managed to get pregnant or father a pregnancy since then?

☐ NO

☐ YES



Which year?

— — — —
year

GO TO SECTION H.

Section H. FINAL QUESTIONS

As a check of our coverage in this questionnaire, please answer these final questions.

H1. Are there other important military experiences or exposures we have not asked you about?

☐ NO

☐ YES

If YES, please give details in the space provided here.

H2. Are there other important health concerns we have not asked you about?

☐ NO

☐ YES

If YES, please give details in the space provided here.

H3. Do you have any additional comments you would like to add?

☐ NO

☐ YES

If YES, please give details in the space provided here or on additional pages.

SECTION I: CONTACT DETAILS

Note: to ensure confidentiality of your information, this page will be removed by the Study team and stored separately from the rest of the questionnaire.

Please fill in details of your current name

Surname

All given names

Your preferred
given name

If you have ever changed your name please provide details here.

Previous surname

Given names if different

Years used (start/end)

to

Other previous surname

Other given names

Years used (start/end)

to

Please give your current address, telephone contact numbers and email address (if applicable)

Street number
or PO Box

Street

Suburb/Town

State

Postcode

Phone numbers

Home

Work

Mobile

Email address/es

Home

Work

ALTERNATIVE CONTACT DETAILS

INSTRUCTIONS: *In case you move and we lose contact with you, please give us the names of up to two relatives or friends who may be able to tell us where you are. These should be people who are at long-term addresses but who are not living with you. We would only use these alternative contacts in the event that we could not contact you at the address you have provided on the previous page.*

FIRST ALTERNATIVE CONTACT

Surname	<input type="text"/>		
Given names	<input type="text"/>		
Street number	<input type="text"/>		
Street	<input type="text"/>		
Suburb/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Phone no/s	<input type="text"/>		

SECOND ALTERNATIVE CONTACT

Surname	<input type="text"/>		
Given names	<input type="text"/>		
Street number	<input type="text"/>		
Street	<input type="text"/>		
Suburb/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Phone no/s	<input type="text"/>		

SECTION J: NOMINATED MEDICAL PRACTITIONER

Upon completion of your medical assessments, at Health Services Australia, a summary of your results will be sent to you. This will include results of the blood tests and results of various tests of physical and mental functioning.

If Health Services Australia find a condition that requires further medical follow up or investigation, it is very important that they forward that information to an appropriate medical practitioner.

The Study team invites you to nominate a personal medical practitioner or general practitioner to whom we can send a second copy of your results.

If you do not have a personal medical practitioner or some other local practitioner who you care to nominate, OR if you only have an Australian Defence Force medical practitioner to whom you do not wish results to go, Health Services Australia will send you a copy of your results as usual.

If you would like to nominate a medical practitioner, to receive a copy of your medical assessment results, please write their contact details here and sign the consent box below; providing Health Services Australia with your permission that they forward a second copy of your results to the nominated person.

I wish to nominate a medical practitioner .

☐ YES

☐ NO

Medical practitioner's name

Name of the medical practice
(business name)

Street number

Street

Suburb/Town

State

Postcode

Phone no/s

I give my consent for Health Services Australia to send a copy of my medical examination results, collected for the purpose of the Gulf War Veterans Health Study, to the practitioner whom I have nominated above.

Name

Signature

Date

5. Medical Examination Data Collection Booklet

STUDY NUMBER

--	--	--	--



GULF WAR VETERANS' HEALTH STUDY

PARTICIPANT QUESTIONNAIRE

OFFICE USE ONLY

PRE EXAM. ☐

POST EXAM ☐

INFORMED CONSENT STATEMENT

Gulf War Veterans Health Study

I agree to take part in the Gulf War Veterans Health Study. I have had the aims of the project, and the procedures therein, satisfactorily explained to me and I have had the opportunity to read and ask questions arising from the Explanatory Statement. In signing this consent form I am declaring the following:

1

I have read and understand the information about the Study and have had explained to me the aims of this research project, and the procedures in which I will be involved.

I understand that I will need to devote time to completing the various parts of the study including a self-administered questionnaire and a medical examination.

I understand that I will have blood taken for testing.

I understand that there are some inconveniences and risks involved in participation including potential emotional distress, associated with answering questions about my Service or life experiences, and mild discomfort associated with procedures such as skin testing, fitness testing, breathing tests and blood sampling.

I understand that I am participating in this project in a voluntary capacity and that I can withdraw at any time. This withdrawal will be without penalty or detriment to career or hindrance to future medical care.

I understand that if any medical condition, requiring further investigation or treatment, is found as a result of the medical examination, the appropriate feedback will be provided to me or to my nominated medical practitioner.

I am co-operating in this project on condition that:

- the information I provide and results of my assessments will be kept confidential and only used for this project.
- the research reports will be made available to me at my request and
- any published reports of this study will preserve my anonymity

2

I agree that a sample of my blood serum may be stored indefinitely for potential and further medical research. This serum can not be used for any such purpose without my further specific written consent.

3

I agree that the researchers may check the records of the National Cancer Registry and National Childhood Malformations Registry against information I provide about my childrens' health.

4

I agree that the researchers may check my name against the records of the National Cancer Registry and National Deaths Registry.

5

I also agree that the researchers may obtain my Australian Defence Force medical record.

I consent to all of the above points 1 to 5.

Name.....

HSA Witness

Signed.....

Signed...../ /

OR

I consent to all of the above points except number/s _____ (please specify).

Name.....

HSA Witness

Signed...../ /

Signed...../ /

EMERGENCY CONTACT PERSON

FIRST NAME:

SURNAME:

PHONE:(Home)

.....(Work)

.....(Mobile)

Relationship
(eg. spouse/parent/friend)

NURSE ADMINISTERED DATA COLLECTION

INTERVIEWER CODE

--	--	--	--

DATE

--	--

Day

--	--

Month

--	--

Year

HEIGHT

--	--	--

.

--

cm
Does this person have a pacemaker? ☐ YES☐ NO

If yes, please do not use Tanita scales; specify other type _____

WEIGHT

--	--	--

.

--

kilograms

HIP

--	--	--

.

--

cm

WAIST

--	--	--

.

--

cm

BLOOD PRESSURE (Right arm)

☐ left arm needed to be used

Smoked in the previous hour?

☐ YES☐ NO

Caffeine in the previous hour?

☐ YES☐ NO

Systolic

1

--	--	--

2

--	--	--

Diastolic

--	--	--

--	--	--

VISUAL ACUITY (corrected)

R

--

/

--	--

L

--

/

--	--

SYMPTOMS OF TIREDNESS OR FATIGUE (T cell subset test selection)

1. In the past 12 months, have you experienced extreme tiredness or fatigue following your normal activities?

☐ NO ☐ YES

If YES, go to Question 2

If NO, go to Question 3

2. In the past 12 months, have you felt extremely tired or fatigued following your normal activities every day, or almost every day, for one month or longer?

☐ NO ☐ YES

If YES, go to instructions below

If NO, proceed to take blood and order routine blood tests only (not T cell subsets)

3. Has a medical doctor ever diagnosed you with, or treated you for, Chronic Fatigue Syndrome?

☐ NO ☐ YES

If YES, proceed to take blood and order routine blood tests only (not T cell subsets)

If NO, see instructions below

INSTRUCTIONS:**If YES to Questions 1 and 2**

- Record this person as a "CASE" in the "Log Sheet for Symptoms of Tiredness or Fatigue"
- Take blood for, and order, T cell subsets in addition to routine blood tests
- Look out for the next person who answers "NO" to both Questions 1 and 3 (see below)

If NO to Questions 1 and 3

- Check the "Log Sheet for Symptoms of Tiredness or Fatigue"
- If there is a "CASE" recorded that does not have a corresponding "CONTROL", record this person as a "CONTROL" and take blood for, and order, T cell subsets in addition to routine blood tests
- If all "CASES" recorded in the "Log Sheet" already have a corresponding "CONTROL", proceed to take the blood and order routine blood tests only

BLOOD SAMPLING.

Collect blood samples and complete data collection boxes below.

Have all routine blood samples been taken?

☐ YES Time

--	--	--	--

 eg. 0800

☐ NO Refused to give sample for indefinite storage (as per section 2 on consent form)

☐ NO Refused all blood sampling

☐ NO Another reason _____
specify why

Have T cell subsets been ordered?

- ☐ YES, as a case
☐ YES, as a control
☐ NO, not a case or control

INSTRUCTIONS: Administer skin test now, and proceed with asking respiratory questions

RESPIRATORY QUESTIONS**Wheeze and tightness in the chest**

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Have you had wheezing or whistling in your chest at any time in the last <u>12 months</u> ? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

If NO to this question

If YES to this question

- | | | |
|---|---------------------------------|--------------------------------|
| 1.1 Have you been at all breathless when the wheezing noise was present? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 1.2 Have you had this wheezing or whistling when you did not have a cold? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

- | | | |
|---|---------------------------------|--------------------------------|
| 2. Have you woken up with a feeling of tightness in your chest at any time in the last <u>12 months</u> ? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

Shortness of breath

- | | | |
|--|---------------------------------|--------------------------------|
| 3. Have you had an <u>attack</u> of shortness of breath that came on during the day when you were AT REST at any time in the last <u>12 months</u> ? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 4. Have you had an attack of shortness of breath that came on FOLLOWING strenuous activity at any time in the last <u>12 months</u> ? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

- | | | |
|---|---------------------------------|--------------------------------|
| 5. Have you been woken by an attack of shortness of breath at any time in the last <u>12 months</u> ? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

If NO to this question

If YES to this question

- | | | |
|---|--|--------------------------------|
| 5.1 Have you been woken by an attack of shortness of breath in the past <u>3 months</u> ? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 5.1.1 If YES, have you been woken by an attack of shortness of breath at least once a week? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 5.1.2 If YES, how many times a week are you, on average, woken by an attack of shortness of breath? | <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>
Times per week | |

Cough and phlegm from the chest

6. Have you been woken by an attack of coughing at any time in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you usually cough first thing in the morning (or getting up if on night shift)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.1 Do you usually cough first thing in the morning in the winter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you usually cough during the day or at night?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.1 Do you usually cough during the day, or at night in the winter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If NO to all of these questions

If YES to any of these questions

9. Would you have coughed like this for as much as 3 months in each of the past 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	---------------------------------	--------------------------------

10. Do you usually bring up any phlegm from your chest first thing in the morning in winter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	---------------------------------	--------------------------------

If NO to this question

If YES to this question



10.1 Do you usually bring up phlegm from your chest first thing in the morning in summer, spring and/or autumn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.2 If YES, which seasons? Choose all that apply	<input type="checkbox"/> Summer <input type="checkbox"/> Spring <input type="checkbox"/> Autumn	

11. Do you usually bring up any phlegm from your chest during the day, or at night in the winter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	---------------------------------	--------------------------------

If NO to this question

If YES to this question



11.1 If YES, have you brought up phlegm like this on most days for as much as 3 months of a year for at least 2 successive years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	---------------------------------	--------------------------------

Breathing

12. Do you ever have trouble with your breathing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	---------------------------------	--------------------------------

If NO to this question

If YES to this question



12.1 Do you have this trouble (choose one) <input type="checkbox"/> continuously so that your breathing is never quite right? <input type="checkbox"/> repeatedly, but it always gets completely better? <input type="checkbox"/> only rarely?

13. Are you disabled from walking by a condition <u>other than</u> heart or lung disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, what condition? _____		

14. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	---------------------------------	--------------------------------

If NO to this question

If YES to this question



14.1 Do you get short of breath walking with other people of your own age on level ground?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.2 If YES, do you have to stop for breath when walking at your own pace on level ground?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

go to next page

Asthma

15. Have you ever had asthma?

Yes

No

☐☐If NO, **GO TO QUESTION 21** (Chronic Bronchitis)

16. Was this confirmed by a doctor?

Yes

No

☐☐

17. How old were you when you had your first attack (or symptoms) of asthma?

years

18. How old were you when you had your most recent attack (or symptoms) of asthma?

years

19. Which months of the year do you usually have attacks of asthma?

☐ January☐ May☐ September☐ February☐ June☐ October☐ March☐ July☐ November☐ April☐ August☐ December20. Have you had an attack of asthma in the last **12 months**?

Yes

No

☐☐If NO to question 20If YES to question 2020.1 How many attacks of asthma have you had in the last **12 months**?20.2 How many attacks of asthma have you had in the last **3 months**?20.3. How often have you woken up because of your asthma in the last **3 months**? Choose one.☐ Almost every night☐ More than once a week☐ More than twice a month☐ Equal or less than once a month☐ Not at all

20.4. How often have you had trouble with your breathing because of your asthma in the last **3 months**?

- ☐ Continuously
- ☐ Once a day
- ☐ More than twice a week
- ☐ Equal or less than twice a week
- ☐ Once a week
- ☐ Less than once a week

Chronic Bronchitis

21. Have you ever had chronic bronchitis?

Yes No

☐ ☐

If NO to this question

If YES to this question

21.1 Was this confirmed by a doctor?

Yes No

☐ ☐

21.2 At what age did it start?

years

Emphysema

22. Have you ever had emphysema?

Yes No

☐ ☐

If NO to this question

If YES to this question

22.1 Was this confirmed by a doctor?

Yes No

☐ ☐

22.2 At what age did it start?

years

Go to next page

SKIN TEST RESULTS

Antihistamines in previous 4 days? ☐ YES
☐ NO

	Maximum diameter	Perpendicular diameter
Positive control	<input type="text"/>	<input type="text"/>
Mould mix	<input type="text"/>	<input type="text"/>
House dust mite	<input type="text"/>	<input type="text"/>
Grass mix	<input type="text"/>	<input type="text"/>
Cat dander	<input type="text"/>	<input type="text"/>
Negative control	<input type="text"/>	<input type="text"/>

LUNG FUNCTION TEST

Contraindicated asthma medications within prescribed period?
☐ YES
☐ NO

Productive cough or cold in previous three weeks?
☐ YES
☐ NO

INSTRUCTIONS: Proceed with lung function test and attach results to page 10.

URINE SAMPLING

PROTEIN at 60 seconds

- ☐ neg
- ☐ trace
- ☐ 1+
- ☐ 2+
- ☐ 3+
- ☐ 4+

BLOOD at 60 seconds

- ☐ neg
- ☐ trace
- ☐ small
- ☐ moderate
- ☐ large

GLUCOSE at 30 seconds

- ☐ neg
- ☐ trace
- ☐ 1+
- ☐ 2+
- ☐ 3+
- ☐ 4+

NITRITES

- ☐ Negative
- ☐ Positive

Interviewer remained blinded to Gulf War status

- ☐ NO ☐ YES

- ☐ Postal questionnaire has been checked and stapled up to the start of Section G: Health.

Gulf War Vets only

- ☐ W.H.O. yellow vaccination booklet has been provided and photocopied
- ☐ W.H.O. yellow vaccination booklet NOT provided.

ADDITIONAL COMMENTS

Attach lung function print out here

Attach the blood test results and carbon copy of pathology request form(s) here

Attach photocopy of W.H.O. yellow vaccination booklet here

PSYCHOLOGIST'S ASSESSMENTS

Attach CIDI output to this page

Interviewer code ☐ Not administered**PTSD MODULE 2**

This module should only be administered to participants who identify more than one stressful or upsetting event from the list on the card K1.

The CIDI-based PTSD module should already have been run for the event which the participant identified as the MOST stressful or upsetting.

Question 1. You listed more than one stressful or upsetting event on Card K1, and we have already talked about the one which you identified as the most stressful or upsetting. Now I would like you to identify the next most stressful or upsetting event from the list.

Psychologist to tick the number, corresponding to the chosen event on K1, and give brief description for use during later questions.

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> 1 _____ | <input type="checkbox"/> 7 _____ |
| <input type="checkbox"/> 2 _____ | <input type="checkbox"/> 8 _____ |
| <input type="checkbox"/> 3 _____ | <input type="checkbox"/> 9 _____ |
| <input type="checkbox"/> 4 _____ | <input type="checkbox"/> 10 _____ |
| <input type="checkbox"/> 5 _____ | <input type="checkbox"/> 11 _____ |
| <input type="checkbox"/> 6 _____ | |

K22B How old were you when (EVENT) happened?

AGE:
Years

K22C When it happened, did you feel terrified?

NO ☐
YES..... ☐

K22D When it happened, did you feel helpless?

NO ☐
YES..... ☐

Now I would like to ask you about the time after the (EVENT) happened to you.

K23 Did you keep remembering (EVENT) even when you didn't want to?NO..... ☐
YES..... ☐K24 After it, did you keep having bad dreams or nightmares about it?NO..... ☐
YES..... ☐K25 Did you suddenly act or feel as though (EVENT) was happening again even though it wasn't?NO..... ☐
YES..... ☐

PTSD Module 2 continued

- K26 Did you get very upset when you were reminded of it? NO.....☐
YES.....☐
- K27 Did you sweat or did your heart beat fast or did you tremble when you were reminded of (EVENT)? NO.....☐
YES.....☐

IF K23 TO K27 ALL CODED NO, SKIP TO PTSD Module 3 on Page 17.

