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This is the 1st annual progress report of a 3 year epidemiological study into the effects on health of service in the Persian Gulf War.
During the period June 1996 to June 1997, the questionnaire to be used in the study has been devised. A detailed pilot study has been undertaken, with resulting changes being made to the questionnaire. The questionnaire is comprehensive, with questions looking at background factors, theatres of operation, exposures, and health outcomes. In addition, an extensive database of literature has been developed, covering papers concerned with the effect of war on individuals, plus research pertaining specifically to the Persian Gulf War.
Currently, the main body of study is underway, with 12750 questionnaires having been or in the process of being dispatched to currently serving or ex military personnel. Tracing procedures have been extensively investigated and algorithms devised. Problems have been encountered during the year, but at the level of the Ministry of Defence and the quality of adddresses being released by the armed forces. Considerable manpower has been taken up ensuring that addresses received were in a suitable format for mailing purposes. Political developments have also impinged on the project. Her Majesty's Government announced funds for research into the "Gulf War Syndrome", which resulted in our study being held back as it was deemed desirable that all UK research proceeds in an integrated fashion.

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Sep 29, 1997

Professor Simon Wessely Date

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Summary

This is the 1st annual progress report of a 3 year epidemiological study into the effects on health of service in the Persian Gulf War.

During the period June 1996 to June 1997, the questionnaire to be used in the study has been devised. A detailed pilot study was undertaken, with resulting changes being made to the questionnaire. The questionnaire is comprehensive, with questions looking at background factors, theatres of operation, exposures, and health outcomes. In addition, an extensive database of literature has been developed, covering papers concerned with the effect of war on individuals, plus research pertaining specifically to the Persian Gulf War.

Currently, the main body of the study is underway, with 12750 questionnaires having been or in the process of being dispatched to currently serving and ex military personnel. Tracing procedures have been extensively investigated and algorithms devised.

Problems have been encountered during the year, both at the level of the Ministry of Defence and quality of addresses released by the armed forces. Considerable manpower has been taken up ensuring that addresses received were in a suitable format for mailing purposes. Political developments have also impinged on the project. Her Majesty's Government announced funds for research into the "Gulf War syndrome", which resulted in our study being held back as it was deemed desirable that all UK research proceeds in an integrated fashion.

Study Outline

Background

This study was set up to address the prevalence of explained and unexplained illnesses, including chronic fatigue like symptoms, in members of the United Kingdom Armed Forces who were deployed to the Persian Gulf during the Gulf War and two comparison groups: those who had served in peace keeping forces in Bosnia, and a group who had served in neither theatre (Era controls).

Aims

This epidemiological study aims to ascertain whether service in the Persian Gulf War by UK armed forces personnel was associated with an increase in physical and / or psychological morbidity compared to those who were not deployed or those deployed to Bosnia. If it is so, evidence will be sought for an increase in known disorders, new or ill-defined conditions such as chronic fatigue syndrome, or an illness peculiar to Gulf War service.

Methodology

The epidemiological study of the prevalence of unexplained illnesses in the population at risk utilizes a two stage design. Stage 1 will be a questionnaire survey of 4250 Gulf War veterans selected at random, an equivalent sample of Bosnia Veterans and a group selected who had served in neither theatre. The second stage will involve interview, examination and testing of all those (approximately 10%) in the first stage who score above a cut off defining subjective ill health. Information gathered at the second stage will be used to estimate the prevalence of diagnosed and unexplained morbidity, including chronic fatigue, in UK personnel, and to calculate whether there is an excess associated with Gulf War and / or Bosnia service. In the event that there is, the researchers will examine the self assessed effect of deployment related exposures such as pesticides, vaccinations and psychological trauma as well as pre morbid and psychosocial factors which may be implicated in such an increase. We anticipate that this will identify avenues for further biological and psychosocial research.

Progress to date

The work of year one has been involved entirely with the first phase of the study, primarily with

1. The development of the questionnaire used in the postal survey.
2. The setting up of administrative databases
3. The setting up of tracing mechanisms

Development of the questionnaire

Standardised instruments

A number of standardised instruments have been included in the questionnaire including: the Medical Outcomes Health Survey Short Form (SF-36), the General Health Questionnaire (GHQ-12) and the Chronic Fatigue Syndrome Questionnaire.

Exposure / service history

The section dealing with exposures faced by personnel in theatre was devised, and revised according to advice received from a large number of military personnel (including PGW veterans). The health symptom checklist was evaluated by senior military medical personnel, who critiqued it for accuracy and appropriateness for the theatres being investigated in the study. The military advisors also contributed to the development of the section investigating service history.

Drugs and Alcohol; Sexual behaviour

Questions asking about i) drugs and alcohol use and ii) sexual behaviour proved to be very controversial, and served to highlight the cultural differences that exist between the UK and USA. In the case of drugs, it was felt that as drug use was not a pervasive problem in the UK military that they should not be included. Alcohol use was restricted to a single question, for fear of raising concerns of confidentiality. As a result of strong advice given by both the military and lay advisors, questions asking about sexual behaviour were removed.

