



ILLNESS BEHAVIOR AND TRANSITIONAL  
 STATES: A STUDY OF OUTPATIENT  
 RATES AND SYMPTOM PRESENTATION  
 IN RELATION TO TROOP DEPLOYMENT.

ADA 124496



TECHNICAL REPORT 5

IMPACT OF MILITARY ACTIVITY AND  
 ASSOCIATED TRANSITIONAL PERIODS  
 ON COMBAT ARMS OUTPATIENT  
 SICKCALL RATES

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) This report demonstrates the impact of the psychological, sociological and physical stress of various military activities and associated transitional periods as expressed by physical illness and outpatient sickcall visits. The outpatient sickcall rates of combat soldiers in 17 airborne companies were measured before, during, and after specified activities. Large variations of the rates were observed to be due to military duties.		

TECHNICAL REPORT 5  
IMPACT OF MILITARY ACTIVITY AND ASSOCIATED TRANSITIONAL PERIODS  
ON COMBAT ARMS OUTPATIENT SICKCALL RATES

CPT Linda K. Jellen, MSW  
Joseph M. Rothberg, Ph.D.

Department of Military Psychiatry  
Division of Neuropsychiatry  
Walter Reed Army Institute of Research  
Washington D.C.

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## Introduction

This report examines the impact of various military activities and associated transitional periods on the outpatient sickcall visits made by combat arms soldiers during the June 1980 through May 1981 period. Soldiers' annual sickcall visit rates will be examined before, during and after specified activities. These combat soldiers were the majority of the active duty sample in the Health Consequences of Deployment study (see item 1 in Appendix A). This study was developed because of persistent anecdotal and informal reports regarding increased unit sickcall visits during transitional periods. Other reports of findings from this study are listed in Appendix A.

## Method

There were seventeen airborne combat arms units which made up one Brigade in our sample (n=2129); this included three Battalions of five companies each plus a Brigade headquarters and an antitank Company.

The demographic characteristics of this group at mid-year is shown in Table 1. All are male, two-thirds are E1 thru E4, two-thirds have a high school diploma or equivalent, three-quarters have no limitations in their PULHES (medical limitations on military assignment), their age is in their early twenties and

they have been at this post for about two years. Full analysis of these characteristics using person months at risk is underway and will be included in Technical Report 7: "Demography, Unit Personnel Turnover and Outpatient Visits."

The clinics providing primary care to these units were large Battalion Aid Stations (BAS), one to support each Battalion. The two Brigade headquarters units received care at a Troop Medical Clinic (TMC) that also served numerous other units. When the whole Battalion deployed to the field, the health care recording procedure was the same as at the BAS. When only part of the Battalion was deployed, field medical cards or individual medical Form 600s were used to record the patients seen. Health care records from the field were coded when these records were available upon the unit's return. The nature of health care delivery in the field is such that all contacts were not recorded despite concerted efforts to encourage complete recordkeeping. The recorded number of visits in the field is an underestimate of the actual number of health problems that were treated.

The military activities to be examined in this report include: (1) The recurring three phase cycle - Mission, Training and Support, (2) the Division Readiness Status, (3) the major activity of the day summarized as field activities versus all other workdays, (4) the special activity of parachute jumps. The activity data for each company was drawn from the training

schedules furnished by the Brigade headquarters. Since the schedules were produced ten days in advance there were periodic reviews of unit activities with the company commanders to record unscheduled changes. The effects of Physical Training (PT), weather and other special or infrequently occurring events will be evaluated based on two years data and will be presented as an addendum to this report. Details regarding the activity data are presented in Appendix B.

The data in this report are discussed in terms of total number of visits and annual rates per 100 soldiers. Significance was tested at the .05 level with the Z score derived from the standard error of the mean. Unless otherwise noted, all differences discussed are significant at this level.

Visits are discussed in terms of three major categories: Muscular/Skeletal Complaints and Injuries (M/S & I), Other Diseases and Symptoms (O D/S), and Other Medical Visits (O). A full listing of the Reason for Visit Codes included in each category may be found in Appendix C. The reader is referred to Technical Report 1 for an extended discussion of these categories as well as a presentation of the data collection method used in the study.

#### Findings

The findings for the different military activities are discussed in turn for each Cycle, Division Readiness Status, field activities and airborne jumps. Appendix D contains

definitions of the specialized terms used in this report.