- K28 After (EVENT) did you have trouble sleeping? NO.....☐
YES.....☐
- K29 After it, did you feel unusually irritable or lose your temper a lot more than is usual for you? NO.....☐
YES.....☐
- K30 After it, did you have difficulty concentrating? NO.....☐
YES.....☐
- K31 After (EVENT) did you become very much more concerned about danger or very much more careful? NO.....☐
YES.....☐
- K32 After (EVENT) did you become jumpy or easily startled by ordinary noises or movements? NO.....☐
YES.....☐

IF K28 TO K32 ALL CODED NO, SKIP TO PTSD Module 3 on Page 17

- K33 Did you deliberately try not to think or talk about (EVENT)? NO.....☐
YES.....☐
- K34 Did you avoid places or people or activities that might have reminded you of it? NO.....☐
YES.....☐
- K35 After (EVENT) was your memory blank for all or part of (EVENT)? NO.....(SKIP TO K36)..☐
YES.....☐

IF EVENT IDENTIFIED AT QUESTION ONE IS WITNESS OF AN ACCIDENT (CARD K1 ITEM 4) OR EVENT HAPPENED TO RELATIVES OR FRIENDS (CARD K1 ITEM 11), SKIP TO K36. OTHERS ASK:

A. Did you suffer a head injury as a result of (EVENT)? NO.....☐
YES.....☐

B. Were you unconscious for more than ten minutes? NO.....☐
YES.....☐

- K36 After (EVENT) did you lose interest in doing things that were once important or enjoyable for you? NO.....☐
YES.....☐

PTSD Module 2 continued

- K37 After (EVENT) did you feel more isolated or distant from other people? NO.....☐
YES.....☐
- K38 After (EVENT) did you find you had more difficulty experiencing normal feelings such as love or affection towards other people? NO.....☐
YES.....☐
- K39 After (EVENT) did you begin to feel that there was no point in thinking about the future anymore? NO.....☐
YES.....☐

IF K33 TO K39 ALL CODED NO, SKIP TO PTSD Module 3 on
Page 17

- K40 You said that you had problems after (EVENT) like (review items coded YES in K23 to K39). SAME DAY.....☐
THAT WEEK.....☐
THAT MONTH.....☐
How soon after (EVENT) did you start to have any of these problems? CODE SHORTEST NUMBER. WITHIN 6 MONTHS.....☐
WITHIN 1 YEAR.....☐
MORE THAN 1 YEAR.....☐

IF MORE THAN 1 YEAR, ASK: How old were you? AGE (years)
- K41 How long did you continue to have any of these problems because of (EVENT)? CODE SHORTEST TIME. LESS THAN 1 WEEK.....☐
LESS THAN 1 MONTH.....☐
LESS THAN 6 MONTHS.....☐
LESS THAN 1 YEAR.....☐
MORE THAN 1 YEAR.....☐
- K42 When was the last time you had any of these problems as a result of (EVENT)? LESS THAN 1 WEEK.....☐
LESS THAN 1 MONTH.....☐
LESS THAN 6 MONTHS.....☐
LESS THAN 1 YEAR.....☐
MORE THAN 1 YEAR.....☐

IF MORE THAN ONE YEAR, ASK:

How old were you? AGE (years):

PTSD Module 2 continued

- K43 Did you tell a doctor about the problems that occurred as a result of (EVENT)?
- NO ☐
YES..... (SKIP TO 2)..... ☐
1. Did you tell any other professional?
- NO ☐
YES ☐
2. Did you take medication, or use drugs or alcohol more than once for the problems which occurred as a result of it?
- NO ☐
YES ☐
3. Did the problems which occurred as a result of it interfere with your life or activities a lot?
- NO ☐
YES ☐
- K44 Have you ever been very upset with yourself for having the problems which occurred as a result of (EVENT)?
- NO ☐
YES ☐
- K45 Have the problems which occurred as a result of (EVENT) ever kept you from going to a party, social event or meeting?
- NO ☐
YES ☐
-

PTSD MODULE 3

This module should only be administered to participants who identify more than TWO stressful or upsetting events from the list on the card K1.

The CIDI-based PTSD module should already have been run for the event which the participant identified as the MOST stressful or upsetting. PTSD Module 2 should have been administered for the next most stressful or upsetting event.

Question 1. You listed more than two stressful or upsetting events on Card K1, and we have already talked about the two which you identified as the most stressful or upsetting. Now I would like you to identify the next most stressful or upsetting event from the list.

Psychologist to tick the number, corresponding to the chosen event on K1, and give brief description for use during later questions.

<input type="checkbox"/> 1	_____	<input type="checkbox"/> 7	_____
<input type="checkbox"/> 2	_____	<input type="checkbox"/> 8	_____
<input type="checkbox"/> 3	_____	<input type="checkbox"/> 9	_____
<input type="checkbox"/> 4	_____	<input type="checkbox"/> 10	_____
<input type="checkbox"/> 5	_____	<input type="checkbox"/> 11	_____
<input type="checkbox"/> 6	_____		

K22B How old were you when (EVENT) happened?

AGE:
Years

K22C When it happened, did you feel terrified?

NO ☐
YES..... ☐

K22D When it happened, did you feel helpless?

NO ☐
YES..... ☐

Now I would like to ask you about the time after the (EVENT) happened to you.

K23 Did you keep remembering(EVENT) even when you didn't want to?

NO..... ☐
YES..... ☐

K24 After it, did you keep having bad dreams or nightmares about it?

NO..... ☐
YES..... ☐

K25 Did you suddenly act or feel as though (EVENT) was happening again even though it wasn't?

NO..... ☐
YES..... ☐

PTSD Module 3 continued

K26 Did you get very upset when you were reminded of it? NO.....☐
YES.....☐

K27 Did you sweat or did your heart beat fast or did you tremble when you were reminded of (EVENT)? NO.....☐
YES.....☐

IF K23 TO K27 ALL CODED NO, THIS MODULE IS COMPLETE,
RETURN TO THE CIDI INTERVIEW

K28 After (EVENT) did you have trouble sleeping? NO.....☐
YES.....☐

K29 After it, did you feel unusually irritable or lose your temper a lot more than is usual for you? NO.....☐
YES.....☐

K30 After it, did you have difficulty concentrating? NO.....☐
YES.....☐

K31 After (EVENT) did you become very much more concerned about danger or very much more careful? NO.....☐
YES.....☐

K32 After (EVENT) did you become jumpy or easily startled by ordinary noises or movements? NO.....☐
YES.....☐

IF K28 TO K32 ALL CODED NO, THIS MODULE IS COMPLETE,
RETURN TO THE CIDI INTERVIEW

K33 Did you deliberately try not to think or talk about (EVENT)? NO.....☐
YES.....☐

K34 Did you avoid places or people or activities that might have reminded you of it? NO.....☐
YES.....☐

K35 After (EVENT) was your memory blank for all or part of (EVENT)? NO.....(SKIP TO K36)..☐
YES.....☐

IF EVENT IDENTIFIED AT QUESTION ONE IS WITNESS OF AN ACCIDENT (CARD K1 ITEM 4) OR EVENT HAPPENED TO RELATIVES OR FRIENDS (CARD K1 ITEM 11), SKIP TO K36.
OTHERS ASK:

A. Did you suffer a head injury as a result of (EVENT)? NO.....☐
YES.....☐

B. Were you unconscious for more than ten minutes? NO.....☐
YES.....☐

K36 After (EVENT) did you lose interest in doing things that were once important or enjoyable for you? NO.....☐
YES.....☐

PTSD Module 3 continued

K37 After (EVENT) did you feel more isolated or distant from other people? NO.....☐
YES.....☐

K38 After (EVENT) did you find you had more difficulty experiencing normal feelings such as love or affection towards other people? NO.....☐
YES.....☐

K39 After (EVENT) did you begin to feel that there was no point in thinking about the future anymore? NO.....☐
YES.....☐

IF K33 TO K39 ALL CODED NO, THIS MODULE IS COMPLETE,
RETURN TO THE CIDI INTERVIEW

K40 You said that you had problems after (EVENT) like (review items coded YES in K23 to K39). SAME DAY.....☐
THAT WEEK.....☐
THAT MONTH.....☐
How soon after (EVENT) did you start to have any of these problems? CODE SHORTEST NUMBER. WITHIN 6 MONTHS.....☐
WITHIN 1 YEAR.....☐
MORE THAN 1 YEAR.....☐

IF MORE THAN 1 YEAR, ASK: How old were you?

AGE (years)

K41 How long did you continue to have any of these problems because of (EVENT)? CODE SHORTEST TIME. LESS THAN 1 WEEK.....☐
LESS THAN 1 MONTH.....☐
LESS THAN 6 MONTHS.....☐
LESS THAN 1 YEAR.....☐
MORE THAN 1 YEAR.....☐

K42 When was the last time you had any of these problems as a result of (EVENT)? LESS THAN 1 WEEK.....☐
LESS THAN 1 MONTH.....☐
LESS THAN 6 MONTHS.....☐
LESS THAN 1 YEAR.....☐
MORE THAN 1 YEAR.....☐

IF FOR MORE THAN ONE YEAR, ASK:
How old were you?

AGE (years):

PTSD Module 3 continued

- K43 Did you tell a doctor about the problems that occurred as a result of (EVENT)?
- NO ☐
 YES..... (SKIP TO 2)..... ☐
1. Did you tell any other professional?
- NO ☐
 YES ☐
2. Did you take medication, or use drugs or alcohol more than once for the problems which occurred as a result of it?
- NO ☐
 YES ☐
3. Did the problems which occurred as a result of it interfere with your life or activities a lot?
- NO ☐
 YES ☐
- K44 Have you ever been very upset with yourself for having the problems which occurred as a result of (EVENT)?
- NO ☐
 YES ☐
- K45 Have the problems which occurred as a result of (EVENT) ever kept you from going to a party, social event or meeting?
- NO ☐
 YES ☐

END OF MODULE – RETURN TO CIDI INTERVIEW

EATING DISORDERS

H1 Now I'd like to ask you about problems you might have had either with eating or with your weight. Have you ever had a concern about your weight, your eating, or being too fat?

NO ☐
YES ☐

H2 Have you ever lost a lot of weight that is, (15 LBS/6.5 KG) or more, either by dieting or without meaning to, not by having (a baby or) an operation?

NO ☐
YES ☐

H3 Did relatives or friends ever say that you were much too thin or looked like a skeleton?

NO ☐
YES ☐

SX = being too thin

H10 Have you ever had a time when you would eat abnormally large amounts of food within a few hours--that is, eat in binges?

NO (SKIP TO next page) ... ☐
YES ☐

A. How long would one of these binges last?

--	--	--

minutes

B. What kind of things would you eat during a typical binge?

RECORD: _____

DOES R VOLUNTEER ONLY A MINIMAL AMOUNT OF FOOD (LIKE ONE YOGHURT OR ONE CHOCOLATE BAR)?

NO ☐
YES(SKIP TO next page) .. ☐

H11 Have you ever had a period when you went on eating binges at least twice a week?

NO (SKIP TO next page) ... ☐
YES ☐

A. What is the longest period you have had of eating binges at least twice a week?

--	--	--

weeks

PSYCHOSES SCREENER

The next set of questions are about ideas or experiences people sometimes have.

G1. In the past 12 months, have you felt that your thoughts were being directly interfered with or controlled by another person?

☐ NO ☐ YES

1a. If YES, did it come about in a way that many people would find hard to believe, for instance, through telepathy?

☐ NO ☐ YES

G2. In the past 12 months, have you had a feeling that people were too interested in you?

☐ NO ☐ YES

2a. If YES, in the past 12 months, have you had a feeling that things were arranged so as to have a special meaning for you, or even that harm might come to you?

☐ NO ☐ YES

G3. Do you have any special powers that most people lack?

☐ NO ☐ YES

3a. If YES, do you belong to a group of people who also have these powers?

☐ NO ☐ YES

G4. Has a doctor ever told you that you may have schizophrenia?

☐ NO ☐ YES

Interviewer remained blinded to Gulf War status

☐ YES ☐ NO

If NO, please indicate in which module (eg. PTSD 2, Alcohol Use etc) Gulf War status was revealed _____

PSYCHOLOGIST'S NOTES.

PSYCHOLOGISTS DATA COLLECTION

Interviewer code

--	--	--	--

DOCTOR'S EXAMINATION**Section 1: PHYSICAL EXAMINATION****Thyroid**

Size	<input type="checkbox"/> Normal	<input type="checkbox"/> Large	
Tenderness	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Nodules	<input type="checkbox"/> Absent	<input type="checkbox"/> Solitary	<input type="checkbox"/> Multiple

Cardiovascular system

Radial pulse	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular				
Radial pulse rate	<table border="1"><tr><td></td><td></td><td></td></tr></table>				beats per minute	
Precordial impulse	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, describe	_____			
Abnormal sounds	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe	_____			
Murmur(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe	_____			
Carotid pulses	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced R	<input type="checkbox"/> Reduced L			
Bruit(s)	<input type="checkbox"/> None	<input type="checkbox"/> Yes, R carotid	<input type="checkbox"/> Yes, L carotid			
	<input type="checkbox"/> Other, _____					
Pitting oedema	<input type="checkbox"/> No	<input type="checkbox"/> Yes, ankle	<input type="checkbox"/> Yes, pretibial			
Dorsalis pedis pulse	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced R	<input type="checkbox"/> Reduced L			
Posterior tibial pulse	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced R	<input type="checkbox"/> Reduced L			
Lower limb skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Pallor	<input type="checkbox"/> Cyanosis <input type="checkbox"/> Erythema <input type="checkbox"/> Inflammation			
Varicose leg veins	<input type="checkbox"/> No	<input type="checkbox"/> Yes, R	<input type="checkbox"/> Yes, L			
Other cardiovascular abnormalities	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
	If YES, describe _____					

Respiratory System

Pharyngitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Tonsils	<input type="checkbox"/> Normal	<input type="checkbox"/> Enlarged <input type="checkbox"/> Inflamed <input type="checkbox"/> Absent
Respiratory rate	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; vertical-align: middle;"></div> breaths per minute	
Tracheal position	<input type="checkbox"/> Normal	<input type="checkbox"/> Deviated to R <input type="checkbox"/> Deviated to L
Chest excursion	<input type="checkbox"/> Symmetrical	<input type="checkbox"/> Decreased R <input type="checkbox"/> Decreased L
Chest shape	<input type="checkbox"/> Normal	<input type="checkbox"/> Deformity, specify _____
Chest expansion	<input type="checkbox"/> Normal	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Percussion	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperresonant <input type="checkbox"/> Dullness Zones
	<input type="checkbox"/> Other, describe _____	
Crepitations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Wheezes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other respiratory abnormalities	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If YES, describe _____	

Skin and Nails

Inflammatory skin condition (dermatitis and eczema)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If YES, is the site(s)	
	<input type="checkbox"/> Hand/s	<input type="checkbox"/> Elbow/s <input type="checkbox"/> Forearm/s <input type="checkbox"/> Head or neck <input type="checkbox"/> Knee/s
	<input type="checkbox"/> Other, describe _____	
Psoriasis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If YES, is the site(s)	
	<input type="checkbox"/> Hand/s	<input type="checkbox"/> Elbow/s <input type="checkbox"/> Back <input type="checkbox"/> Knee/s <input type="checkbox"/> Scalp
	<input type="checkbox"/> Other, describe _____	
Finger nails	<input type="checkbox"/> Normal	<input type="checkbox"/> Pitting <input type="checkbox"/> Paronychia <input type="checkbox"/> Thickened
Toe nails	<input type="checkbox"/> Normal	<input type="checkbox"/> Pitting <input type="checkbox"/> Paronychia <input type="checkbox"/> Thickened

Skin lesion(s) ☐ No ☐ Yes
 suggestive of skin cancer(s) If YES, is the skin lesion(s) suggestive of: (specify site and describe)
☐ Squamous cell carcinoma, _____
☐ Basal cell carcinoma, _____
☐ Malignant melanoma, _____
☐ Other, describe _____

Solar keratoses ☐ No ☐ Yes
 If YES, record site and approximate number
 Hand/s ☐ 1-2 ☐ 3-5 ☐ >5
 Forearm/s ☐ 1-2 ☐ 3-5 ☐ >5
 Head/neck ☐ 1-2 ☐ 3-5 ☐ >5
 Other ☐ 1-2 ☐ 3-5 ☐ >5
 If other, describe site _____

Acne ☐ No ☐ Yes
 If YES, is the site(s) ☐ Face ☐ Back ☐ Other
 If other, please specify _____

Skin Infections ☐ No ☐ Tinea ☐ Boils ☐ Other, _____
 Tattoos (ask) ☐ No ☐ Yes

Other skin/nail abnormalities ☐ No ☐ Yes, describe _____

Gastrointestinal System

Oral hygiene ☐ Good ☐ Fair ☐ Poor
 Gingivitis ☐ No ☐ Yes
 Mouth Ulcers ☐ No ☐ Yes
 Oral plaques ☐ No ☐ Yes
 Glossitis ☐ No ☐ Yes
 Hepatomegaly ☐ No ☐ Yes
 Splenomegaly ☐ No ☐ Yes
 Kidney enlargement ☐ No ☐ Yes, R ☐ Yes, L
 Abdominal mass ☐ No ☐ Yes

Hernias	<input type="checkbox"/> None	<input type="checkbox"/> R Inguinal	<input type="checkbox"/> L Inguinal
	<input type="checkbox"/> Other, describe _____		
Other gastrointestinal abnormalities	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe _____	

Lymph Nodes

Epitrochlear	<input type="checkbox"/> Normal	<input type="checkbox"/> Enlarged	<input type="checkbox"/> Tender
Cervical	<input type="checkbox"/> Normal	<input type="checkbox"/> Enlarged	<input type="checkbox"/> Tender
Supraclavicular	<input type="checkbox"/> Normal	<input type="checkbox"/> Enlarged	<input type="checkbox"/> Tender
Axillary	<input type="checkbox"/> Normal	<input type="checkbox"/> Enlarged	<input type="checkbox"/> Tender
Inguinal	<input type="checkbox"/> Normal	<input type="checkbox"/> Enlarged	<input type="checkbox"/> Tender
Other abnormality	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe _____	

Musculoskeletal system

Amputations	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe _____
Spinal abnormality	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe _____

Joints

R-shoulder	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
L-shoulder	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
R-elbow	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
L-elbow	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
R-wrist	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
L-wrist	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
R-thumb	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
L-thumb	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
R-fingers	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
L-fingers	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
R-hip	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	
L-hip	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	
R-knee	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
L-knee	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
R-ankle	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling
L-ankle	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased ROM	<input type="checkbox"/> Swelling

Straight leg raising	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Limited by back pain	<input type="checkbox"/> Limited by thigh/leg pain
		<input type="checkbox"/> Limited by muscle stiffness		
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Limited by back pain	<input type="checkbox"/> Limited by thigh/leg pain
		<input type="checkbox"/> Limited by muscle stiffness		
Muscular or tendon abnormality	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe _____		

Other musculoskeletal abnormalities	<input type="checkbox"/> No	<input type="checkbox"/> Yes, describe _____		

Neurological System

Cranial Nerves

Sense of smell (ask) ☐ Normal ☐ Abnormal

Ptosis

RT	<input type="checkbox"/> Absent	<input type="checkbox"/> Present
LT	<input type="checkbox"/> Absent	<input type="checkbox"/> Present

Visual Fields ☐ Normal ☐ Abnormal

If ABNORMAL, indicate quadrants involved:

RT	LT
<input type="checkbox"/> Superior Nasal	<input type="checkbox"/> Superior Nasal
<input type="checkbox"/> Inferior Nasal	<input type="checkbox"/> Inferior Nasal
<input type="checkbox"/> Superior Temporal	<input type="checkbox"/> Superior Temporal
<input type="checkbox"/> Inferior Temporal	<input type="checkbox"/> Inferior Temporal

Neglect ☐ No ☐ R neglect ☐ L neglect

Diplopia ☐ No ☐ Yes, indicate at which point diplopia is maximal

RT	LT
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

At the point of maximal diplopia, when does the outer image disappear?

