APPENDIX A: Specific Comments on VA Examination Protocol

Item 9-Race/Ethnicity: Cannot distinguish black and white Hispanics and doesn't match with most service classifications of race/ethnicity (which are all different) in the personnel registry. There are classification systems already established to code race/ethnicity; for instance, the one used by OMB (Directive 15). A more inclusive set of codes should be considered.

Item 13-Cannot distinguish reservist from active duty service (although this would be apparent from the unit identification, it might be considered here as well, for clarity).

Item 14-The health registry allows recording last 2 periods of service in Persian Gulf in item 14 and then last 2 periods in general in item 17 (if other than Persian Gulf). It might not be necessary to ask about service other than Persian Gulf here, as full service information is coded from service records in the DoD personnel registry, and for the purposes of the VA registry, it is not clear that having this other service information would assist with the medical needs of the individual veteran.

Item 16-Only one military unit can be specified, but individuals did sometimes change units. It is unclear which one should be entered here. The DoD personnel registry seems to code the number of the last unit the individual was in. This issue may require some DoD/VA coordination.

Item 18-Exposure questions are incomplete (no mention of some potential exposures, e.g., DU, pesticide) and unclear (e.g.,"1 was enveloped in smoke"--source could have been trash or oil fire or even passive cigarette smoke). Consideration should be given to eliminating these questions unless they have potential value in evaluating registry data. They could be replaced by one open-ended question to the veteran asking what he or she thinks might be the cause(s) of his or her medical problem.

Item 19--General description of veteran's health: it is unclear whether this is self-perception of health or the physician's impression of health status.

---

[1] **U.S. Department of Veterans Affairs, Veterans Health Administration Manual M-10, "Environmental Medicine," Part III "Persian Gulf Program" Chapters 1 and 2, December 7, 1992.**

Item 21-a. Form is preceded for symptoms using 780-789 ICD-9-CM codes, but this series of codes may not capture all symptoms likely to be reported (e.g., codes for symptoms listed on page I-2, joint pain 719.40, hair loss 704.00, loose teeth 525.8, muscle soreness 729.1). Codes 780-799 include symptoms that are ill-defined or not attributable to any one disease. b.Limiting the number of complaints that can be listed to three will cause potentially valuable information to be lost. Since getting this information is the main purpose of the registry, virtually all should be captured. To avoid having to lengthen the form with many more empty spaces, an addendum could be designed for individuals with large numbers of complaints.

Item 22-This question, about whether the veteran attributes the chief complaint to oil or smoke exposure, is a poor one. It is unclear what the chief complaint might be (physician was not told to identify it), and other possible attributions aren't included (e.g., DU, viruses, etc.). it also isn't clear whether the veteran must volunteer this information, whether he or she is asked specifically about it, and whether the list of possible exposures is to be read to him or her.

Item 23-it is unclear why a number of complaints greater than 5 cannot be recorded. It is also unclear whether this refers to the number of ICD-9 codes or actual complaints (one ICD-9 can include numerous symptoms). By example, it seems to be number of codes, which the computer could be programmed to identify. If ail complaints are actually recorded in Item 22, this would be unnecessary.

Item 24-- is unclear why birth defects are included but not infertility, or fetal and infant deaths.

Item 24, 24B-if a woman reports she was pregnant in the Persian Gulf, recording the date of birth and hospital of birth would facilitate any record follow-up.

Item 25-This item provides some information on the content of the physical examination and any referrals that are made. Whether workups/consultations were performed for "dermatology, pulmonary, psychiatry, infertility/genetics, parasitology, culture" and if so, whether the workup/consultation resulted in "no diagnosis, diagnosis doubtful, or diagnosis" is recorded. Whether workup was done by environmental physician or by a referring specialist cannot be distinguished.

Item 27-This item allows up to three diagnoses to be listed. There is no way to indicate whether more were made. The same comment for Item 21, above, applies here. All diagnoses should be captured on this form.

Item 29-This asks for the "year of onset for each diagnosis listed above." It should include also the month. It is unclear how this item should be filled out if there are symptoms but no diagnosis is made. Usually it is onset of symptoms that is recorded. No similar question is asked for Item 21. It may also be a problem that complaints (item 21) aren't necessarily linked to these diagnoses, and there is not place to record that a problem appears to exist but is not immediately diagnosable.

The value of a routine chest x-ray, blood count, SMA 6/12, urinalysis should be justified.

How are special health needs of female vets (e.g., rape, sexual harassment), mentioned on page 1-3, going to be handled in the registry?