**CYCLE.** The combat soldiers' duty time activities were organized in a recurring cycle composed of three phases - Mission, Training and Support. By definition, different troop activities occur during the different phases of the cycle. During Mission cycle (40% of this year), the Battalions rotate through two hour, four hour and six hour call back for immediate world-wide deployment (Division Readiness Status 1, 2, or 3). Training cycle (26% of this year) is primarily reserved for training the soldier in the necessary military skills through classroom instruction, daytime training in the field, live fire exercises, parachute jumps, and overnight field training exercises (FTX). During Support cycle (34% of this year) the primary focus is providing support for post details and the missions of other units in the division. However, in reality these boundaries are blurred and some mixing of activity occurs. As shown in Table 2, there are FTXs in all three cycles.

From Table 2, one can also see that the annual sickcall visit rates for these three cycles vary. The highest visit rate occurred during the Mission cycle followed by Training and Support. As shown in Table 3, the M/S & I and O D/S visit rates followed the same pattern as the overall rate, that is, highest in Mission Cycle followed by Training and the lowest rate occurring during Support cycle. The O visits, which amounted to no more than 20% in any phase, deviated from the above pattern as

follows: Mission and Support had statistically indistinguishable rates and Training had the lowest rate.

Our original expectation was that Training, with the physical and mental stress of multiple deployments, would have the highest annual sickcall visit rate. However, we had not anticipated that Mission would have almost as much time spent in deployments. As shown in Table 2, almost as much of the field activity for these units occurred during Mission as during the Training with only a small fraction of the total during Support. There are also other factors which may influence sickcall rates during the Mission cycle. The stress of being on alert for immediate world-wide deployment is one such factor. Another factor is the increase in the population on post during Mission Cycle due to the limitation on leave time and temporary duty for schools. Because more of our population is present, there may be more health care visits at this time.

**DIVISION READINESS STATUS.** This is a system that rotates the responsibility for limited notice deployment among the 9 Battalions in the division. Division Readiness Status (DRS) 1,2,and 3 are 2,4,and 6 hour call back respectively and generally take place during Mission Cycle. DRS 4,5,and 6 generally take place during Training Cycle and DRS 7,8,and 9 during Support Cycle.

Examination of the annual sickcall visit rates for each of these readiness statuses is shown in Table 4. The sickcall rates

for these 9 statuses fall into 2 clusters. One was comprised of DRS 1,2, and 6 which had the highest visit rates and were statistically indistinguishable. The other cluster was the remaining statuses of 3,4,5,7,8, and 9 which had lower visit rates and were also statistically the same, but, as a group, statistically different from DRS 1,2, and 6.

As mentioned above, DRS 1 is the most critical alert period with a two hour call back and 48 hour deployment capability. In almost every instance DRS 2 or 6 immediately preceded DRS 1. This transitional period prior to assumption of DRS 1 is one of extremely high stress for the soldiers in the units involved. They work extended workdays and sometimes even week-ends to prepare men and equipment for the rigid Division Maintenance Evaluation Team (DMET) inspection which must be passed before DRS 1 can be assumed.

**FIELD ACTIVITY.** One of the primary research issues was to determine how the rates and types of visits are affected by various field activities. "Field activities" or "deployments" are the most general terms which will indicate all the various types of field training with one or more nights in the field. These are on-post and off-post FTXs, Army Readiness Testing and Evaluation Program (ARTEP), and on-post and off-post Emergency Deployment Readiness Exercises (EDREs) as described in Appendix D.

Since everyday in the field is technically a workday, the workday annual sickcall visit rate is a better basis of comparison than an overall visit rate (which includes holidays and weekends). Because of the importance of transitional periods, workdays were divided into two categories. The first category is "transitional workdays" which are those workdays within 5 calendar days of any field activity. The annual sickcall visit rate for these transitional workdays is 823/100 with 42% MS&I, 44% O D/S and 14% O. The second category is called "non-transitional" workdays, which is any workday not within 5 days of any field activity. The annual sickcall visit rate for these non-transitional workdays is 696/100. Approximately 39% of these visits were MS&I, 42% were O D&S and 20% were O visits.

Transitional Workdays. An interesting pattern emerges when one examines the annual sickcall visit rate for the three part sequence of before deployment transitional workdays (pre-days), the field activity (the deployment) and the after deployment transitional workdays (post-days) (see Table 5). The pre-days were generally elevated from the non-transitional workday sickcall rate; the rate during the deployment usually dropped but then increased to an even higher level during the post-days.