☐ R eye covered ☐ L eye covered

Pupil size ☐ Same ☐ Different

If DIFFERENT, which pupil is bigger ☐ R ☐ L

Direct pupil reaction	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Sluggish	<input type="checkbox"/> None
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Sluggish	<input type="checkbox"/> None
Consensual pupil reaction	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Sluggish	<input type="checkbox"/> None
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Sluggish	<input type="checkbox"/> None

Eyes

• Cataract	<input type="checkbox"/> No	<input type="checkbox"/> Yes, R	<input type="checkbox"/> Yes, L
• Pterygium	<input type="checkbox"/> No	<input type="checkbox"/> Yes, R	<input type="checkbox"/> Yes, L
• Conjunctivitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes, R	<input type="checkbox"/> Yes, L
	<input type="checkbox"/> Other, describe _____		

Optic discs	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Atrophy	<input type="checkbox"/> Papilloedema	<input type="checkbox"/> Other _____
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Atrophy	<input type="checkbox"/> Papilloedema	<input type="checkbox"/> Other _____

Facial Sensation	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	
If reduced, is the site		<input type="checkbox"/> forehead	<input type="checkbox"/> malar	<input type="checkbox"/> mandibular

Corneal reflex	RT	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
	LT	<input type="checkbox"/> Present	<input type="checkbox"/> Absent

Eye lid closure	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent

Smile	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent

Sternomastoid power	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent

Trapezius power	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Absent

Tongue	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak

Handedness (ask) ☐ Right ☐ Left

Muscle wasting ☐ No ☐ Yes

If YES, is wasting generalised ☐ No ☐ Yes

localised ☐ No ☐ Yes, specify _____

Muscle ☐ No ☐ Yes

fasciculations If YES, are fasciculations generalised ☐ No ☐ Yes

localised ☐ No ☐ Yes, specify _____

Muscle tremor RT ☐ No ☐ Yes

LT ☐ No ☐ Yes

If YES, is tremor present at rest? ☐ Yes ☐ No

If NO, describe _____

Muscle tone

Upper limb RT ☐ Normal ☐ Increased ☐ Decreased

LT ☐ Normal ☐ Increased ☐ Decreased

Lower limb RT ☐ Normal ☐ Increased ☐ Decreased

LT ☐ Normal ☐ Increased ☐ Decreased

Muscle power

Scale

5 = Normal 4 = Movement with gravity but less than full power

3 = Movement with gravity 2 = Movement without gravity

1 = Visible contraction 0 = No movement

Please tick the appropriate rating score (5 - 0) for each muscle group

	RT						LT					
	5	4	3	2	1	0	5	4	3	2	1	0
Shoulder abduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brachioradialis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger abduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thumb abduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	RT						LT					
	5	4	3	2	1	0	5	4	3	2	1	0
Hip flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle dorsiflexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle plantarflexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle inversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle eversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toe flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toe extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reflexes

Biceps	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased

Triceps	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased

Brachioradialis	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased

Quadriceps	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased

Ankle	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Reduced	<input type="checkbox"/> Absent	<input type="checkbox"/> Increased

Plantars	RT	<input type="checkbox"/> Downgoing	<input type="checkbox"/> Upgoing	<input type="checkbox"/> Equivocal
	LT	<input type="checkbox"/> Downgoing	<input type="checkbox"/> Upgoing	<input type="checkbox"/> Equivocal

Coordination

Finger-Nose Test	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Heel-Shin Test	RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
	LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Vibration sense

Tip of index finger RT ☐ Normal ☐ Decreased

LT ☐ Normal ☐ Decreased

Tip of big toe RT ☐ Normal ☐ Decreased

LT ☐ Normal ☐ Decreased

If NORMAL, proceed to test position sense

If DECREASED, test and record proximally for respective limb(s)

Distal radius RT ☐ Normal ☐ Decreased

LT ☐ Normal ☐ Decreased

Olecranon process RT ☐ Normal ☐ Decreased

LT ☐ Normal ☐ Decreased

Medial malleolus RT ☐ Normal ☐ Decreased

LT ☐ Normal ☐ Decreased

Patella RT ☐ Normal ☐ Decreased

LT ☐ Normal ☐ Decreased

Ant. sup. iliac spine RT ☐ Normal ☐ Decreased

LT ☐ Normal ☐ Decreased

Position sense

Index finger RT ☐ Normal ☐ Decreased

LT ☐ Normal ☐ Decreased

Big toe RT ☐ Normal ☐ Decreased

LT ☐ Normal ☐ Decreased

Sensation (pinprick)

Thumb RT ☐ Normal ☐ Decreased ☐ Absent ☐ Hyperpathic
(C6 dermatome)

LT ☐ Normal ☐ Decreased ☐ Absent ☐ Hyperpathic

Little finger RT ☐ Normal ☐ Decreased ☐ Absent ☐ Hyperpathic
(C8 dermatome)

LT ☐ Normal ☐ Decreased ☐ Absent ☐ Hyperpathic

Nipple level RT ☐ Normal ☐ Decreased ☐ Absent ☐ Hyperpathic
(T6 dermatome)

LT ☐ Normal ☐ Decreased ☐ Absent ☐ Hyperpathic

Umbilicus level RT ☐ Normal ☐ Decreased ☐ Absent ☐ Hyperpathic
(T10 dermatome)

LT ☐ Normal ☐ Decreased ☐ Absent ☐ Hyperpathic

Big toe
(L5 dermatome)

RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent	<input type="checkbox"/> Hyperpathic
LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent	<input type="checkbox"/> Hyperpathic

Little toe
(S1 dermatome)

RT	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent	<input type="checkbox"/> Hyperpathic
LT	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent	<input type="checkbox"/> Hyperpathic

Gait

Romberg's test	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Tandem gait	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Walk on heels	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Walk on toes	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Arise from squat, no use of arms	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other neurological abnormalities ☐ No ☐ Yes, describe _____

General comments:

Section 2: SYMPTOMS OF TIREDNESS OR FATIGUE

INSTRUCTIONS: Read the questions to the participant. Please tick the most appropriate response, or record month and year where appropriate. If the person cannot remember the month, please record "99" for month and record the year. If the participant asks for clarification of the term "extreme tiredness or fatigue" in responding to the initial questions, this could be clarified as "significantly more than usually experienced in everyday life". "Months in total" means the aggregate total number of months the extreme tiredness or fatigue was experienced.

1. In the past 12 months, have you experienced extreme tiredness or fatigue following your normal activities? ☐ NO ☐ YES

If NO, go to Section 3

2. In the past 12 months, have you felt extremely tired or fatigued following your normal activities every day, or almost every day, for one month or longer? ☐ NO ☐ YES

If NO, go to Section 3

3. When did this feeling of being extremely tired or fatigued first begin? (Record month and year) /

4. When did you last experience this feeling of being extremely tired or fatigued? (Record the month and year. If still present, record the current month and year. *NOTE –If this date is not in the last 12 months, please check the person's previous responses. If confirmed as not experienced in last 12 months, go to Section 3 – otherwise continue with Q5.) /

5. Has/was this feeling of being extremely tired or fatigued present continuously over this period or did it tend to relapse and recur? ☐ Present continuously (go to Q6) ☐ Relapsed and recurred (go to Q7) ☐ Constant ☐ Fluctuated
6. Was the level of severity of the extreme tiredness or fatigue constant over this period or did it tend to fluctuate? (Record response and go to Q10)

7. How many months in total have you experienced this extreme tiredness or fatigue? months

8. What was the longest period of time you experienced it for? months

9. When did this longest period of time begin? (Record month and year) /

10. DOCTOR TO RECORD ON BASIS OF ABOVE RESPONSES:

- Has this person had a period(s) of extreme tiredness or fatigue that has been persistent, relapsing or recurring for at least 6 months or more since it first began? ☐ NO ☐ YES

If NO, go to Section 3

If YES, continue with Question 11

INSTRUCTIONS: Please ask the following questions in the present tense if the person is still experiencing extreme tiredness or fatigue, or in the past tense if they are not (see response to Q4). For Questions 13 to 18, please tick the most appropriate category according to the person's response. If the person is unsure about how to respond, the response categories may be read out to them as a prompt.

NOTE: Ask those who have experienced a relapsing and recurring course to consider the aggregate periods of tiredness or fatigue as a whole when answering Questions 11-19.

11. Have you seen a medical doctor about this extreme tiredness or fatigue? ☐ NO ☐ YES
- If YES, what was the month and year first seen? (Record month and year) /
- Did the doctor find a cause? ☐ NO ☐ YES
- If YES, please specify cause if known _____
12. Does (did) this extreme tiredness or fatigue interfere with your normal activities?
For example, has it interfered with your personal, social, family, work or study activities? ☐ NO ☐ YES
13. What percentage of your normal personal, social, family, work or study activities are you (were you) able to do during these period(s) of extreme tiredness or fatigue?
- ☐ <10% ☐ 50 - <75%
☐ 10 - <25% ☐ 75 – 99%
☐ 25 - <50% ☐ 100%
14. Do you (did you) feel extremely tired or fatigued for hours or days following activities that previously would have been easy for you? ☐ NO ☐ YES
15. If you rest, sleep or relax what happens to this feeling of extreme tiredness or fatigue?
- ☐ Recover completely or almost completely ☐ Worse
☐ Some recovery ☐ Don't Know
☐ No recovery
16. Does this (did this) extreme tiredness or fatigue happen after physical tasks or mental tasks or both?
- ☐ Physical tasks ☐ Both physical and mental tasks
☐ Mental tasks ☐ Don't Know
17. If you could think back to when this extreme tiredness or fatigue first started, over what period of time did it come on?
- ☐ Hours ☐ Months
☐ Days ☐ Don't Know
☐ Weeks

18. Can you remember any particular illness, injury or event which happened in the days or weeks before this extreme tiredness or fatigue first started?

☐ NO ☐ YES

If YES, was it:

- ☐ A cold or flu-like illness ☐ Other infection, specify _____
- ☐ Glandular fever ☐ An accident or injury, specify _____
- ☐ Don't know ☐ An emotional/stressful event, specify _____
- ☐ Other, please specify _____

19. **INSTRUCTIONS** The following questions relate to symptoms that the person may have experienced DURING the period(s) of extreme tiredness or fatigue. Ask those who have experienced a relapsing and recurring course to consider the aggregate periods of tiredness or fatigue as a whole when responding. Ask about one symptom (a – h) at a time, and record the responses in the table.

For symptoms a - h, ask the person if at any time during the period(s) of tiredness or fatigue:

- they experienced the symptom, and if YES ask
- was the symptom mild, moderate or severe
- when did it start (record month and year), and
- how long it was present for (i.e. the total duration of time it was present for. For a relapsing or recurring course, record the aggregate total number of months).

When you have completed questions for symptoms a – h, for symptoms that were present for at least 6 months in total duration, ask whether they were present at the same time, i.e. concurrently, for at least 6 consecutive months? You will need to name the specific symptoms you are asking about. If necessary, ask the person to consider the presence of symptoms over the period of most severe tiredness or fatigue. Tick the far column for symptoms that were present at the same time for at least 6 consecutive months.

e.g. If headache, sore throat, joint pains and poor memory were all present for at least 6 months, ask “Were any of your symptoms of headache, sore throat, joint pains and poor memory present at the same time for at least 6 consecutive months?” If all were, tick the far column for all four symptoms.

SYMPTOM	Don't Know	NO	YES			STARTED Month/Year	TOTAL DUR'N	Present at same time for at least 6 consecutive months
			Mild	Moderate	Severe		months	
a. Persisting sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/____	---	<input type="checkbox"/>
b. Swollen or painful glands in neck or armpit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/____	---	<input type="checkbox"/>
c. Muscular aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/____	---	<input type="checkbox"/>
d. Joint aches or pains in several joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/____	---	<input type="checkbox"/>
e. Poor memory or concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/____	---	<input type="checkbox"/>
f. Headaches that were different to any you experienced before the start of this “tiredness”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/____	---	<input type="checkbox"/>
g. Generally sick, unwell or “off color” <u>for more than 24 hours</u> after exerting yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/____	---	<input type="checkbox"/>
h. Waking up feeling unrefreshed after your usual amount of sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/____	---	<input type="checkbox"/>

Section 3: REVIEW OF REPORTED MEDICAL CONDITIONS

*INSTRUCTIONS: Please review the Medical Conditions section of the **postal questionnaire (G21 and G22)**, and check that this section has been fully completed. If it hasn't been fully completed, please ask the participant to do so now.*

Ask further questions about each "YES" response for the medical problems or conditions to determine whether it was diagnosed or treated by a medical doctor; and if it was, what was the likelihood of the diagnosis. Record one of the following codes in the "office use only" column on the right hand side of the table(s). You should only need to ask a maximum of 3 – 4 questions for each medical problem or condition. You should not be taking a full history. If, after 3 – 4 questions, you are still not sure record a "3".

Record reported medical conditions as:

1 = Non-medical diagnosis

Condition was not diagnosed or treated by a medical doctor.

2 = Unlikely diagnosis

Condition was mentioned by a doctor, perhaps as a possible diagnosis, but:

- person's history of the condition is not consistent with the diagnosis, and/or
- diagnosis was not confirmed by investigation and treatment was not required.

3 = Possible diagnosis

Condition was mentioned or discussed by a doctor, person may have had investigations and some treatment, but this was not consistent with the level of intervention that one would expect from conventional medical practice for a person with this condition.

4 = Probable diagnosis

Condition was diagnosed by a doctor, perhaps with specialist referral, and investigated and treated medically or surgically in a manner consistent with conventional medical practice for a person with this condition.

Section 4: GENERAL HEALTH QUESTIONS and ADDITIONAL FINDINGS

INSTRUCTIONS: Ask an open question about the person's general health and any other health concerns he or she wants to raise. Ask more specific questions if you think it is necessary, particularly for significant concerns that may require urgent follow-up. Record your significant concerns and additional findings in the spaces below for reference in preparing your report.

IMPORTANT: If a problem is mentioned here, or in the Medical Conditions section of the postal questionnaire, that you have not been aware of and needs further physical examination, proceed with this re-examination. Record these additional examination findings in the space provided (for consideration in your medical report and by the researchers) but DO NOT alter your previously recorded physical examination findings.

“Is there anything else about your health that you would like to raise that we haven’t discussed so far?”

1.
2.
3.
4.

Notes on significant concerns where a review of the relevant system was thought necessary

ADDITIONAL PHYSICAL EXAMINATION FINDINGS

Have any conditions come to your attention through the open questions, or review of medical conditions or relevant systems, that required you to carry out a further physical examination?

☐ NO ☐ YES

If YES, please list any additional physical findings here:

1. _____
2. _____
3. _____
4. _____
5. _____

Section 5: QUEEN'S COLLEGE STEP TEST

Is this person fit to perform a brief fitness test? (see table below)

☐ YES ☐ NO, please specify reason _____

Fitness criteria for the Step Test.

Precautions: Testing facilities must have appropriate resuscitation equipment and tests supervised by operators trained in CPR. Candidates should be carefully screened for any contraindications.

Absolute Contraindications	Relative Contraindications
<ul style="list-style-type: none"> • Ischaemic Heart Disease • Unstable angina • Aortic Stenosis • Uncontrolled hypertension • Uncontrolled asthma • Epilepsy • Respiratory failure 	<ul style="list-style-type: none"> • Participant older than 50 • Currently pregnant, or childbirth in previous three months • Surgery in previous three months • Systolic blood pressure greater than 150 • Diastolic blood pressure greater than 95 • History of heart disease • Treating physician's advice not to exercise • Musculoskeletal problem likely to be aggravated by the exercise • Any other reason given by the participant for not doing the test

Procedure (see Procedure Manual for full details)

INSTRUCTIONS: Set the metronome to 96 BPM for men and 88 BPM for women. After stepping for 3 minutes, read the pulse monitor within 5 seconds of stopping and again 15 seconds later. Please record both readings.

If the participant feels any discomfort, or if the person can not keep up with the metronome (after encouragement), the test should be stopped. The duration of the test, the reason for stopping, and both pulse rate readings should be recorded.

--	--	--

Pulse rate per minute within 5 seconds of stopping test.

--	--	--

Pulse rate per minute 15 seconds after the first reading.