Lottery

An incentive to complete the questionnaire was given in the form of an option to participate in a £1000 draw. There was considerable discussion as to whether this was an appropriate incentive, but research has shown that such methods may improve response rates.

Era control group

The questionnaire had to be modified for the Era comparison group, as they would not have had exposure to the same type of scenarios as those personnel who had been deployed to Bosnia and / or the Gulf. This resulted in the development of two questionnaires, essentially identical apart from questions relating to exposures and health symptoms. Copies of the questionnaires are given in the appendix.

Pilot Study

The final version of the questionnaire was piloted on 200 serving military personnel, and helped identify linguistic ambiguities. The logistics involved in conducting the mailing of questionnaires to the armed forces were identified and procedures established. Those personnel based in the UK would receive their questionnaires using the military mail service, for those based overseas we would use the British Forces Posted Overseas (BFPO) mailing services. An additional bonus of using the military mailing services has been that they have been provided at no cost to the study. Those personnel who had left the forces, but were eligible for inclusion in our study, would be sent the questionnaire via the Royal Mail.

The response rates for the pilot study were:

	Bosnia	Gulf	Era
% returned	53	47	65

The overall response rate was 55% after 2 mailings. We have good reason to believe that a substantial proportion of non-responses is due to problems of distribution and tracing.

Development of Tracing Strategies for non respondents

Tracing those who are still in active service will be straight forward, as we have the co-operation of the Army Staff Duties Section. However, since 1990 it can be expected that over 50% of those deployed will have left the services.
Over the year, a great deal of time has been spent discussing strategies for the tracing of this group of non responders.
Three main tracing routes were identified: i) Health Authorities ii) Royal British Legion (RBL) data bases and iii) National Health Service Central Register (NHS-CR),

Health Authorities

There exists a system whereby it is possible to identify which of the approximately 40 regional administrative health authorities in the country an individual belong to. These can then be approached and asked to supply addresses for named individuals. Permission has to be sought from the regional Chief Executives for their co-operation in releasing these details to use. So far, the response has been varied, with most but not all willing to collaborate. This is the easiest route for our study to pursue, and we are working closely with the other study teams to facilitate this tracing procedure.

Royal British Legion (RBL) data base

The RBL has compiled a database of addresses of non serving military personnel. They have expressed a willingness to allow us access to this database in order to trace non responders.

NHS-CR

Everybody in the United Kingdom is supplied with a National Health number, which is registered centrally at the NHS-CR. It is possible to "flag" individuals which can in turn be used for the purposes of tracing them. This is a time consuming process, as the procedure is not yet fully computerised which means that a lot of the matching is completed manually. This will be the system used if individuals can not be traced using the mechanisms described above.

Steering group Committee

A Steering Group Committee was created to regularly review Progress of the study, and also to advise how best to obtain co-operation from the military personnel to participate in the study. The committee consists of Gulf War veterans, the study team

members and other researchers. Their views were elicited regarding, amongst other things, the content of the questionnaire and how best to publicise the study. Each revision of the questionnaire was passed to the committee to ensure that any alterations made were appropriate ones.

Publicity

Extensive publicity was undertaken to maximise the number of questionnaires returned. This included placing articles in military magazines such as Soldier . The Royal British Legion , a welfare organisation for ex service men and women, has given invaluable support to the study. They have published articles in their circular magazine, as well as placing posters explaining the importance of the study in each of their 4500 clubs around the country.

Problems encountered.

There have been considerable problems encountered in during the last year, in the implementation of this study. They fall into three main categories:

1) The release of research funds by the United Kingdom Government to investigate the effect of serving in the Gulf on the health of military personnel
2) Co-operation of the Ministery of Defence in releasing address information required for posting the questionnaires in the first phase
3) The quality of addresses given by the forces to the study.

United Kingdom Gulf War Health Study research program

Late in 1996 the UK government called for proposals for research into the health of military personnel who had served in the Gulf War. The program of research is administered by the Medical Research Council (MRC). A decision was imposed upon us that all research carried out in this field would best be served if it was seen to occur in an integrated fashion, resulting in a "2 phase delay" for our study. The first delay occurred whilst studies were peer reviewed and decisions made re: their funding. Subsequently, a common timetable was imposed for eg., tracing of non responders, despite the current project being further along the research path than our colleagues. However, the "umbrella" provided by the MRC has been valuable with regards to publicity for our project.

Release of administrative details by the Ministery of Defence

By far the greatest problem faced by the study team in the last year has been the release of military personnel address details by the Ministery of Defence (MOD). The MOD, as a governmental organisation, has little experience of conducting large-scale medical research or dealing with confidential material with non military and non governmental organisations, unlike the US Veterans Administration. The result of this was that they were very hesitant about releasing their confidential details to non military organisations. It took a long time to eventually obtain permission to have the address details, after agreeing to comply with numerous security issues. Having obtained permission from the Minister of the Armed Forces, there was a considerable delay in the permission filtering down through the hierarchy of the MOD. There was also delay whilst the MOD removed the names of members of the Special Forces, who, for policy and security reasons were excluded from these studies. Other

problems were encountered with those personnel whose addresses were listed in Northern Ireland (again for security reasons).