For transitional workdays for on-post deployments, there was an increase of approximately 5% in the proportion of visits that were MS&I as compared to non-transitional workdays (44% vs

39%). The converse was true for the transitional workdays for off-post deployments where there was about a 6X increase in the proportion of O D/S (48X for transitional days vs 42X for non-transitional days). The O visit rate remained about 5X lower during both on-post and off-post transitional days as compared to non-transitional workdays.

For both ARTEPs and EDREs, the troops were at more than one and a half times the risk for a medical visit during the transitional workdays compared to non-transitional workdays. The transitional workdays for the off-post EDRE are of special interest, as this EDRE was the closest to a "no notice" deployment as was seen in the first year of this study. The Battalion involved was aware through the informal system that some unit was going to be called out on an EDRE but did not know which unit it would be. It was also the only case where the pre-days visit rate was about the same as both the non-transitional workday visit rate and the rate during the deployment. However, the post-days sickcall rate was high, with twice the risk for a visit in comparison to the sickcall rate for non-transitional workdays.

Deployments. Turning to consideration of the field activities themselves, Table 5 shows that the annual sickcall visit rate for field activities which occurred on-post was higher than that for off-post. Both of these were lower, however, than the non-transitional workday rate. The rates for

Individual on-post deployments (FTXs, ARTEPs and EDREs) were not different. The rates for the off-post deployments (FTXs and EDRE) were different. The higher rate for the off-post EDRE compared to the off-post FTX is consistent with the higher stress aspects of the EDRE.

During the deployments, the following occurred: (1) The MS&I visits increased, (2) the O visits decreased, and (3) the O D/S visits remained the same. During the ARTEP, there was a substantial shift in the type of visit, although there was not an increase in the visit rate. Three-quarters of the visits during the ARTEP were MS&I, almost one-quarter were O D/S and almost none were O visits. The striking decrease in non-MS&I visits may reflect the importance of the mission to the soldier in terms of his deferring sickcall visits for non-critical problems.

Field Activities in Series. It was also found that some of the FTXs occurred in close proximity to each other, while others occurred in relative isolation. Those FTXs that occurred within 10 days of each other were designated as a "field series." Those FTXs which were not within 10 days of each other were designated as "isolated FTXs". For isolated FTXs, the transitional workdays consisted of pre-days and post-days. For field series, the transitional workdays were a triad of pre-days, transitional workdays between the individual FTXs in the series and post-days.

For FTXs in series we found no consistent pattern of rates or types of visits neither when comparing the total number of FTXs within a series nor when comparing the first FTX to the last FTX within a given series. The rate for on-post field series was not different from that for on-post isolated FTX'S (see TABLE 6). The rate of MS&I visits for the on-post field series (304/100) was 24% higher than the rate for the on-post isolated FTX (246/100).

To summarize the field activities, it appears that sickcall visits occur at a higher rate during the transitional workdays just before and after a field deployment rather than during the deployment itself. These transitional workdays related to ARTEP, EDRE and FTX in series show the biggest increase in rates.

**AIRBORNE JUMPS.** Some of the jumps indicated on the training schedule involved only part of a company or did not occur due to bad weather or lack of an aircraft. Therefore, we reviewed the records after the scheduled jump and only tabulated those jumps which involved a full company and for which the jump was verified as part of an on-post FTX. This yielded an annual sickcall visit rate of 1184/100.

As might be expected, the majority of these visits (58%) were MS&I. However, there was also a slight elevation in the other types of visits as well. The overall rate of visits for the day prior to a jump was elevated with a rate of 869/100, while the rate for the day after the jump was low with a visit

rate of 430/100. The MS&I visits also represented over half of the visits for these pre- and post-jump days.

#### Conclusions

A purpose of this research was to demonstrate the relationship between the psychological, sociological and physical stress of military activities and their related transitional periods as expressed by physical illness and outpatient sickcall visits. We had theorized that the most intense stress, operationalized as outpatient sickcall rates, would occur during the transitional periods that represent a change or upset in a steady state or ongoing pattern.