Did the person stop before three minutes ☐ YES ☐ NO

If YES, specify:

• duration of test _____ minutes _____ seconds

• reason for stopping ☐ fatigue ☐ pain, specify site _____
 ☐ short of breath ☐ other, specify _____

Note: The average of the two pulses is used as an indication of the participant's fitness rating (see Procedure Manual for categories)

Interviewer remained blinded to the Gulf War status

☐ YES ☐ NO, please indicate in which section Gulf War status was revealed.

Section _____

Has the participant nominated a medical practitioner to whom medical assessment results can be sent, and signed the consent for release?

☐ YES ☐ NO

(see last page of postal questionnaire)

If the participant nominated a medical practitioner, but did not sign the consent for a copy to be sent to their nominated medical practitioner, please ask them to do so now. The participant may not wish to nominate a medical practitioner, and is not required to do so. However, please take this opportunity for explaining the reasons for nominating a medical practitioner, e.g. The report will provide useful information to their medical practitioner; any abnormalities can be considered in the context of a more complete picture of their health and by someone who is in a better position to arrange appropriate follow-up if necessary. If they do not wish to nominate a medical practitioner, they should not feel pressured to do so.

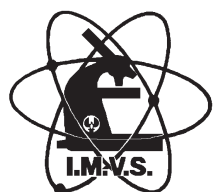
Provide immediate verbal feedback on urgent or serious conditions and complete the “URGENT” feedback letter for the participant to take with them to their medical practitioner.

Consider your examination findings and abnormal results of the blood pressure, urinalysis and spirometry tests undertaken by the nurse in providing urgent feedback on urgent or serious conditions to the participant if required. (Guidelines for feedback of spirometry results are included in the Procedure Manual). Complete the “URGENT” letter. Make a photocopy of this letter and attach it to the Data Collection Booklet on page 42. Give the letter to the participant to take with them.

Please use this sheet for any additional notes you may wish to make.

Attach photocopies of all medical letters here

6. IMVS reference intervals and testing methodology



Institute of **M**edical and **V**eterinary **S**cience

The specimens were collected according to specified protocols in the Collection Centres throughout Australia.

The clinical chemistry samples were centrifuged within 4 hours of collection by specified laboratories in each area. The centrifuged clinical chemistry specimens and other specimens (not T cell subsets) were sent in eskies with an ice block by overnight courier transport. The T cell subsets were transported at ambient temperatures. The specimens were delivered to the central IMVS laboratory, Frome Road, Adelaide, South Australia between 0830 – 1000h the following morning.

The current IMVS reference intervals that were used for comparative purposes in the study are detailed in Table 6.1 to Table 6.5.

Table 6.1 Haematology investigations undertaken within the study, IMVS reference intervals (adults) and testing methods

Parameter	Reference Interval		Method
	Male	Female	
Haemoglobin	135-175 g/L	115-155 g/L	
Packed Cell Volume	0.40-0.50 L/L	0.35-0.45 L/L	
Red Cell Count	4.50-6.00 x 10 ¹² /L	3.80-5.20 x 10 ¹² /L	
Mean Corpuscular Volume	80.0-98.0 fL		
Mean Corpuscular Haemoglobin	27.0-33.0 pg		Hb and RBC parameters, Platelets, WBC and differential counts Bayer Technicon H2 analysers and the Sysmex XE 2100 analysers. These two analysers have been fully evaluated one against the other.
Mean Corpuscular Haemoglobin Concentration	315-355 g/L		
Red cell distribution width	11.5-15.5%		
White Cell Count	4.0-11.0 x 10 ⁹ /L		
Neutrophils	1.80-7.50 x 10 ⁹ /L		
Lymphocytes	1.00-3.50 x 10 ⁹ /L		
Monocytes	0.20-0.80 x 10 ⁹ /L		
Eosinophils	0.02-0.50 x 10 ⁹ /L		
Basophils	0.00-0.10 x 10 ⁹ /L		
Platelets	150-400 x 10 ⁹ /L		
Erythrocyte Sedimentation Rate	1-10 mm	1-12 mm	Starrsed automated analyser
	> 50 yrs		
	1-15 mm	1-20 mm	

The assays were controlled by internal quality controls and external quality controls as organised by the RCPA Haematology program.

Routine biochemical analysis (including liver function tests) was performed on Technicon Dax 48 analysers. The assays were controlled by the use of internal quality controls and the External Quality Assurance Program as organised by RCPA/AACB. The laboratory has The National Association of Testing Authorities, Australia (NATA) and AS/NZS ISO9002 accreditation. The reference intervals and the methods used for each analyte are described in Table 6.2 and Table 6.3.

Table 6.2 Biochemical investigations undertaken within the study, IMVS reference intervals (adults) and testing method

Analyte	Reference Interval	Method
Sodium	137-145 mmol/L	Ion specific electrode
Serum Potassium	3.5-4.9 mmol/L	Ion specific electrode
Chloride	100-109 mmol/L	Ferric perchlorate method
Bicarbonate	22-32 mmol/L	Enzymatic method
Anion Gap	7-17 mmol/L	Calculated entity on the computer utilising (Sodium + potassium) – (Chloride + bicarbonate)
Urea	2.7-8.0 mmol/L	Enzymatic method
Creatinine	0.05-0.12 mmol/L	Jaffe reaction
Ionised Calcium	1.10-1.25 mmol/L	Calculated entity on the computer utilising albumin, globulin and Na, K, Cl, bicarbonate
Phosphate	0.65-1.45 mmol/L	Molybdate method
Random blood glucose	*	Hexokinase method
C-Reactive Protein	<4-10 mg/L	Beckman Immage nephelometric method

* IMVS does not report a reference interval for a random blood glucose. To compare study groups, the criteria used and the interpretation of these are those recently recommended by the NHMRC (<http://www.health.gov.au/nhmrc/advice/pdf/type2.pdf>)

Table 6.3 Liver function tests undertaken within the study, IMVS reference intervals (adults) and testing methods

Liver function tests	Reference interval	Method
Albumin	34-48 g/L	Bromocresol purple method
Globulin	26-41 g/L	Calculated by difference of albumin from total protein
Protein	65-85 g/L	Biuret method
Total Bilirubin	6-24 µmol/L	Diazo method
Gamma-Glutamyl-Transferase (GGT)	0-60 U/L	IFCC recommended method
Alkaline Phosphatase (ALP)	30-110 U/L	IFCC recommended method
Alanine Aminotransferase (ALT)	0-55 U/L	IFCC recommended method

Liver function tests	Reference interval	Method
Aspartate Aminotransferase (AST)	0–45 U/L	IFCC recommended method
Lactate Dehydrogenase (LD)	110-230 U/L	Lactate to pyruvate method

The reference intervals and testing methods for the virology and immunological parameters investigated in the study are described in Table 6.4 and Table 6.5.

Table 6.4 Virology tests undertaken within the study, IMVS reference intervals (adults) and testing methods

Parameter	Reference interval	Method
EBV IgG antibody	Not detected, $\Delta_{\text{sample}} < 0.100$	Dade Behring Enzygnost
	Detected, $\Delta_{\text{sample}} > 0.200$	
	Equivocal, 0.100 - 0.200	
CMV IgG antibody	Detected, > 15 antibody units/ml (AU/ml)	Abbott AxSym analyser
	Not detected, < 10 AU/ml	
	Equivocal, 10-15 AU/ml	
Hepatitis C antibody	Negative, $S/CO < 1.00$	Abbott AxSym HCV version 3.0 MEIA
	Positive, $S/CO \geq 1.00$	
	Indeterminate, $S/CO 0.80-0.99$	

Table 6.5 Immunology tests (lymphocyte subpopulations) undertaken within the study, IMVS reference intervals (adults) and testing methods

Parameter	Reference intervals		Method
	Percentage of lymphocytes (%)	Cell count ($\times 10^9/L$)	
T cell markers			
CD3	44-90 %	$0.66-3.22 \times 10^9/L$	Flow cytometry on the Coulter. Whole blood lysis Q prep method using Coulter reagents
CD4+CD3+	27-63 %	$0.41-2.21 \times 10^9/L$	
CD8+CD3+	11-38 %	$0.17-1.33 \times 10^9/L$	
CD4/CD8 ratio	ratio 0.72-3.6		
B cell markers			
CD19	2-15 %	$0.30-0.53 \times 10^9/L$	
Natural Killer Cell markers			
CD16+CD3-	not reported	not reported	
CD56+CD3-	not reported	not reported.	
CD16+/CD56+CD3-	1-13 %	$0.15-0.46 \times 10^9/L$	

7. Ethics Committees' Approvals



DEFENCE PERSONNEL EXECUTIVE

DEFENCE HEALTH SERVICE BRANCH

CP2-7-66 Department of Defence CANBERRA ACT 2600

PE 2000/6464/1

ADMEC 208/00

DHSB 007 /2000

Dr M Sim

Department of Epidemiology and Preventive Medicine

Monash Public Health

Monash Medical School

Alfred Hospital

Prahran, Victoria 3181

Dear Dr Sim

**AUSTRALIAN DEFENCE MEDICAL ETHICS COMMITTEE (ADMEC)
PROTOCOL 208/00: GULF WAR VETERANS HEALTH STUDY**

1. Thank you for providing the requested amendments to your protocol. ADMEC has now cleared your project to proceed. Please note that ethical clearance from ADMEC does not automatically confer access to ADF personnel; this will have to be sought from the relevant military commanders.
2. Your protocol has been allocated ADMEC Protocol Number 208/00, and this number should be quoted in all correspondence. Six-monthly progress reports are required, the first being due on 20 July 2001. ADMEC's compliance with the NHMRC National Statement on Ethical Conduct in Research Involving Humans requires that your progress reports include, where applicable, comment on: the security of your records; compliance with the approved consent procedures and documentation, and compliance with any other special conditions that ADMEC may have required.
3. For completeness, would you please sign the enclosed researcher's agreement and return it to me at your convenience. I have also enclosed ADMEC's Guidelines for Volunteers, a copy of which is to be given to each study participant.
4. The Committee wishes you well with your research. Please contact me if I can be of any assistance.

Yours sincerely,


M. BLENKIN

Lieutenant Commander

Executive Secretary

Australian Defence Medical Ethics Committee

Tel (02) 62663818 Fax (02) 62664982



COMMONWEALTH DEPARTMENT OF
VETERANS' AFFAIRS

NATIONAL OFFICE

A/Professor Malcolm Sim
Principal Investigator
Gulf War Veterans' Health Study
Monash Medical School
Alfred Hospital
Prahran Victoria 3181

Dear Professor Sim

Gulf War Veterans' Health Study

Thankyou for submitting further information addressing privacy issues raised by the DVAHRE Committee. The Committee agreed in February 2000 that the revised study protocol should be resubmitted to the Committee coordinator for final consideration by the Chairman.

The Chairman has considered the revised protocol and the privacy issues addressed in your letter to the Committee coordinator, dated 20 December 2000. He endorses the continuation of the project.

Please note that the Committee should be advised immediately in writing if the protocol changes from that approved, and before the study progresses under the amended protocol. This is part of the Committee's monitoring role.

Additionally, it is a requirement that researchers provide the Committee with progress reports or a final report for shorter-term projects. The Committee looks forward to receiving your progress/final report in due course.

Please do not hesitate to contact me with any further questions on (02) 6289 6280.

Georgina Dudzinski
DVA Human Research Ethics Committee Coordinator
10 January 2001

cc: Dr Keith Horsley, Medical Services Adviser, Compensation and Support, DVA

13 KILTIE STREET
PHILLIP ACT 2606

PO BOX 21
WODEN ACT 2606

TELEPHONE (02) 6289 1111
INTERNET <http://www.dva.gov.au>

THEIR SERVICE – OUR HERITAGE

8 May 2000



Assoc. Professor Malcolm Sim
Epidemiology and Preventive Medicine
Monash University Medical School
Alfred Campus

Project 2000/140 - Gulf war veterans health study

Thank you for the information provided in relation to the above project. The items requiring attention have been resolved to the satisfaction of the Committee. The project has now been approved as conforming to the NHMRC guidelines.

The project is approved as submitted for a three year period and this approval is only valid whilst you hold a position at Monash University. You should notify the Committee immediately of any adverse effects on participants or unforeseen events and seek approval for any proposed changes. Should you wish to adapt this project to other circumstances, you can apply for an extension or variation to the original protocol. However, substantial variations may require a new application. Please quote the project number above in any further correspondence and include it in the complaints clause:

Should you have any complaint concerning the manner in which this research (project number.....) is conducted, please do not hesitate to contact The Standing Committee on Ethics in Research Involving Humans at the following address:

*The Secretary
The Standing Committee on Ethics in Research Involving Humans
PO Box No 3A
Monash University
Victoria 3800
Telephone (03) 9905 2052 Fax (03) 9905 1420
Email: SCERH@adm.monash.edu.au*

Human Research Ethics Committees are required by the NHMRC to monitor research projects until completion to ensure that they continue to conform with approved ethics standards. Continued approval of this project is dependent on the submission of annual progress reports and a termination report. Please ensure that the Committee is provided with an annual report and a brief summary of the outcomes of your project when it has concluded. The report form is available at http://www.monash.edu.au/resgrant/h_a_ethics/human_ethics.

The Chief Investigators of approved projects are responsible for the storage and retention of original data pertaining to a project for a minimum period of five years. You are requested to comply with this requirement.

Ann Michael
Human Ethics Officer
Standing Committee on Ethics in Research Involving Humans

FILE COPY



Date of Meeting: 21 August 2001

The Chairperson
Australian Institute of Health and Welfare

Title of Activity: AUSTRALIAN GULF WAR VETERAN'S HEALTH STUDY

Submitted by: Mr John Harding

Ethics Committee

Register Number: EC 280

The Ethics Committee is of the opinion that this activity as described in the written submission held in the Committee's records (01/471) at this date is acceptable on ethical grounds subject to:

- The codes for accessing a particular participant's files being kept by the Secretary of the DVA Ethics Committee.
- A meeting being held to further discuss the issue of storage of cancer data where approval has not been granted. The result is to be reported to the Ethics Committee.

The Committee needs to be informed of any changes contemplated or made in the conduct of this activity and of any adverse effects or unexpected ethical issues which arise so that the Committee can fulfil its function of informing the Institute of continuing acceptability on ethical grounds.

The AIHW requests that assistance provided be recognised in all publications and reports resulting from this submission.

Signed R. K. Todd
(Mr Robert Todd) Chairman
Australian Institute of Health and Welfare
Ethics Committee

17 September 2001

cc John Harding

For health and welfare
statistics and information

6A Troeger Court
Fern Hill Park
Bruce ACT
GPO Box 570
Canberra ACT 2601
Phone 02 6244 1000
Fax 02 6244 1299
<http://www.aihw.gov.au>

References

1. HMAS *Adelaide*, Ships Log, in National Archives. 1990: Sydney.
2. HMAS *Darwin*, Ships Log, in National Archives. 1990: Sydney.
3. HMAS *Success*, Ships Log, in National Archives. 1990: Sydney.
4. HMAS *Sydney*, Ships Log, in National Archives. 1990: Sydney.
5. HMAS *Westralia*, Ships Log, in National Archives. 1990: Sydney.
6. Kirkland K, Operation Damask. 1991: Plaza Historical Service P.O. Box 101 Cremorne NSW.
7. Waters G, Line Honours Logistics Lessons of the Gulf War. 1992: Aerospace Centre, RAAF Base Fairbairn, ACT.
8. Galloway C, McInnes B, HMAS Brisbane Operation Damask. 1991.
9. Stevens D. Operation Damask The RAN contribution to the Gulf War. *Australia's Navy 1991-92, Department of Defence, Canberra*:15-20.
10. Alexander GA. Ecoterrorism and nontraditional military threats. *Mil. Med.* 2000;165:1-5.
11. Surgeon-Captain M. Flynn. RAN Task Group Medical Support Element Deployment onboard USNS Comfort (T-AH 20) Operation Damask (Desert Shield-Desert Storm) January 1991-March 1991. Sydney: RAN TGMSE, 1991.
12. Anonymous. The Persian Gulf experience and health. NIH Technology Assessment Workshop Panel. *JAMA* 1994;272:391-6.
13. McCarroll JE, Ursano RJ, Fullerton CS, et al. Effects of exposure to death in a war mortuary on posttraumatic stress disorder symptoms of intrusion and avoidance. *J. Nerv. Ment. Dis.* 2001;189:44-8.
14. McCarroll JE, Ursano RJ, Fullerton CS, et al. Somatic symptoms in Gulf War mortuary workers. *Psychosom. Med.* 2002;64:29-33.
15. Presidential Advisory Committee on Gulf War Veterans' Illnesses. Final Report. Washington: U.S. Government Printing Office, 1996.
16. Iowa Persian Gulf Study Group. Self-reported illness and health status among Gulf War Veterans: A population-based study. *JAMA* 1997;277:238-245.
17. Persian Gulf Veterans Coordinating Board. Unexplained illnesses among Desert Storm veterans. *Arch. Intern. Med.* 1995;55:262-268.
18. Sutker P, Corrigan SA, Sundgaard-Riise K, et al. Exposure to war trauma, war-related PTSD, and psychological impact of subsequent hurricane. *Journal of Psychopathology and Behavioural Assessment* 2002;24:25-37.
19. Joseph SC, Comprehensive Clinical Evaluation Program Evaluation Team. A comprehensive clinical evaluation of 20,000 Persian Gulf War veterans. *Mil. Med.* 1997;162:149-55.
20. Kang HK, Mahan CM, Lee KY, et al. Illnesses among United States veterans of the Gulf War: a population-based survey of 30,000 veterans. *J. Occup. Environ. Med.* 2000;42:491-501.
21. Unwin C, Blatchley N, Coker W, et al. Health of UK servicemen who served in Persian Gulf War. *Lancet* 1999;353:169-178.
22. Goss Gilroy Inc. Health study of Canadian Forces personnel involved in the 1991 conflict in the Persian Gulf. Volume 1. Ontario: Goss Gilroy Inc., Management Consultants, 1998.
23. Fiedler N, Lange G, Tiersky L, et al. Stressors, personality traits, and coping of Gulf War veterans with chronic fatigue. *J. Psychosom. Res.* 2000;48:525-35.
24. O'Brien LS, Payne RG. Prevention and management of panic in personnel facing a chemical threat-lessons from the Gulf War. *J. R. Army Med. Corps* 1993;139:41-5.