We found that the Mission and Training cycles, which are characterized by increased amounts of time spent in field activities, transitional periods pre- and post-deployment, and increased readiness responsibilities had higher rates of outpatient sickcall visits. Division Readiness Status 1 representing the highest alert condition and its related transitional period represented an increase in sickcall rates. The transitional workdays related to field activities were times of increased visits when compared to non-transitional workdays or the deployment itself. There is also clearly a change in the type of visits during field activities and their related transitional workdays, with generally an increase in the perhaps more undeferrable MS&I and O D/S visits.

There are several factors which may account in varying

degrees for these increased visits. During transitional periods, the soldiers have increased work hours and pressure from their superiors to be prepared for the transition which causes both psychological and physiological stress. In advance of extended deployments, the soldiers may be getting ongoing medical problems, whose treatment had been deferred, taken care of, or getting anticipated medical concerns or check-ups attended to. What ever the underlying factors associated with the increased utilization of outpatient sickcall services, there is a clear cause and effect relationship between military and medical events. The overall medical mission to conserve the fighting strength obviously requires continuing consideration of the impact of military training on the quantity and quality of health services which are available to the military.

#### ACKNOWLEDGEMENT

The continuing efforts of Mr. Oldakowski as the project computer specialist are greatly appreciated. We also thank SP5 Harrington, SP4 Hodge, SP4 Kamoni and SP5 Rigney who have been responsible for the coding of the medical data throughtout this study and SP5 Helm for his assistance with generating these reports.

**TABLE 1: DEMOGRAPHIC CHARACTERISTICS AND ATTRIBUTES OF  
SOLDIERS PRESENT IN 17 COMBAT ARMS UNITS DURING NOVEMBER 1980.**

	<u>NUMBER</u>	<u>%</u>
<b>GRADE</b>		
OFFICERS	103	(5%)
E1-E4	1446	(63%)
E5-E6	474	(22%)
E7-E9	106	(5%)
<b>SEX</b>		
MALE	2129	(100%)
<b>RACE</b>		
CAUCASIAN	1499	(70%)
NEGRO	468	(22%)
OTHER & UNKNOWN	162	(8%)
<b>MARITAL STATUS</b>		
SINGLE	1259	(59%)
MARRIED	807	(38%)
OTHER	63	(3%)
<b>EDUCATION</b>		
NOT HIGH SCHOOL GRADUATE	291	(14%)
HIGH SCHOOL GRADUATE	1608	(76%)
BEYOND HIGH SCHOOL	230	(11%)
<b>PULHES</b>		
111111	1645	(75%)
NOT 111111	484	(23%)
<b>MEAN GT SCORE</b>	106.8	
(STANDARD DEVIATION)	(14.9)	
<b>MEAN AGE, YEARS</b>	23.5	
(STANDARD DEVIATION)	(4.9)	
<b>MEAN TIME AT POST, MONTHS</b>	22.1	
(STANDARD DEVIATION)	(19.8)	

**TABLE 2: FIELD ACTIVITIES AND ANNUAL SICK CALL RATES PER 100 FOR COMBAT SOLDIERS BY PHASE OF CYCLE, JUNE 1980 - MAY 1981.**

<b>PHASE OF CYCLE</b>	<b>RATE PER 100</b>	<b>NUM OF PHASE</b>	<b>NUM OF DAYS</b>	<b>TOTAL COMPANY DAYS*</b>	<b>COMPANY DAYS, IN FIELD (%)</b>	<b>FIELD EVENT AND COMPANY DAYS</b>
<b>Mission</b>	<b>538.</b>	<b>5</b>	<b>147</b>	<b>2669</b>	<b>472 (43)</b>	<b>78 on-post FTX, 15 on-post EDRE, 30 ARTEP, 35 off-post EDRE, 314 off-post</b>
<b>Support</b>	<b>420.</b>	<b>4</b>	<b>124</b>	<b>2108</b>	<b>126 (11)</b>	<b>25 on-post FTX, 101 off-post</b>
<b>Training</b>	<b>476.</b>	<b>3</b>	<b>94</b>	<b>1598</b>	<b>501 (46)</b>	<b>30 ARTEP, 294 on-post, 177 off-post</b>
<b>Total</b>	<b>482</b>	<b>12</b>	<b>365</b>	<b>6205</b>	<b>1099 (100)</b>	<b>472 on-post Field Act., 627 off-post Field Act.</b>

\* Company days for an event is the sum of the number of days spent by each involved company.