25. Fulco CE, Liverman CT, Sox HC, eds. *Gulf War and Health Volume 1: Depleted Uranium, Pyridostigmine bromide, Sarin, Vaccines*. ed. Io Medicine. 2000, National Academy Press: Washington.
26. Gray GC, Reed RJ, Kaiser KS, et al. Self-reported symptoms and medical conditions among 11,868 Gulf War-era veterans - The Seabee health study. *Am. J. Epidemiol.* 2002;155:1033-1044.
27. Spencer PS, McCauley LA, Lapidus JA, et al. Self-reported exposures and their association with unexplained illness in a population-based case-control study of Gulf War veterans. *J. Occup. Environ. Med.* 2001;43:1041-1056.
28. Cherry N, Creed F, Silman A, et al. Health and exposures of United Kingdom Gulf War veterans. Part II: The relation of health to exposure. *Occup. Environ. Med.* 2001;58:99-306.
29. Bell IR, Warg-Damiani L, Baldwin CM, et al. Self-reported chemical sensitivity and wartime chemical exposures in Gulf War veterans with and without decreased global health ratings. *Mil. Med.* 1998;163:725-732.
30. Coombe MD, Drysdale SF. Assessment of the effects of atmospheric oil pollution in post war Kuwait. *J. R. Army Med. Corps* 1993;139:95-97.
31. Haley RW, Kurt TL. Self-reported exposure to neurotoxic chemical combinations in the Gulf War. A cross-sectional epidemiologic study. *JAMA* 1997;277:231-7.
32. Ishoy T, Suadican P, Guldager B, et al. Risk factors for gastrointestinal symptoms - The Danish Gulf War Study. *Dan. Med. Bull.* 1999;46:420-3.
33. Kroenke K, Koslowe P, Roy M. Symptoms in 18,495 Persian Gulf War veterans: latency of onset and lack of association with self-reported exposures. *J. Occup. Environ. Med.* 1998;40:520-528.
34. Lashof JC. Illness among Gulf War veterans: risk factors, realities, and future research. *JAMA* 1998;280:1010-1011.
35. McCauley LA, Joos SK, Spencer PS, et al. Strategies to assess validity of self-reported exposures during the Persian Gulf war. *Environ. Res.* 1999;81:195-205.
36. Petrucci BP, Goldenbaum M, Scott B, et al. Health effects of the 1991 Kuwait oil fires: a survey of US army troops. *J. Occup. Environ. Med.* 1999;41:433-439.
37. Poirier MC, Weston A, Schoket B, et al. Biomonitoring of United States Army soldiers serving in Kuwait in 1991. *Cancer Epidemiol. Biomarkers Prev.* 1998;7:545-51.
38. Proctor SP, Heeren T, White RF, et al. Health status of Persian Gulf War Veterans: self-reported symptoms, environmental exposures and the effect of stress. *Int. J. Epidemiol.* 1998;27:1000-1010.
39. Roy MJ, Chung RCY, Huntley DE, et al. Evaluating the symptoms of Persian Gulf War veterans. *Federal Practitioner* 1994:13-22.
40. Sartin JS. Gulf War illnesses: causes and controversies. *Mayo Clin. Proc.* 2000;75:811-9.
41. Wolfe J, Proctor SP, Erickson DJ, et al. Risk factors for multisystem illness in US army veterans of the Gulf War. *J. Occup. Med.* 2002;44:271-279.
42. Smith TC, Heller JM, Hooper TI, et al. Are Gulf War veterans experiencing illness due to exposure to smoke from Kuwaiti oil well fires? Examination of Department of Defense hospital data. *Am. J. Epidemiol.* 2002;155:908-917.
43. Engel CCJ, Ursano R, Magruder C, et al. Psychological conditions diagnosed among veterans seeking Department of Defense care for Gulf War-related health concerns. *J. Occup. Environ. Med.* 1999;41:384-392.
44. Frost SD. Gulf War syndrome: proposed causes. *Cleve. Clin. J. Med.* 2000;67:17-20.
45. Hodgson MJ, Kipen HM. Gulf War illnesses: causation and treatment. *J. Occup. Environ. Med.* 1999;41:443-452.

46. Kang HK, Mahan CM, Murphy FM, et al. Evidence for a deployment-related Gulf War syndrome by factor analysis. *Arch. Environ. Health* 2002;57:61-68.
47. McCauley LA, Lasarev M, Sticker D, et al. Illness experience of Gulf War veterans possibly exposed to chemical warfare agents. *Am. J. Prev. Med.* 2002;23:200-206.
48. Hooper FJ, Squibb KS, Siegel EL, et al. Elevated urine uranium excretion by soldiers with retained uranium shrapnel. *Health Phys.* 1999;77:512-9.
49. McDiarmid MA, Keogh JP, Hooper FJ, et al. Health effects of depleted uranium on exposed Gulf War veterans. *Environ. Res.* 2000;82:168-180.
50. McDiarmid MA, Engelhardt SM, Oliver M. Urinary uranium concentrations in an enlarged Gulf War veteran cohort. *Health Phys.* 2001;80:270-3.
51. McDiarmid MA, Squibb K, Engelhardt S, et al. Surveillance of depleted uranium exposed Gulf War veterans: health effects observed in an enlarged "friendly fire" cohort. *J. Occup. Environ. Med.* 2001;43:911-1000.
52. Department of Defense. Environmental Exposure Report: Chemical Agent Resistant Coating (CARC) Final Report <http://www.gulflink.osd.mil/carc_paint_ii/> Accessed 10 January 2002.
53. Alving CR, Grabenstein JD. Re: Antibodies to squalene in Gulf War Syndrome [letter]. *Exp. Mol. Pathol.* 2000;68:196-8.
54. Asa PB, Cao Y, Garry RF. Antibodies to squalene in Gulf War syndrome. *Exp. Mol. Pathol.* 2000;68:55-64.
55. Beresuk GP, McCarthy GE. Investigational drugs and vaccines fielded in support of Operation Desert Storm. *Mil. Med.* 1992;157:404-406.
56. Bolton JP, Lee HA, Gabriel R. Vaccinations as risk factors for ill health in veterans of the Gulf War. Conclusion may be flawed by inadequate data. *Br. Med. J.* 2001;322:361.
57. Butler D. Admission on Gulf War vaccines spurs debate on medical records [news]. *Nature* 1997;390:3-4.
58. Enserink M. Gulf War illness: the battle continues. *Science* 2001;291:812-7.
59. Hollander DH. Beef allergy and the Persian Gulf syndrome. *Med. Hypotheses* 1995;45:221-2.
60. Hotopf M. Reanalysis of Gulf War vaccination data does not contradict findings [letter]. *Br. Med. J.* 2000;321:761-2.
61. Hotopf M, David A, Hull L, et al. Role of vaccinations as risk factors for ill health in veterans of the Gulf War: cross sectional study. *Br. Med. J.* 2000;320:1363-7.
62. Hotopf M, David T, Hull L, et al. Vaccinations as risk factors for ill health in veterans of the Gulf War. Authors' Reply. *Br. Med. J.* 2001;322:362.
63. Mazzuchi JF, Claypool RG, Hyams KC, et al. Protecting the health of US military forces: A national obligation. [editorial material]. *Aviat. Space Environ. Med.* 2000;71:260-265.
64. National Security and International Affairs Division of the United States General Accounting Office. Gulf War syndrome, anti-squalene antibodies, and vaccines <<http://www.autoimmune.com/GWSGen.html>> Accessed 14 January 2002.
65. Ness AR, Harvey I, Gunnell D, et al. All troops sent to Gulf should be randomised to receive anthrax vaccination or placebo [letter]. *Br. Med. J.* 1998;316:1322.
66. Shaheen S. Shots in the desert and Gulf War syndrome. Evidence that multiple vaccinations during deployment are to blame is inconclusive. *Br. Med. J.* 2000;320:1351-2.
67. Steffen R, Melling J, Woodall JP, et al. Preparation for emergency relief after biological warfare. *J. Infect.* 1997;34:127-132.

68. Wegman DH, Woods NF, Bailer JC. Invited commentary: how would we know a Gulf War syndrome if we saw one? [comment]. *Am. J. Epidemiol.* 1997;146:704-11; discussion 712.
69. Young RC, Jr., Rachael RE, Huguley JWd. Environmental health concerns of the Persian Gulf War. *J. Natl. Med. Assoc.* 1992;84:417-24.
70. Plapp FW. Permethrin and the Gulf War syndrome. *Arch. Environ. Health* 1999;54:312.
71. Korenyi-Both AL, Juncer DJ. Al Eskan disease: Persian Gulf syndrome. *Mil. Med.* 1997;162:1-13.
72. Thomas R, Vigerstad T, Meagher J, et al. Particulate exposure during the Persian Gulf War <http://www.gulflink.osd.mil/thomas_report.pdf> Accessed 10/01/2002.
73. Fukuda K, Nisenbaum R, Stewart G, et al. Chronic multisymptom illness affecting Air Force veterans of the Gulf War. *JAMA* 1998;280:981-988.
74. Al-Shatti KS, Harrington JM, eds. *The Environmental and Health Impact of the Kuwaiti Oil Fires, Proceedings of an International Symposium 17th October 1991*. 1992, Institute of Occupational Health. University of Birmingham.
75. Department of Defense. Environmental Exposure Report: Oil Well Fires <http://www.gulflink.osd.mil/owf_ii/> Accessed 10 January 2002.
76. Hobbs P, Radke L. Airborne studies of the smoke from the Kuwait oil fires. *Science* 1992;256:987-991.
77. Khordagui H, Alajmi D. Environmental impact of the Gulf War - An integrated preliminary assessment. *Environ. Manage.* 1993;17:557-562.
78. Husain T. Kuwaiti oil fires - source estimates and the plume characterization. *Atmos. Environ.* 1994;28:2149-2158.
79. Husain T. Terrestrial and atmospheric environment during and after the Gulf War. *Environment International* 1997;24:189-196.
80. Flynn M. The Medical Teams in the Gulf. in *Australia's Navy 1991-92, Department of Defence, Canberra*:27-28.
81. Spektor DM. RAND, National Defense Research Institute. A review of scientific literature as it pertains to Gulf War illnesses; Oil well fires <<http://www.gulflink.osd.mil/library/row1/>> Accessed 10/01/2002.
82. Amin MB, Hussain T. Kuwaiti oil fires - Air quality monitoring. *Atmos. Environ.* 1994;28:2261-2276.
83. Osman Y. Environmental surveys conducted in the Gulf region following the Gulf War to identify possible neurobehavioral consequences. *Environ. Res.* 1997;73:207-10.
84. Poirier MC, Weston A, Schoket B, et al. Polycyclic aromatic hydrocarbon biomarkers of internal exposure in US Army soldiers serving in Kuwait in 1991. *Polycyclic Aromatic Compounds* 1999;17:197-208.
85. Department of Defense. Environmental Exposure Report: Particulate Matter <<http://www.gulflink.osd.mil/pm/>> Accessed 10/01/2002.
86. Bickerton I, Pearson M, 42 Days: The Gulf War. 1991, Melbourne and Sydney: The Text Publishing Company Pty Ltd in association with the Australian Broadcasting Corporation.
87. Lewis D, Hewett T, Agony of the loved ones left at home, in *The Sydney Morning Herald*. 1991: Sydney.
88. Hyams KC, Riddle J, Trump D, et al. Endemic infectious diseases and biological warfare during the Gulf War: A decade of analysis and final concerns. *Am. J. Trop. Med. Hyg.* 2001;65:664-670.
89. Drachman DB, *Myasthenia gravis and other diseases of the neuromuscular junction*, in *Harrison's Principles of Internal Medicine*, E Braunwald, et al., Editors. 2001, McGraw-Hill: New York. p. 2515-2520.

90. Fulco CE, Liverman CT, Sox HC, *Pyridostigmine Bromide*, in *Gulf War and Health Volume 1: Depleted Uranium, Pyridostigmine bromide, Sarin, Vaccines*, Io Medicine, Editor. 2000, National Academy Press: Washington.
91. Golomb BA. A review of the scientific literature as it pertains to Gulf War illnesses. Santa Monica, CA: RAND, 1999.
92. Keeler JR. Pyridostigmine used as a nerve agent pretreatment under wartime conditions. *JAMA* 1991;266:693-695.
93. Ray DE, Richards PG. The potential for toxic effects of chronic, low-dose exposure to organophosphates. *Toxicol. Lett.* 2001;120:343-351.
94. Department of Defense. Environmental Exposure Report: Pesticides <<http://www.gulflink.osd.mil/pesto/>> Accessed 10 January 2002.
95. Ray DE. Chronic effects of low level exposures to anticholinesterases - a mechanistic review. *Toxicol. Lett.* 1998;102-103:527-533.
96. Lotti M. Low-level exposures to organophosphorus esters and peripheral nerve function [Review]. *Muscle Nerve* 2002;25:492-504.
97. LaMontagne A, Fundamentals of Environmental Toxicology. 1995: Massachusetts Department of Environmental Protection.
98. Wester RC, Quan D, Maibach HI. In vitro percutaneous absorption of model compounds glyphosate and malathion from cotton fabric into and through human skin. *Food Chem. Toxicol.* 1996;34:731-5.
99. Goldfrank LR, Flomenbaum NE, Lewin NA, et al., Goldfrank's Toxicological Emergencies. 6th ed. 1998, Stamford, Connecticut: Appleton & Lange.
100. Zilinskas RA. Iraq's biological weapons. The past as future? *JAMA* 1997;278:418-24.
101. Kadivar H, Adams SC. Treatment of chemical and biological warfare injuries: insights derived from the 1984 Iraqi attack on Majnoon Island. *Mil. Med.* 1991;156:171-7.
102. Nicolson GL, Nicolson NL. The eight myths of Operation 'Desert Storm' and Gulf War syndrome. *Med. Confl. Surviv.* 1997;13:140-6.
103. Nicolson GL, Nicolson NL. Gulf War illnesses: complex medical, scientific and political paradox. *Med. Confl. Surviv.* 1998;14:156-65.
104. Gray GC, Kaiser KS, Hawksworth AW, et al. No serologic evidence of an association found between Gulf War service and *Mycoplasma fermentans* infection. *Am. J. Trop. Med. Hyg.* 1999;60:752-757.
105. Dacre JC, Goldman M. Toxicology and pharmacology of the chemical warfare agent sulfur mustard. *Pharmacol. Rev.* 1996;48:289-326.
106. Wormser U. Toxicology of mustard gas. *Trends Pharmacol. Sci.* 1991;12:164-7.
107. Gray GC, Smith TC, Knoke JD, et al. The postwar hospitalization experience of Gulf War veterans possibly exposed to chemical munitions destruction at Khamisiyah, Iraq. *Am. J. Epidemiol.* 1999;150:532-540.
108. McCauley LA, Rischitelli G, Lambert WE, et al. Symptoms of Gulf War veterans possibly exposed to organophosphate chemical warfare agents at Khamisiyah, Iraq. *Int. J. Occup. Environ. Health* 2001;7:79-89.
109. Kang H, Bullman TA. Mortality among US veterans of the Persian Gulf War: 7-year follow up. *Am. J. Epidemiol.* 2001;154:399-405.
110. Department of Defense. U.S. demolition operations at the Khamisiyah ammunition storage point <<http://www.gulflink.osd.mil/khamisiyah>> Accessed 15 August 2000.
111. Tuite III JJ. Report on the fallout from the destruction of the Iraq chemical research, production and storage facilities into areas occupied by US military personnel during the 1991 Persian Gulf War <<http://www.chronicillnet.org/PGWS/tuite/science6.html>> Accessed

112. Harber P, *Respirators*, in *Environmental and Occupational Medicine*, WN Rom, Editor. 1998, Lippincott-Raven: Philadelphia, USA. p. 1757-1765.
113. Arad M, Epstein Y, Krasner E, et al. Principles of respiratory protection. *Isr. J. Med. Sci.* 1991;27:636-42.
114. Schlesinger N, Baker DG, Schumacher HR, Jr. Persian Gulf War myalgia syndrome [letter]. *J. Rheumatol.* 1997;24:1018-9.
115. Lotti M. Causes of the Gulf War syndrome: Testing hypothesis. *Muscle Nerve* 1999;22:663-665.
116. La Du BN, Billbeck S, Hsu C, et al. Serum paraoxonase (PON1) isozymes: The quantitative analysis of isozymes affecting individual sensitivity to environmental chemicals. *Drug Metab. Dispos.* 2001;29:566-569.
117. Loewenstein-Lichtenstein Y, Schwarz M, Glick D, et al. Genetic predisposition to adverse consequences of anti-cholinesterases in 'atypical' BCHE carriers. *Nat. Med.* 1995;1:1082-5.
118. Haley RW, Billecke S, La Du BN. Association of low PON1 type Q (type A) arylesterase activity with neurologic symptom complexes in Gulf War veterans. *Toxicol. Appl. Pharmacol.* 1999;157:227-33.
119. Furlong CE. PON1 status and neurologic symptom complexes in Gulf War veterans. *Genome Res.* 2000;10:153-5.
120. Mackness B, Durrington PN, Mackness MI. Low paraoxonase in Persian Gulf War veterans self-reporting Gulf War Syndrome. *Biochem. Biophys. Res. Commun.* 2000;276:729-33.
121. Jamal GA. Gulf War syndrome - a model for the complexity of biological and environmental interaction with human health. *Adverse Drug React. Toxicol. Rev.* 1998;17:1-17.
122. Abou-Donia MB, Goldstein LB, Jones KH, et al. Locomotor and sensorimotor performance deficit in rats following exposure to pyridostigmine bromide, DEET, and permethrin, alone and in combination. *Toxicol. Sci.* 2001;60:305-14.
123. Abou-Donia MB, Wilmarth KR, Jensen KF, et al. Neurotoxicity resulting from coexposure to pyridostigmine bromide, DEET and permethrin: implications of Gulf War chemical exposures. *J. Toxicol. Environ. Health* 1996;48:35-56.
124. Abou-Donia MB, Wilmarth KR, Abdel-Rahman AA, et al. Increased neurotoxicity following concurrent exposure to pyridostigmine bromide, DEET, and chlorpyrifos. *Fundam. Appl. Toxicol.* 1996;34:201-22.
125. Hoy JB, Cornell JA, Karlix JL, et al. Repeated coadministrations of pyridostigmine bromide, DEET, and permethrin alter locomotor behavior of rats. *Vet. Hum. Toxicol.* 2000;42:72-6.
126. Abou-Donia MB, Goldstein LB, Dechovskaia A, et al. Effects of daily dermal application of DEET and permethrin, alone and in combination, on sensorimotor performance, blood-brain barrier, and blood-testis barrier in rats. *J. Toxicol. Environ. Health* 2001;62:523-41.
127. Buchholz BA, Pawley NH, Vogel JS, et al. Pyrethroid decrease in central nervous system from nerve agent pretreatment. *J. Appl. Toxicol.* 1997;17:231-4.
128. Hoy JB, Cornell JA, Karlix JL, et al. Interactions of pyridostigmine bromide, DEET and permethrin alter locomotor behavior of rats. *Vet. Hum. Toxicol.* 2000;42:65-71.
129. Van Haaren F, Cody B, Hoy JB, et al. The effects of pyridostigmine bromide and permethrin, alone or in combination, on response acquisition in male and female rats. *Pharmacol. Biochem. Behav.* 2000;66:739-46.

130. Baynes RE, Halling KB, Riviere JE. The influence of diethyl-m-toluamide (DEET) on the percutaneous absorption of permethrin and carbaryl. *Toxicol. Appl. Pharmacol.* 1997;144:332-9.
131. Chaney LA, Rockhold RW, Mazingo JR, et al. Potentiation of pyridostigmine bromide toxicity in mice by selected adrenergic agents and caffeine. *Vet. Hum. Toxicol.* 1997;39:214-9.
132. Moss JI. Many Gulf War illnesses may be autoimmune disorders caused by the chemical and biological stressors pyridostigmine bromide, and adrenaline. *Med. Hypotheses* 2001;56:155-157.
133. Grandjean P, *Health significance of metal exposures*, in *Maxcy-Rsenau-Last Public health and preventive medicine*, RB Wallace, Editor. 1998, Appleton & Lange: Stamford, Connecticut. p. 493-508.
134. Joseph SC, Hyams KC, Gackstetter GD, et al., *Persian Gulf War health issues*, in *Environmental and Occupational Medicine*, WN Rom, Editor. 1998, Lippincott - Raven: Philadelphia. p. 1595-1610.
135. Department of Defense. Environmental Exposure Report: Depleted Uranium in the Gulf (II) <http://www.gulflink.osd.mil/du_ii> Accessed 10 January 2002.
136. Durakovic A. Medical effects of internal contamination with uranium. *Croat. Med. J.* 1999;40:49-66.
137. McClain DE, Benson KA, Dalton TK, et al. Biological effects of embedded depleted uranium (DU): summary of Armed Forces Radiobiology Research Institute research. *Sci. Total Environ.* 2001;24:115-118.
138. Weigel F, *Uranium and uranium compounds.*, in *Encyclopaedia of chemical technology*, HF Mark, et al., Editors. 1983, John Wiley: New York. p. 502-547.
139. Department of Defense. Depleted Uranium Factsheet <http://www.gulflink.osd.mil/du/du_factsheet_4aug98.html> Accessed 10 January 2002.
140. Aitken M. Gulf War leaves legacy of cancer [news]. *Br. Med. J.* 1999;319:401.
141. Ough EA, Lewis BJ, Andrews WS, et al. An examination of uranium levels in Canadian Forces personnel who served in the Gulf War and Kosovo. *Health Phys.* 2002;82:527-532.
142. Gasser RA, Magill AJ, Oster CN, et al. The threat of infectious disease in Americans returning from Operation Desert Storm. *N. Engl. J. Med.* 1991;324:859-864.
143. Ferrante MA, Dolan MJ. Q fever meningoencephalitis in a soldier returning from the Persian Gulf War. *Clin. Infect. Dis.* 1993;16:489-496.
144. Cope SE, Schultz GW, Richards AL, et al. Assessment of arthropod vectors of infectious diseases in areas of U.S. troop deployment in the Persian Gulf. *Am. J. Trop. Med. Hyg.* 1996;54:49-53.
145. Rudland S, Little M, Kemp P, et al. The enemy within: diarrhoeal rates among British and Australian troops in Iraq. *Mil. Med.* 1996;161:728-731.
146. Gerges MA. On the impacts of the 1991 Gulf War on the environment of the region - General observations. *Marine Pollution Bulletin* 1993;27:305-314.
147. White RF, Proctor SP, Heeren T, et al. Neuropsychological function in Gulf War veterans: Relationships to self-reported toxicant exposures. *Am. J. Ind. Med.* 2001;40:42-54.
148. Reid S, Hotopf M, Hull L, et al. Multiple chemical sensitivity and chronic fatigue syndrome in British Gulf War veterans. *Am. J. Epidemiol.* 2001;153:604-609.
149. Jollenbeck LM, Landrigan PJ, Larson EL. Gulf War veterans' illnesses: case study in causal inference. *Environ. Res.* 1997;79:71-81.

150. Hyams KC, Hanson K, Wignall FS, et al. The impact of infectious diseases on the health of U.S. troops deployed to the Persian Gulf during Operations Desert Shield and Desert Storm. *CID* 1995;20:1497-1504.
151. DeFraites RF, Wanat ER, Norwood AE, et al. Investigation of a suspected outbreak of an unknown disease among veterans of Operation Desert Shield/Storm, 123rd Army Reserve Command, Fort Benjamin Harrison, Indiana, April 1992. Washington, DC: Walter Reed Army Institute of Research, 1992.
152. Hyams KC, Wignall S, Rosewell R. War syndromes and their evaluation: from the US civil war to the Persian Gulf War. *Ann. Intern. Med.* 1996;125:398-405.
153. Jones E, Hodgins-Vermaas R, McCartney H, et al. Post-combat syndromes from the Boer War to the Gulf War: a cluster analysis of their nature and attribution. *Br. Med. J.* 2002;324:321-324.
154. Ismail K, Everitt B, Blatchley N, et al. Is there a Gulf War syndrome? *Lancet* 1999;353:179-182.
155. Ismail K, Blatchley N, Hotopf M, et al. Occupational risk factors for ill health in Gulf veterans of the United Kingdom. *J. Epidemiol. Community Health* 2000;54:834-838.
156. Chalder T, Hotopf M, Unwin C, et al. Prevalence of Gulf War veterans who believe they have Gulf War syndrome: questionnaire study. *Br. Med. J.* 2001;323:473-476.
157. Cherry N, Creed F, Silman A, et al. Health and exposures of United Kingdom Gulf War veterans. Part I: The pattern and extent of ill health. *Occup. Environ. Med.* 2001;58:291-298.
158. Haley RW, Kurt TL, Hom J. Is there a Gulf War syndrome? Searching for syndromes by factor analysis of symptoms. *JAMA* 1997;277:215-222.
159. Wolfe J, Proctor SP, Davis JD, et al. Health symptoms reported by Persian Gulf War veterans two years after return. *Am. J. Ind. Med.* 1998;33:104-113.
160. Doebbeling BN, Clarke WR, Watson D, et al. Is there a Persian Gulf War syndrome? Evidence from a large population-based survey of veterans and nondeployed controls. *Am. J. Med.* 2000;108:1-11.
161. Steele L. Prevalence and patterns of Gulf War illness in Kansas veterans: association of symptoms with characteristics of person, place, and time of military service. *Am. J. Epidemiol.* 2000;152:992-1002.
162. Ishoy T, Suadican P, Guldager B, et al. State of health after deployment in the Persian Gulf - The Danish Gulf War Study. *Dan. Med. Bull.* 1999;46:416-419.
163. Suadican P, Ishoy T, Guldager B, et al. Determinants of long-term neuropsychological symptoms - The Danish Gulf War Study. *Dan. Med. Bull.* 1999;46:423-427.
164. Richards AL, Hyams KC, Watts DM, et al. Respiratory disease among military personnel in Saudi Arabia during Operation Desert Shield. *Am. J. Public Health* 1993;83:1326-1329.
165. Das AK, Davanzo LD, Poiani GJ, et al. Variable extrathoracic airflow obstruction and chronic laryngotracheitis in Gulf War veterans. *Chest* 1999;115:97-101.
166. Hyams KC. Gulf War syndrome: potential role of infectious diseases. *Current Opinion in Infectious Diseases* 1999;12:439-443.
167. Nicolson GL, Nicolson NL. Diagnosis and treatment of Mycoplasmal infections in Persian Gulf War Illness-CFIDS patients. *International Journal of Occupational Medicine, Immunology and Toxicology* 1996;5:69-78.
168. Bregenholt S, Ishoy T, Skovgaard LT, et al. No evidence for altered cellular immune functions in personnel deployed in the Persian Gulf during and after the Gulf War--The Danish Gulf War study. *APMIS* 2001;109:517-524.

169. Zhang Q, Zhou X, Denny T, et al. Changes in immune parameters seen in Gulf War veterans but not in civilians with chronic fatigue syndrome. *Clin. Diagn. Lab. Immunol.* 1999;6:6-13.
170. Haley RW, Kurt TL. Neurotoxic exposures in the Gulf War. *JAMA* 1997;277:223-230.
171. Hepburn NC. Dermatological problems in British troops during the Gulf War [letter]. *Br. J. Dermatol.* 1992;126:200-1.
172. Pehr K, Kornfeld BW. Dermatology in a war zone: a Persian Gulf experience. *Int. J. Dermatol.* 1992;31:494-7.
173. Knoke JD, Gray GC, Garland FC. Testicular cancer and Persian Gulf War service. *Epidemiology* 1998;9:648-653.
174. Hom J, Haley RW, Kurt TL. Neuropsychological correlates of Gulf War syndrome. *Archives Clinical Neuropsychology* 1997;12:531-544.
175. Sillanpaa MC, Agar LM. Minnesota Multiphasic Personality Inventory-2 validity patterns: An elucidation of Gulf War Syndrome. *Mil. Med.* 1999;164:261-263.
176. Sutker PB, Uddo M, Brailey K, et al. Psychological symptoms and psychiatric diagnoses in Operation Desert Storm troops serving graves registration duty. *J. Trauma. Stress* 1994;7:159-170.
177. Sutker PB, Davis JM, Uddo M, et al. War zone stress, personal resources, and PTSD in Persian Gulf War returnees. *J. Abnorm. Psychol.* 1995;104:444-452.
178. McDuff DR, Johnson JL. Classification and characteristics of Army stress casualties during Operation Desert Storm. *Hosp. Community Psychiatry* 1992;43:812-5.
179. Perconte ST, Wilson AT, Pontius EB, et al. Psychological and war stress symptoms among deployed and non-deployed reservists following the Persian Gulf War. *Mil. Med.* 1993;158:516-21.
180. Murphy FM, Kang H, Dalager NA, et al. The health status of Gulf War veterans: lessons learned from the Department of Veterans Affairs Health Registry. *Mil. Med.* 1999;164:327-31.
181. Roy MJ, Koslowe PA, Kroenke K, et al. Signs, symptoms, and ill-defined conditions in Persian Gulf War veterans: findings from the Comprehensive Clinical Evaluation Program. *Psychosom. Med.* 1998;60:663-8.
182. Gray GC, Hawksworth AW, Smith TC, et al. Gulf War veterans' health registries. Who is most likely to seek evaluation? *Am. J. Epidemiol.* 1998;148:342-349.
183. Lee HA, Gabriel R, Bale AJ, et al. Clinical findings of the second 1000 UK Gulf War veterans who attended the Ministry of Defence's Medical Assessment Programme. *J. R. Army Med. Corps* 2001;147:153-160.
184. Coker WJ, Bhatt BM, Blatchley NF, et al. Clinical findings for the first 1000 Gulf War veterans in the Ministry of Defence's medical assessment programme. *Br. Med. J.* 1999;318:290-294.
185. Coker WJ. A review of Gulf War illness. *J. R. Nav. Med. Serv.* 1996;82:141-6.
186. Knoke JD, Gray GC. Hospitalizations for unexplained illnesses among U.S. veterans of the Persian Gulf War. *Emerg. Infect. Dis.* 1998;4:211-219.
187. Gray GC, Smith TC, Kang HK, et al. Are Gulf War veterans suffering war-related illnesses? Federal and civilian hospitalizations examined, June 1991 to December 1994. *Am. J. Epidemiol.* 2000;151:63-71.
188. Gray GC, Coate BD, Anderson CM, et al. The postwar hospitalization experience of U.S. veterans of the Persian Gulf War. *N. Engl. J. Med.* 1996;335:1505-1513.
189. Blood CG, Aboumrad TL. A comparison of postdeployment hospitalization incidence between active duty Vietnam and Persian Gulf War veterans. *Mil. Med.* 2001;166:648-655.

190. Cowan DN, DeFraites RF, Gray GC, et al. The risk of birth defects among children of Persian Gulf War veterans. *N. Engl. J. Med.* 1997;336:1650-1656.
191. Araneta MR, Destiche DA, Schlangen KM, et al. Birth defects prevalence among infants of Persian Gulf War veterans born in Hawaii, 1989-1993. *Teratology* 2000;62:195-204.
192. Kang HK, Bullman TA. Mortality among U.S. veterans of the Persian Gulf War. *N. Engl. J. Med.* 1996;335:1498-504.
193. Macfarlane GJ, Thomas E, Cherry N. Mortality among UK Gulf War veterans. *Lancet* 2000;356:17-21.
194. Knoke JD, Smith TC, Gray GC, et al. Factor analysis of self-reported symptoms: does it identify a Gulf War syndrome. *Am. J. Epidemiol.* 2000;152:379-388.
195. Kang H, Mahan C, Lee KY, et al. Pregnancy outcomes among US women Vietnam veterans. *Am. J. Ind. Med.* 2000;38:447-454.
196. Reid S, Hotopf M, Hull L, et al. Reported chemical sensitivities in a health survey of United Kingdom military personnel. *Occup. Environ. Med.* 2002;59:196-198.
197. Everitt BS, Landau S, Leese M, Cluster analysis. 4th ed. 2001, London: Arnold.
198. Cook JE, Wenger CB, Kolka MA. Chronic pyridostigmine bromide administration: side effects among soldiers working in a desert environment. *Mil. Med.* 1992;157:250-254.
199. Sharabi Y, Danon YL, Berkenstadt H, et al. Survey of symptoms following intake of pyridostigmine during the Persian Gulf War. *Isr. J. Med. Sci.* 1991;27:656-8.
200. Schumm WR, Reppert EJ, Jurich AP, et al. Pyridostigmine bromide and the long-term subjective health status of a sample of female reserve component Gulf War veterans: a brief report. *Psychol. Rep.* 2001;88:306-8.
201. Kaiser KS. Pyridostigmine bromide intake during the Persian Gulf War is not associated with postwar handgrip strength. *Mil. Med.* 2000;165:165-168.
202. Last JM, A Dictionary of Epidemiology. 3rd ed, ed. JM Last. Vol. 1. 1995, New York: Oxford University Press.
203. Kline RB, Principles and practice of structural equation modelling. 1998, New York: Guilford Press.
204. Simon G, Gater R, Kiseley S, et al. Somatic symptoms of distress: An international primary care study. *Psychosom. Med.* 1996;58:481-488.
205. Ferguson E. Is there a Gulf War syndrome? *Lancet* 1999;353:1182-1183.
206. Jones D. The Macy reports: Combat fatigue in World War II fliers. *Aviation, Space & Environmental Medicine* 1987;58:807-811.
207. Merskey H, *Shell-shock*, in *150 years of British psychiatry, 1841-1991*, G Berrios and H Freeman, Editors. 1991, Gaskell Royal College of Psychiatrists: London, England.
208. Copp T, McAndrew B, Battle exhaustion: Soldiers and psychiatrists in the Canadian Army, 1939-1945. 1990, Montreal, Quebec, Canada: McGill-Queen's University Press.
209. Mareth T, Brooker A. Combat stress reaction: A concept in evolution. *Mil. Med.* 1985;150:186-190.
210. Goldstein G, van Kammen W, Shelly C, et al. Survivors of imprisonment in the Pacific theatre during World War II. *Am. J. Psychiatry* 1987;144:1210-3.
211. Pitman R, Altman B, Macklin M. Prevalence of posttraumatic stress disorder in wounded Vietnam veterans. *Am. J. Psychiatry* 1989;146:667-9.
212. Kulka R, Schlenger W, Fairbank JA, et al., Trauma and the Vietnam War generation. 1990, New York: Brunner/Mazel.
213. Binder LM, Storzbach D, Anger WK, et al. Subjective cognitive complaints, affective distress, and objective cognitive performance in Persian Gulf War veterans. *Archives of Clinical Neuropsychology* 1999;14:531-536.