**TABLE 3. TYPE AND RATE OF ANNUAL SICKCALL VISITS PER 100  
STRENGTH BY PHASE OF READINESS CYCLE, JUNE 1980 - MAY 1981.**

PHASE	MUSCULAR/SKELETAL					
	COMPLAINTS AND INJURIES		OTHER DISEASE/ SYMPTOMS		OTHER MEDICAL VISITS	
	N	RATE/100	N	RATE/100	N	RATE/100
Mission	2009	226.	1951	220.	821	92.
Training	1152	205.	1152	205.	369	66.
Support	1127	153.	1342	182.	622	84.

**TABLE 4. RATES OF ANNUAL SICKCALL VISITS PER 100 STRENGTH  
BY DIVISION READINESS STATUS, JUNE 1980 - MAY 1981.**

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<b>STATUS</b>	<b><u>RATE/100</u></b>
1*	581.
2*	592.
3	506.
4	525.
5	413.
6*	552.
7	492.
8	436.
9	383.

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\* High rate cluster, see text.

**TABLE 5. ANNUAL SICKCALL VISIT RATES PER 100 STRENGTH FOR FIELD DEPLOYMENT AND RELATED TRANSITIONAL WORKDAYS.**

ACTIVITY	ON POST	OFF POST
	<u>RATE/100 (SEM)</u>	<u>RATE/100 (SEM)</u>
PRE-DAYS*	723. (29.)	621. (36.)
FTX	604. (21.)	438. (14.)
POST-DAYS**	934. (34.)	692. (42.)
PRE-DAYS	1465. (102.)	
ARTEP	514. (50.)	NA
POST-DAYS	1369. (162.)	
PRE-DAYS	1190. (150.)	660. (96.)
EDRE	756. (119.)	658. (72.)
POST-DAYS	1190. (150.)	1498. (288.)
ALL PRE-DAYS	845. (29.)	627. (34.)
ALL DEPLOYMENTS	598. (19.)	450. (14.)
ALL POST-DAYS	973. (32.)	727. (42.)

\* Workdays occurring 5 calendar days before the deployment.

\*\* Workdays occurring 5 calendar days after the deployment.

TABLE 6. COMPARISON OF ANNUAL SICK CALL VISIT RATES DURING FIELD TRAINING EXERCISES (FTX) IN SERIES AND IN ISOLATION, JUNE 1980 - MAY 1981.

ACTIVITY	ONLY	ONLY	BOTH
	ON POST	OFF POST	ON/OFF POST
	<u>RATE/100 (SEM)</u>	<u>RATE/100 (SEM)</u>	<u>RATE/100 (SEM)</u>
FTX IN SERIES	622. (30.)	NA	596. (18.)
PRE-DAYS*	880. (78.)	NA	647. (48.)
WORKDAYS DURING SERIES	1085. (76.)	NA	919. (58.)
POST-DAYS**	1057. (89.)	NA	861. (67.)
TOTAL RELATED WORK	1014. (47.)	NA	803. (33.)
FTX, ISOLATED	560. (34.)	323. (17.)	NA
PRE-DAYS	623. (45.)	729. (52.)	NA
POST-DAYS	795. (50.)	844. (62.)	NA

\* Workdays occurring 5 calendar days before the deployment.

\*\* Workdays occurring 5 calendar days after the deployment.

**APPENDIX A: AREAS OF FUTURE REPORTS**

The following are working titles of technical reports for which data is currently being analyzed:

**T1: The Health Consequences of Deployment. Part I: Data Gathering. Department of Military Psychiatry, WRAIR, WASHINGTON DC. 20012. 1982.**

**T2: Types and Rates of Outpatient Sickcall Visits of Active Duty and Their Family Members. Department of Military Psychiatry, WRAIR, WASHINGTON DC. 20012. 1982.**

**T3: Comparison of Outpatient Sickcall Visits for a Sample of Combat Arms and Support Soldiers. Department of Military Psychiatry, WRAIR, WASHINGTON DC. 20012. 1982.**

**T4: Additional Survey of Injuries of Combat Soldiers.**

**T5: Impact of Activity and Transitional States on Combat Arms Soldiers Outpatient Sickcall Rates.**

**T6: Variation in Outpatient Sickcall Visits Among Matched Combat Arms Battalions.**

**T7: Demography, Unit Personnel Turnover and Outpatient Visits.**

**T8: Identification of Repeated Users of Health Care Resources**

**T9: Characterization of Active Duty and Family Members Who Make Mental Health Visits.**

**APPENDIX B: TRAINING AND ACTIVITY CODES.**

The training and activities of the active duty soldiers was coded along six dimensions as the presence of one of the listed values for each dimension for each company for each day.