214. Sloan P, Arsenault L, Hilsenroth M, et al. Rorschach measures of posttraumatic stress in Persian Gulf War veterans: a three-year follow-up study. *J. Pers. Assess.* 1996;66:54-64.
215. Burr RG, Woodruff SI, Banta GR. Associations between mood and specific health composites during U.S. Navy Persian Gulf operations. *J. Psychosom. Res.* 1993;37:291-7.
216. Katon W, Ries R, Kleinman A. The prevalence of somatization in primary care. *Compr. Psychiatry* 1984;1984:208-14.
217. Dlugosz LJ, Hocter WJ, Kaiser KS, et al. Risk factors for mental disorder hospitalization after the Persian Gulf War: U.S. Armed Forces, June 1, 1991-September 30, 1993. *J. Clin. Epidemiol.* 1999;52:1267-78.
218. Goldberg DP. The detection of psychiatric illness by questionnaire. Maudsley Monograph No. 21 ed. 1972, London: Oxford University Press.
219. Australian Gulf War Veterans' Association. Australian Gulf War Veterans' Association: Submission of the health concerns, exposures and supporting evidence linking veterans' chronic ill health with service in the Persian Gulf. 2000.
220. Korenyi-Both AL, Sved L, Korenyi-Both GE, et al. The role of sand in chemical warfare agent exposure among Persian Gulf veterans: Al Eskan Disease and "dirty dust". *Mil. Med.* 2000;165:321-336.
221. Loke J, Farmer DO, Matthay RA, et al. Acute and chronic effects of fire fighting on pulmonary function. *Chest* 1980;77:369-373.
222. Magill AJ, Grogl M, Gasser RA, et al. Visceral infection caused by *Leishmania tropica* in veterans of Operation Desert Storm. *N. Engl. J. Med.* 1993;328:1383-1387.
223. Nicholson GL, Bruton D, Nicolson NL. Chronic fatigue illness and Operation Desert Storm. *J. Occup. Environ. Med.* 1996;38:14-16.
224. Nicolson GL, Rosenberg-Nicolson NL. Doxycycline treatment and Desert Storm [Letters]. *JAMA* 1995;273:618-619.
225. Lo SC, Levin L, Ribas J, et al. Lack of serological evidence for *Mycoplasma fermentans* infection in Army Gulf War veterans: a large scale case-control study. *Epidemiol. Infect.* 2000;125:609-16.
226. Southern PM, Jr., Patel S, Gander RM. Does examination of urinary sediment identify individuals with Gulf War syndrome? A pilot study. *Am. J. Med. Sci.* 1998;315:225-9.
227. Hyman E. Urinary sediment examination and Gulf War syndrome [letter; comment]. *Am. J. Med. Sci.* 1998;316:411-413.
228. Rook GAW, Zumla A. Gulf War syndrome: is it due to a systemic shift in cytokine balance towards a Th2 profile? *Lancet* 1997;349:1831-1833.
229. White CS, Adler WH, McGann VG. Repeated immunisation: Possible adverse effects: re-evaluation of human subjects at 25 years. *Ann. Intern. Med.* 1974;81:2708-2714.
230. Chalder T, Berelowitz G, Pawlikowska T, et al. Development of a fatigue scale. *J. Psychosom. Res.* 1993;37:147-153.
231. Vollmer-Conna U, Lloyd A, Hickie I, et al. Chronic fatigue syndrome: an immunological perspective. *Aust. N. Z. J. Psychiatry* 1998;32:523-527.
232. Haley RW, Fleckenstein JL, Marshall WW, et al. Effect of basal ganglia injury on central dopamine activity in Gulf War syndrome: correlation of proton magnetic resonance spectroscopy and plasma homovanillic acid levels. *Arch. Neurol.* 2000;57:1280-5.
233. Charatan F. US links motor neurone disease with Gulf War service. *Br. Med. J.* 2002;324:65.

234. Dillingham TR, Spellman NT, Braverman SE, et al. Analysis of casualties referred to Army physical medicine services during the Persian Gulf conflict. *Am. J. Phys. Med. Rehabil.* 1993;72:214-8.
235. Amato AA, McVey A, Cha C, et al. Evaluation of neuromuscular symptoms in veterans of the Persian Gulf War. *Neurology* 1997;48:4-12.
236. Alloway JA, Older SA, Battafarano DF, et al. Persian Gulf War myalgia syndrome [letter; comment]. *J. Rheumatol.* 1998;25:388-9.
237. Pace JL. Sun, sand, and skin: the Persian Gulf. *Int. J. Dermatol.* 1991;30:247-9.
238. Department of Defense. VA studies effects of depleted uranium exposure on friendly fire victims <http://www.gulflink.osd.mil/news/na_du_health_9may00.html> Accessed 15 August 2000.
239. Kang H, Magee C, Mahan C, et al. Pregnancy outcomes among U.S. Gulf War veterans: a population-based survey of 30,000 veterans. *Ann. Epidemiol.* 2001;11:504-511.
240. Penman AD, Tarver RS, Currier MM. No evidence of increase in birth defects and health problems among children born to Persian Gulf War veterans in Mississippi. *Mil. Med.* 1996;161:1-6.
241. Norton-Taylor R, Britain pressured to screen soldiers, in *The Age*. 2001: Melbourne, Australia.
242. Walker J, Is NATO killing soldiers?, in *The Weekend Australian*. 2001: Sydney, Australia.
243. Smith MY, Radiation risk known for years, in *The Age*. 2001: Melbourne, Australia.
244. Mould RF. Depleted uranium and radiation-induced lung cancer and leukaemia. *Br. J. Radiol.* 2001;74:677-683.
245. Writer JV, DeFraités RF, Brundage JF. Comparative mortality among US military personnel in the Persian Gulf region and worldwide during Operations Desert Shield and Desert Storm. *JAMA* 1996;275:118-21.
246. Helmkamp JC. United States military casualty comparison during the Persian Gulf War. *J. Occup. Med.* 1994;36:609-15.
247. Kang HK, Bullman T. Counterpoint: Negligible "healthy-warrior effect" on Gulf War veterans' mortality [comment]. *Am. J. Epidemiol.* 1998;148:324-5; discussion 334-8.
248. Bell NS, Amoroso PJ, Williams JO, et al. Demographic, physical, and mental health factors associated with deployment of U.S. Army soldiers to the Persian Gulf. *Mil. Med.* 2000;165:762-72.
249. Escalante A, Fischbach M. Musculoskeletal manifestations, pain, and quality of life in Persian Gulf War veterans referred for rheumatologic evaluation. *J. Rheumatol.* 1998;25:2228-35.
250. Erickson AR, Enzenaurer RJ, Bray VJ, et al. Musculoskeletal complaints in Persian Gulf War veterans. *Journal of Clinical Rheumatology* 1998;4:181-185.
251. Grady EP, Carpenter MT, Koenig CD, et al. Rheumatic findings in Gulf War veterans. *Arch. Intern. Med.* 1998;158:367-71.
252. Bond GG, Bodner KM, Sobel W, et al. Validation of work histories obtained from interviews. *Am. J. Epidemiol.* 1988;128:343-351.
253. Gallops M, Laufer RS, Yager T, *The combat scale revised*, in *Legacies of Vietnam: comparative adjustment of veterans and their peers*, A Egendorf, et al., Editors. 1981, Center for Policy Research: New York. p. 125-129.
254. Keane TM, Fairbank JA, Caddell JM, et al. Clinical evaluation of a measure to assess combat exposure. *Psychological Assessment* 1989;1:53-55.
255. Wolfe J, Applying principles of critical incident debriefing to the therapeutic management of acute combat stress. 1990, Boston: National Centre for PTSD.

256. Ministerial Statement. Outcome of the Board of Inquiry into the Black Hawk training accident of 12 June 1996
<<http://www.minister.defence.gov.au/blckhkw/s970306.htm>> Accessed 1 August 2002.
257. Naval Board of Inquiry. Report HMAS Westralia Fire. *Fire Australia* 1999.
258. Ware JE, Kosinski MA, Keller SD, SF-12: How to score the SF-12 physical and mental health summary scales. 3rd ed. 1998, Lincoln, RI: Quality Metric Incorporated.
259. Ware JE, Sherbourne CD. The MOS 36-item Short-Form Health Survey (SF-36). I. Conceptual framework and item selection. *Med. Care* 1992;30:473-483.
260. Australian Bureau of Statistics. Mental Health and Wellbeing: Profile of Adults, Australia 1997. ABS Catalogue No. 4326.0. Canberra: 1998.
261. McHorney CA, Kosinski M, Ware JE. Comparisons of the costs and quality of norms for the SF-36 Health Survey collected by mail versus telephone interview: results from a national survey. *Med. Care* 1994;32:551-567.
262. Brazier J, Jones N, Kind P. Testing the validity of the EuroQOL and comparing it with the SF-36 Health Survey Questionnaire. *Qual. Life Res.* 1993;2:169-180.
263. Ware JE, Kosinski M, Keller SD. A 12-item Short-Form Health Survey: Construction of scales and preliminary tests of reliability and validity. *Med. Care* 1996;34:220-233.
264. Goldberg DP, Gater R, Sartorius N, et al. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychol. Med.* 1997;27:191-197.
265. Anastasi A, Urbina S, Psychological Testing. 7th ed. 1997, Upper Saddle River, New Jersey: Prentice-Hall.
266. Cronbach L. Coefficient alpha and the internal structure of tests. *Psychometrika* 1951;16:297-334.
267. Vieweg BW, Hedlund JL. The General Health Questionnaire (GHQ): A comprehensive review. *J Operat Psychiatry* 1983;14:74-85.
268. Clarke DM, Smith GC, Herrman HE. A comparative study of screening instruments for mental disorders in general hospital patients. *Int. J. Psychiatry Med.* 1993;23:323-337.
269. Donath S. The validity of the 12-item General Health Questionnaire in Australia: a comparison between three scoring methods. *Aust. N. Z. J. Psychiatry* 2001;35:231-5.
270. Goodchild M, Duncan-Jones P. Chronicity and the General Health Questionnaire. *Br. J. Psychiatry* 1985;146:55-61.
271. Banks MH. Validation of the General Health Questionnaire in a young community sample. *Psychol. Med.* 1983;13:349-353.
272. Derogatis LR, Lipman RS, Rickels K, et al. The Hopkins Symptom Checklist (HSL): A self-report symptom inventory. *Behav. Sci.* 1974;19:1-15.
273. Dyck PJ, *Quantitating severity of neuropathy*, in *Peripheral Neuropathy*, PJ Dyck, et al., Editors. 1984, W.B. Saunders Co.: Philadelphia. p. 686-97.
274. Dyck PJ, Karnes J, O'Brien PC, et al. Neuropathy symptom profile in health, motor neuron disease, diabetic neuropathy, and amyloidosis. *Neurology* 1986;36:1300-8.
275. World Health Organisation, International Classification of Diseases. Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death. Ninth Revision Conference 1975 (ICD-9). 1977, World Health Organization: Geneva.
276. Babor T, Fuente J, Saunders J, et al. The Alcohol Use Disorders Identification Test: Guidelines for use in primary health care. Geneva: Division of Mental Health, World Health Organisation, 1989.

277. Barry KL, Fleming MF. The Alcohol Use Disorders Identification Test (AUDIT) and the SMAST-13: Predictive validity in a rural primary care sample. *Alcohol Alcohol* 1993;28:33-42.
278. Weathers FW, Litz BT, Herman DS, et al. *The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility*. in *Paper presented at the 9th Annual Conference of the International Society for Traumatic Stress Studies, San Antonio, Texas, USA*. 1993.
279. Blanchard EB, Jones-Alexander J, Buckley TC, et al. Psychometric properties of the PTSD checklist (PCL). *Behav. Res. Ther.* 1996;34:669-673.
280. Keane TM, Caddell JM, Taylor KL. Mississippi scale for combat related posttraumatic stress disorder: three studies in reliability and validity. *J. Consult. Clin. Psychol.* 1988;56:85-90.
281. Creamer M, Morris P, Biddle D, et al. Treatment outcome in Australian veterans with combat-related posttraumatic stress disorder: A cause for cautious optimism? *J. Trauma. Stress* 1999;12:545-558.
282. Litz BT, Orsillo SM, Friedman M, et al. Posttraumatic stress disorder associated with peacekeeping duty in Somalia for US military personnel. *Am. J. Psychiatry* 1997;154:178-184.
283. Roemer L, Litz BT, Orsillo SM, et al. Increases in retrospective accounts of war-zone exposure over time: The role of PTSD symptom severity. *J. Trauma. Stress* 1998;11:597-605.
284. Andrykowski MA, Cordova MJ, Studts JL, et al. Posttraumatic stress disorder after treatment for breast cancer: Prevalence of diagnosis and use of the PTSD checklist - Civilian Version (PCL-C) as a screening instrument. *J. Consult. Clin. Psychol.* 1998;66:586-590.
285. Smith MY, Redd W, DuHamel K, et al. Validation of the PTSD Checklist-Civilian Version in survivors of bone marrow transplantation. *J. Trauma. Stress* 1999;12:261-269.
286. SA Health Commission, Questionnaire for the Study on Fertility, in Social Environmental Risk Context Information System. 1998, Public and Environmental Health Service, SA Health Commission. p. 29-32.
287. National Health and Medical Research Council. Acting on Australia's Weight. Canberra: National Health and Medical Research Council, 1997.
288. World Health Organisation, Obesity: Preventing and managing the global epidemic. World Health Organisation Technical Report Series. Vol. 894. 2000, Geneva: World Health Organisation.
289. McLennan W, Podger A. National Nutritional Survey Users' Guide. Canberra: Australian Bureau of Statistics, Department of Health and Family Services, 1998.
290. Bray GA. Obesity: basic aspects and clinical implications. *Med. Clin. North Am.* 1989;73:1-264.
291. Caro JF. Clinical Review 26; Insulin resistance in obese and nonobese man. *J. Clin. Epidemiol.* 1991;73:691-5.
292. Australian Institute of Health and Welfare. Australia's Health 2002: The eighth biennial health report of the Australian Institute of Health and Welfare. AIHW Cat. No. AUS 25. Canberra: AIHW, 2002.
293. O'Brien E, Petrie J, Littler WA, et al., Blood pressure measurement: recommendations of the British Hypertension Society. 3 ed. 1997, London: British Medical Journal Publishing Group.
294. Joint National Committee on Prevention Detection Evaluation and Treatment of High Blood Pressure. The sixth report of the Joint National Committee on Prevention,

- Detection, Evaluation and Treatment of High Blood Pressure. *Arch. Intern. Med.* 1997;157:2413-2446.
295. Guidelines Subcommittee of the World Health Organisation - International Society of Hypertension. 1999 World Health Organisation - International Society of Hypertension Guidelines for the Management of Hypertension. *J. Hypertens.* 1999;17:151-183.
 296. Hyvärinen L, *Disorders of the eye, ear, nose and throat: Ophthalmologic Disorders*, in *Textbook of Clinical Occupational and Environmental Medicine*, L Rosenstock and MR Cullen, Editors. 1994, W.B. Saunders Company: Philadelphia. p. 297-328.
 297. Horton J, *Disorders of the eye*, in *Harrison's Principles of Internal Medicine*, E Braunwald, et al., Editors. 2001, McGraw-Hill: New York. p. 164-178.
 298. American Thoracic Society. Statement on Standardisation of Spirometry - 1994 update. *Am. J. Respir. Crit. Care Med.* 1995;152:1107-1136.
 299. Pierce R, Johns DP, Spirometry. The measurement and interpretation of ventilatory function in clinical practice. 1995, Melbourne, Australia: National Asthma Campaign Ltd.
 300. Flint A, Howell H, Crapo RO, et al. QRS SpiroCard and QRS SpirOXCARD Test Report. Salt Lake City, Utah: LDS Hospital, 2000.
 301. Knudson R, Slatin R, Lewowitz M, et al. The maximal expiratory flow-volume curve. Normal standards variability, and effect of age. *Am. Rev. Respir. Dis.* 1976;113:587-600.
 302. Hordle DA, Mehta V, Tomensen B, et al. Development for the skin prick test for allergen assay. *J. Immunol. Methods* 1984;75:369-382.
 303. Burney PGJ, Luczynska C, Chinn S, et al. The European Community Respiratory Health Survey. *Eur. Respir. J.* 1994;7:954-960.
 304. Ferris BG. Epidemiology standardization project. *Am. Rev. Respir. Dis.* 1978;118:1-120.
 305. Fukuda K, Straus SE, Hickie I, et al. The chronic fatigue syndrome: A comprehensive approach to its definition and study. *Ann. Intern. Med.* 1994;121:953-959.
 306. World Health Organisation, Composite International Diagnostic Interview CIDI Auto 2.1 Administrator's guide and reference. 1997: World Health Organisation.
 307. World Health Organisation, The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10). 1992, World Health Organization: Geneva.
 308. American Psychiatric Association, Diagnostic and Statistical manual of Mental Disorders: 4th Ed (DSM-IV). 1994, Washington, DC: APA.
 309. Andrews G, Henderson S, Hall W. Prevalence, comorbidity, disability and service utilisation: Overview of the Australian National Mental Health Survey. *Br. J. Psychiatry* 2001;178:145-153.
 310. Department of Veterans Affairs. VA Cooperative Study No. 458. National health survey of Persian Gulf Veterans and their families. Phase 111 Physical Examinations. Washington DC 20420: Department of Veterans Affairs, 1998.
 311. Klaustermeyer WB, Kraske GK, Lee KG, et al. Allergic and immunologic profile of symptomatic Persian Gulf War veterans. *Ann. Allergy. Asthma. Immunol.* 1998;80:269-273.
 312. Fox EL. A simple accurate technique for predicting maximal aerobic power. *J. Appl. Physiol.* 1973;35:914.
 313. McArdle WD, Katch FI, Katch VL, Exercise physiology: energy, nutrition, and human performance. 2nd ed. 1986, Philadelphia: Lea & Febiger. 696.