**CYCLE**

**Mission**

**Intensified Training**

**Garrison Support**

**DEFENSE READINESS FORCE (DRF)**

**Status 1 thru Status 9**

**PHYSICAL TRAINING (PT)**

**1 Mile Run thru 6+ Mile Run  
1 Hour Forced march thru  
4+ Hour Forced March**

**PT Test**

**Section PT**

**Sports**

**Drills and Training**

**ACTIVITY**

**Army Readiness Test and  
Evaluation Program (ARTEP)**

**Emergency Deployment Readiness  
Exercise (EDRE) on-Post or  
off-Post**

**Field Training Exercise (FTX)  
of Full or Partial Company  
On-Post or Off-Post**

Other Training

Support of Other Units

Preparation for Major Event  
Maintenance

**SPECIAL EVENT**

Activity Day

Company Party

Change of Command

Division Maintenance  
Evaluation Team (DMET)

Inspector General

Jump

Jump Fatality

Holiday

Ceremony or Parade

Payday Activities

Days Off

Weather

Temperature and Temperature-  
Humidity Categories,  
With or Without Precipitation

APPENDIX C: REASON FOR VISIT CODES INCLUDED IN MAJOR CATEGORIES.

**(M/S & I) MUSCULAR/  
SKELETAL COMPLAINTS  
AND INJURIES**

**J001-J999 Injuries and Adverse Effects  
Module**

**S900-S999 Symptoms Referrable to the  
Musculoskeletal System**

**D900-D949 Diseases of the Musculoskeletal  
System and Connective Tissue**

**(O D/S) OTHER  
DISEASES AND SYMPTOMS**

**S001-S899 Symptoms, NEC**  
**D001-D899 Diseases, NEC**

**(O) OTHER**

**X100-X599 Diagnostic, Screening and  
Preventive Module**

**T100-T899 Treatment Module**

**R100-R700 Test Results Module**

**A100-A140 Administrative Module**

**U990-U999 Uncodable Entries Module**

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APPENDIX D: DEFINITION OF TERMS

**FIELD ACTIVITY OR DEPLOYMENT:-** A general term for any of the exercises which calls for one or more nights to be spent in the field. It includes on- and off-post FTX, ARTEP, and EDRE.

**FIELD TRAINING EXERCISES (FTX):-** a general training exercise with one or more nights to be spent in the field. These exercises can occur either on- or off-post.

**ARMY READINESS TRAINING AND EVALUATION PROGRAM (ARTEP):-** A 5-7 day field activity which occurs on- or off-post and which requires a battalion to demonstrate a variety of skills, such as weapons firing and tactics, within a battlefield scenario. The level of accomplishment is rated by observers against specific task conditions and standards. An ARTEP occurs every 12 to 18 months and is considered an important measure of the units readiness.

**EMERGENCY DEPLOYMENT/READINESS EXERCISE (EDRE):-** A readiness alert generally conducted by Division or Corps requiring the alerted battalion to demonstrate their ability to deploy within 18 hours. The exercise can involve a call up, deployment on-post or deployment off-post. "Call ups" will not be addressed in this study.

**DIVISION READINESS STATUS (DRS):-** A system that rotates the responsibility for limited notice deployment among the 9 battalions in the division. Division Readiness Status 1, 2, and 3 are 2, 4, and 6 hour call back respectively and generally take place during Mission Cycle. DRS 4, 5, and 6 generally takes place during Training Cycle and DRS 7, 8, and 9 during Support Cycle.

**DIVISION MAINTENANCE EVALUATION TEAM (DMET):-** A maintenance inspection conducted to determine a deployable battalions' equipment readiness. This inspection must be passed prior to assumption of DRS 1.

**FIELD SERIES:-** When two or more FTXs occur in a row with less than 10 non-FTX days in between.

**TRANSITIONAL WORKDAYS:-** Work days (non holiday, non week-end or non day off) that fall within five calendar days of any field activity.

**NON TRANSITIONAL WORKDAYS:-** Work days not within five calendar days of any field activity.