314. Kelsey JL, Whittemore AS, Evans AS, et al., *Measurement Error*, in *Methods in Observational Epidemiology*. 1996, Oxford University Press: New York. p. 341-363.
315. Rothman KJ, Greenland S, *Precision and validity in epidemiologic studies*, in *Modern epidemiology*, KJ Rothman and S Greenland, Editors. 1998, Lippincott-Raven: Philadelphia, Pennsylvania. p. 115-134.
316. Loftus EF, *Remembering what never happened.*, in *Memory, consciousness, and the brain : the Tallinn Conference*, E Tulving, Editor. 2000, Psychology Press / Taylor & Francis: Philadelphia Pennsylvania. p. 106-118.
317. Selvin S, *Practical biostatistical methods*. 1995, Belmont, California, USA: Wadsworth.
318. Altman DG, Machin D, Bryant TN, et al., *Statistics with confidence: confidence intervals and statistical guidelines*. 2nd ed. 2000, London: British Medical Journal.
319. Hosmer DW, Lemeshow S, *Applied logistic regression*. 2nd ed. 2000, New York: Wiley.
320. Cytel Software Corporation, LogXact 4 for Windows. 2000, Cytel Software Corporation: Cambridge, Massachusetts.
321. McCullagh P, Nelder, J.A., *Generalized linear models*. 2nd ed. 1989, London: Chapman & Hall.
322. Conover WJ, *Practical nonparametric statistics*. 3rd ed. 1999, New York: Wiley.
323. Montgomery DC, Peck EA, Vining GG, *Introduction to linear regression analysis*. 3rd ed. 2001, New York: Wiley.
324. Koenker R, Bassett G. Robust tests for heteroskedasticity based on regression quantiles. *Econometrica* 1982;50:43-61.
325. Efron B, Tibshirani RJ, *An introduction to the bootstrap*. 1993, New York: Chapman & Hall.
326. Rousseeuw P, Leroy A, *Robust regression and outlier detection*. 1987, New York: Wiley.
327. Stata Corporation, *Stata Statistical Software, Release 7.0*. 2001, Stata Corporation: College Station, Texas.
328. SPSS Inc., *SPSS for Windows, version 11*. 2001, SPSS Inc.: Chicago, Illinois.
329. Nordberg L. Generalized linear modelling of sample survey data. *Journal of Official Statistics* 1989;5:223-239.
330. Cattell RB, *The scientific use of factor analysis in behavioral and life sciences*. 1978, New York: Plenum Press.
331. Muthen B, Muthen B, *Mplus: the comprehensive modelling program for applied researchers: users guide*. Version 2.1. 2002, Los Angeles: Muthen & Muthen.
332. Rubin DB, *Multiple imputation for nonresponse in surveys*. 1987, New York: Wiley.
333. Rothman KJ, Greenland S, *Modern epidemiology*. 1998, Philadelphia, Pennsylvania: Lippincott-Raven.
334. Little RJA, Rubin DB, *Statistical analysis with missing data*. 2nd ed. 2002, New York: Wiley.
335. Stretch RH, Bliese PD, Marlowe DH, et al. Physical health symptomatology of Gulf War-era service personnel from the states of Pennsylvania and Hawaii. *Mil. Med.* 1995;160:131-6.
336. Southwick SM, Morgan A, Nagy LM, et al. Trauma-related symptoms in veterans of Operation Desert Storm: a preliminary report. *Am. J. Psychiatry* 1993;150:1524-8.
337. Southwick SM, Morgan CA, 3rd, Darnell A, et al. Trauma-related symptoms in veterans of Operation Desert Storm: a 2-year follow-up. *Am. J. Psychiatry* 1995;152:1150-5.
338. Holmes D, Tariot P, Cox C. Preliminary evidence of psychological distress among reservists in the Persian Gulf War. *J. Nerv. Ment. Dis.* 1998;186:166-173.

339. Pruchno R, Hayden J. Interview modality: Effects on costs and data quality in a sample of older women. *Journal of Aging & Health* 2000;12:3-24.
340. Gmel G. The effect of mode of data collection and of non-response on reported alcohol consumption: A split sample study in Switzerland. *Addiction* 2000;95:123-134.
341. Kraus L, Augustin R. Measuring alcohol consumption and alcohol related problems: Comparison of responses from self-administered questionnaires and telephone interviews. *Addiction* 2001;96:459-471.
342. Everitt BS, The Cambridge dictionary of statistics in the medical sciences. 1995, Cambridge, U.K.: Cambridge University Press.
343. Australian Institute of Health and Welfare. 2001 National Drug Strategy Household Survey: first results. Drug Statistics Series No. 9. AIHW Cat. No. PHE 35. Canberra: AIHW, 2002.
344. American Cancer Society. Cigar smoking and cancer: Is cigar smoking on the rise? Atlanta, Georgia: American Cancer Society, 2000.
345. King R, Borland R. The growth of 'low tar' and ventilated filter cigarettes in Australia. *Nicotine and Tobacco Research* submitted.
346. Australian Institute of Health and Welfare, *Determinants of health, in Australia's Health 2002 : the eighth biennial health report of the Australian Institute of Health and Welfare*. 2002, AIHW: Canberra. p. 119-169.
347. Cole G, Tucker L, Friedman G. Relationships among measures of alcohol drinking behavior, life-events and perceived stress. *Psychol. Rep.* 1990;67:587-591.
348. Australian Institute of Health and Welfare. National Health Data Dictionary. Version 10. AIHW Catalogue no. HWI 30. Canberra: AIHW, 2001.
349. Australian Bureau of Statistics. 1995 National Health Survey: Summary of results, Australia. ABS Catalogue No. 4364.0. Canberra: 1996.
350. National Health and Medical Research Council. Australian alcohol guidelines: Health risks and benefits. Commonwealth of Australia, 2001.
351. McCauley LA, Joos SK, Lasarev, et al. Gulf War unexplained illnesses: Persistence and unexplained nature of self-reported symptoms. *Environ. Res.* 1999;81:215-223.
352. Copeland KT, Checkoway H, McMichael AJ, et al. Bias due to misclassification in the estimation of relative risk. *Am. J. Epidemiol.* 1977;105:488-495.
353. Voelker MD, Saag KG, Schwartz DA, et al. Health-related quality of life in Gulf War era military personnel. *Am. J. Epidemiol.* 2002;155:899-907.
354. Idler EL, Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. *J. Health Soc. Behav.* 1997;38:21-37.
355. Miilunpalo S, Vuori I, Oja P, et al. Self-rated health status as a health measure: the predictive value of self-reported health status on the use of physician services and on mortality in the working-age population. *J. Clin. Epidemiol.* 1997;50:517-528.
356. Cleary LM, Duggan DB, *Hematologic manifestations of medical disorders*, in *Hematology*, WJ Williams, et al., Editors. 1990, McGraw- Hill, Inc.: New York. p. 1585-1591.
357. Crumpacker CS, *Cytomegalovirus*, in *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases*, GL Mandell, JE Bennett, and R Dolin, Editors. 2000, Churchill Livingstone: Philadelphia. p. 1586-1599.
358. Schooley RT, *Epstein-Barr Virus (Infectious Mononucleosis)*, in *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases*, GL Mandell, JE Bennett, and R Dolin, Editors. 2000, Churchill Livingstone: Philadelphia. p. 1599-1613.
359. Thomas DL, Lemon SM, *Hepatitis C*, in *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases*, GL Mandell, JE Bennett, and R Dolin, Editors. 2000, Churchill Livingstone: Philadelphia. p. 1736-1760.

360. Tennant C. The Social Health Questionnaire: a valid index of psychological impairment in Australian populations. *Med. J. Aust.* 1977;2:392-394.
361. Swets JA, Signal detection theory and ROC analysis in psychology and diagnostics : collected papers. 1995, Erlbaum, Mahwah, New Jersey.
362. Baldessarini RJ, Finklestein S, Arana GW. The predictive power of diagnostic tests and the effect of prevalence of illness. *Arch. Gen. Psychiatry* 1983;40:569-573.
363. Hanley JA, McNeil BJ. The meaning and use of the area under a receiver operating characteristic (ROC) curve. *Radiology* 1982;143.
364. McKenzie DP, Vida S, Mackinnon AJ, et al. Accurate confidence intervals for measures of test performance. *Psychiatry Res.* 1997;69:207-209.
365. Mackinnon AJ. A spreadsheet for the calculation of comprehensive statistics for the assessment of diagnostic tests and inter-rater agreement. *Comput. Biol. Med.* 2000;30:127-134.
366. Forbes D, Creamer M, Biddle D. The validity of the PTSD checklist as a measure of symptomatic change in combat-related PTSD. *Behav. Res. Ther.* 2001;39:977-986.
367. Bohn MJ, Babor TF, Kranzler HR. The Alcohol Use Disorders Identification Test (AUDIT): Validation of a screening instrument for use in medical settings. *J. Stud. Alcohol* 1995;56:423.
368. Hernandez LM, Durch JS, Blazer II DG, et al., Gulf War veterans: Measuring health, ed. Io Medicine. 1999, Washington, D.C.: National Academy Press.
369. Creamer M, Burgess P, McFarlane AC. Post-traumatic stress disorder: findings from the Australian National Survey of Mental Well-being. *Psychol. Med.* 2001;31:1237-1247.
370. Ismail K, Kent K, Brugha T, et al. The mental health of UK Gulf War veterans: phase 2 of a two phase cohort study. *Br. Med. J.* 2002;325:325-576.
371. Southwick SM, Morgan 3rd CA, Nicolaou AL, et al. Consistency of memory for combat-related traumatic events in veterans of Operation Desert Storm. *Am. J. Psychiatry* 1997;154:173-177.
372. Baker DG, Mendenhall CL, Simbarti LA, et al. Relationship between posttraumatic stress disorder and self-reported physical symptoms in Persian Gulf War veterans. *Arch. Intern. Med.* 1997;157:2076-8.
373. Andreski P, Chilcoat G, Breslau N. Post-traumatic stress disorder and somatisation symptoms: a prospective study. *Psychiatry Res.* 1998;79:131-8.
374. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management and prevention of chronic obstructive disease. NHLB/WHO Workshop Report. NHLB/WHO, 2001.
375. M.R.C. Medical Research Council's Committee on the aetiology of chronic bronchitis: standardised questionnaires on respiratory symptoms. *Br. Med. J.* 1960;2:1665.
376. Knudson RJ, Lebowitz MD, Holberg CJ, et al. Changes in the normal maximal expiratory flow-volume curve with growth and aging. *Am. Rev. Respir. Dis.* 1983;127:725-734.
377. Quanjer PH, Tammeling GJ, Cotes JE, et al. Lung volumes and forced ventilatory flows. Report Working Party. Standardization of lung function tests. European Community for Steel and Coal. Official Statement of the European Respiratory Society. *Eur. Respir. J.* 1993;6:5-40.
378. Pekkanen J, Pearce N. Defining asthma in epidemiological studies. *Eur. Respir. J.* 1999;14:951-957.
379. Eisen EA, Dockery DW, Speizer FE, et al. The association between health status and the performance of excessively variable spirometry tests in a population based-study in six U.S. cities. *Am. Rev. Respir. Dis.* 1987;136:1371-1376.

380. Eisen EA, Wegman DH, Louis TA. Effects of selection in a prospective study of forced expiratory volume in Vermont granite workers. *Am. Rev. Respir. Dis.* 1983;128:587-591.
381. Kellie SE, Attfield MD, Hankinson JL, et al. Spirometry variability criteria - association with respiratory morbidity and mortality in a cohort of coal miners. *Am. J. Epidemiol.* 1987;125:437-444.
382. Eisen EA, Oliver LC, Christiani DC, et al. Effects of spirometry standards in two occupational cohorts. *Am. Rev. Respir. Dis.* 1985;132:120-124.
383. Eisen EA, Robins JM, Greaves IA, et al. Selection effects of repeatability criteria applied to lung spirometry. *Am. J. Epidemiol.* 1984;120:734-742.
384. Dyck PJ, Litchy WJ, Lehman KA, et al. Variables influencing neuropathic endpoints: the Rochester diabetic neuropathy study of healthy subjects. *Neurology* 1995;45:1115-1121.
385. Dyck PJ, Melton III LJ, O'Brien PC, et al. Approaches to improve epidemiological studies of diabetic neuropathy: insights from the Rochester Diabetic Neuropathy Study. *Diabetes* 1997;46:S5(4).
386. Dyck PJ, Sherman WR, Hallcher LM, et al. Human diabetic endoneurial sorbitol, fructose, and myo-inositol related to sural nerve morphometry. *Ann. Neurol.* 1980;8:590-596.
387. Dyck PJ, Karnes JL, Daube J, et al. Clinical and neuropathological criteria for the diagnosis and staging of diabetic polyneuropathy. *Brain* 1985;108:861-880.
388. Jamal GA, Hansen S, Apartopoulos F, et al. The "Gulf War syndrome". Is there evidence of dysfunction in the nervous system? *J. Neurol. Neurosurg. Psychiatry* 1996;60:449-51.
389. Dyck PJ, Bushek W, Spring EM, et al. Vibratory and cooling detection thresholds compared with other tests in diagnosing and staging diabetic neuropathy. *Diabetes Care* 1987;10:432-440.
390. Pilkington A, Buchanan GA, Jamal GA, et al. An epidemiological study of the relations between exposure to organophosphate pesticides and indices of chronic peripheral neuropathy and neuropsychological abnormalities in sheep farmers and dippers. *Occup. Environ. Med.* 2001;58:702-710.
391. Working Group (convened under the auspices of the Royal Australasian College of Physicians. Chronic fatigue syndrome. Clinical practice guidelines - 2002. *Med. J. Aust.* 2002;176:s17-s56.
392. Webb S, Holman D. A survey of infertility, surgical sterility and associated reproductive disability in Perth, Western Australia. *Aust. J. Public Health* 1992;16:376-381.
393. Fikree F, Gray R, Shah F. Can men be trusted? A comparison of pregnancy histories reported by husbands and wives. *Am. J. Epidemiol.* 1993;138:237-242.
394. Hurst T, Shafir E, Day P, et al. Congenital malformations Australia 1995 and 1996. Sydney, NSW: National Perinatal Statistics Unit, Australian Institute of Health and Welfare, 1999.
395. Australian Institute of Health and Welfare. Australian Institute of Health and Welfare. National Death Index Description Accessed 15 November 2002.
396. Australian Institute of Health and Welfare (AIHW) and Australasian Association of Cancer Registries (AACR). Cancer survival in Australia, 2001. Part 1: National summary statistics. AIHW cat. no. CAN 13. Canberra: Australian Institute of Health and Welfare, 2001.
397. World Health Organisation, The International Classification of Diseases for Oncology (ICD-O), 2nd Edition. 1990, World Health Organization: Geneva.

398. The Centers for Disease Control Vietnam Experience Study. Post-service mortality among Vietnam veterans. *JAMA* 1987;257:790-795.
399. Thomas TL, Kang H, Dalager NA. Mortality among women Vietnam veterans, 1973-1987. *Am. J. Epidemiol.* 1991;134:973-980.
400. Haley RW. Point: bias from the "healthy-warrior effect" and unequal follow-up in three government studies of health effects of the Gulf War. *Am. J. Epidemiol.* 1998;148:315-23.
401. Haley RW. Counterpoint: Haley Replies. *Am. J. Epidemiol.* 1998;148:334-338.
402. Gray GC. Counterpoint: Responding to suppositions and misunderstandings. *Am. J. Epidemiol.* 1998;148:321-333.
403. Cowan DN, Gray GC, DeFraites RF. Counterpoint: Responding to inadequate critique of birth defects paper. *Am. J. Epidemiol.* 1998;148:326-327.
404. Powers J, Ball J, Adamson L, et al. Effectiveness of the National Death Index for establishing the vital status of older women in the Australian Longitudinal Study on Women's Health. *Aust. N. Z. J. Public Health* 2000;24:526-528.
405. Kelman C. The Australian National Death Index: an assessment of accuracy. *Aust. N. Z. J. Public Health* 2000;24:201-203.
406. Breslow N, Day N, Statistical Methods in Cancer Research. Volume II - The Design and Analysis of Cohort Studies. 1987, Lyon: International Agency for Research on Cancer.
407. Cattell RB. The integration of factor analysis with psychology. *J. Educ. Psychol.* 1948;39:227-236.
408. Eysenck HJ, The dimensions of personality. 1947, London: Routledge and Kegan Paul.
409. Spearman C. General intelligence objectively determined and measured. *Am. J. Psychol.* 1904;15:202-293.
410. Muthen B. A general structural equation model with dichotomous, ordered categorical, and continuous latent variable indicators. *Psychometrika* 1984;49:115-132.
411. Olsson U. Maximum likelihood estimation of the polychoric correlation coefficient. *Psychometrika* 1979;44:443-460.
412. Muthen B, du Toit S, Spisic D. Robust inference using weighted least squares and quadratic estimating equations in latent variable modelling with categorical and continuous outcomes. *Psychometrika* 2002, to appear.
413. Kaiser HF. The Varimax criterion for analytic rotation in factor analysis. *Psychometrika* 1958;1958:187-200.
414. Lawley DN, Maxwell AE, Factor analysis as a statistical method. 1971, London: Butterworth.
415. Rencher AC, Multivariate statistical inference and applications. 1998, New York: Wiley.
416. Floyd FJ, Widaman KF. Factor analysis in the development and refinement of clinical assessment instruments. *Psychological Assessment* 1995;7:286-299.
417. Muller R, Buttner P. A critical discussion of intraclass correlation coefficients. *Stat. Med.* 1994;13:2465-2476.
418. Streiner DL. Learning how to differ: Agreement and reliability statistics in psychiatry. *Can. J. Psychiatry*. 1995;40:60-66.
419. Cohen J, Statistical power analysis for the behavioral sciences. 2nd ed. ed. 1988, Hillsdale, New Jersey: Erlbaum.
420. Hu L, Bentler PM. Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modelling* 1999;6:1-55.

421. Shapiro SE, Lasarev MR, McCauley L. Factor analysis of Gulf War illness: What does it add to our understanding of possible health effects of deployment? *Am. J. Epidemiol.* 2002;156:578-585.
422. Dunn OJ. Multiple comparisons among means. *Journal of the American Statistical Association* 1961;56:52-64.
423. Rothman KJ. No adjustments are needed for multiple comparisons. *Epidemiology* 1990;1:43-46.