Quality of addresses obtained

The MOD has a key role to play in the collection and dissemination of the military personnel address details. When address information was received from the Data Analysis and Statistical Agency, the MOD had to ensure that certain individuals names were removed from the listing before they were provided to the study teams. In addition, the MOD had sole responsibility for removing from the list those individuals who were deceased. The latter involved liasing with the NHS-CR, again in collaboration with the other two study teams. This necessary screening procedure introduced delays into our research program, as the questionnaires could not be despatched before the addresses were received.

The study sample included military personnel from the three services, army, navy and air force. There was a marked lack of consistency across the forces in not only the quality of addresses that they supplied to the MOD, but also in the content of the addresses. For example inconsistent unit and administrative addresses were sometimes supplied, with no explanation. This lack of consistency introduced a level of uncertainty into the study, which had to be resolved before the mailing could take place.

The addresses were supplied in the form of a database: ACCESS for Windows 95,version 7 . This program was also used to produce necessary labels for mailing. Addresses have been supplied with a mixture of separated address fields, and long string variables which have to be manually converted into appropriate address fields. This process was not only time consuming, but served to highlight the incompleteness of the address fields. These issues had to be resolved such that the individuals identified by the random sampling for inclusion into the study in fact had a secure and reliable mailing addresses, and so received a questionnaire.

Office Space

It has been necessary to renovate offices to suite the security requirements specified by the MOD. This has been a lengthy procedure, necessitating negotiations with the King's College School of Medicine and Dentistry, in whose grounds we are located. However, the renovation work is nearing completion, and our Gulf War Illnesses Research Unit was relocated in September 1997.

An archive of published research is being compiled for reference and stored on site along with an electronic reference database.

Future planning

Once the first phase of the project is completed, individuals identified as "cases", along with appropriate comparison group, will be invited to attend for the second phase of the study. An application has been made to the Department of Defence for additional funding for this phase, which will include detailed invasive and non-invasive neurophysiological and neuropsychological tests.

Study Personnel

Study Co directors
Professor Simon Wessely MD.,
Professor Anthony David MD.

Military Advisor
Lieutenant Colonel John Graham

Statistician
Mr. Nick Blatchley

Study Co-ordinator
Ms Susan Ferry,
BSc, MSc Epidemiology

Research Assistant
Ms Lisa Hull
BSc Applied Psychology and Sociology

At the end of June 1997, Susan Ferry resigned as study Co-ordinator , and was replaced by Ms. Catherine Unwin (BSc Psychology, MSc Epidemiology).

Appendix

Questionnaires used in phase one of investigation.

Study Group	**Questionnaire Colour**
1. Gulf	Sandy
2. Bosnia	Blue
3. Era Controls	Green

King's College School of Medicine and Dentistry
Bessemer Road, London SE5 9PJ
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KING'S College LONDON
Founded 1829

HEALTH SURVEY OF MILITARY PERSONNEL

We are seeking your help to provide information for one of the largest studies of military health ever to be undertaken in the United Kingdom. We are carrying out research into the effects of serving in the Gulf War, Bosnia, and the Armed Forces as a whole, on United Kingdom military personnel. To do this we are sending a questionnaire to 13,000 current and former military personnel chosen at random. We will be asking about their health and military experiences. **This study is not funded by the MoD, and is independent of the MoD.** The MoD has given its cooperation to carry out the study, otherwise we would not be able to know who you are.

We would be most grateful if you could find 20 minutes to complete this questionnaire. IT IS IMPORTANT FOR US TO RECEIVE YOUR REPLY EVEN IF YOU DO NOT HAVE ANY HEALTH PROBLEMS OR IF YOU NO LONGER SERVE IN THE ARMED FORCES. A pen and envelope are provided for the easy completion and return of the questionnaire. The postage is already paid. **As a token of our appreciation, when we have received your completed questionnaire, you will have the opportunity to have your name entered in a £1,000 prize draw if you so wish.**

All the information collected will be treated in such a way that you will not, and never can be, identified by anyone other than the research team. It will be secured against all unauthorised access. Your responses are totally confidential and no third party will ever be allowed access to the data. We guarantee that the results of the study will be published when ready.

You are under no obligation whatsoever to take part in the study. Nevertheless, we must emphasise how vital your participation is to the understanding of the effects of military service on health. This will be of importance not just to you as an individual, but to military and former military personnel as a group and to others in the future.

If you have any concerns or questions, please write or telephone the Study Co-ordinator Catherine Unwin at the Gulf War Illnesses Research Unit, the phone number and address are at the top of this page. We will be pleased to try and answer any questions you have.

Thanking you in anticipation of your help.

Yours sincerely,

Professor Simon Wessely
Co-director

Professor Anthony David
Co-director

We would like a few background details first.

1. What is your date of birth? _____/_____/_____
   Date Month Year

2. Are you:

Male	☐[1]	Female	☐[2]

3. Do you consider yourself to be:

White	☐[1]	Pakistani	☐[6]
Black Caribbean	☐[2]	Bangladeshi	☐[7]
Black/African	☐[3]	Chinese	☐[8]
Black/other	☐[4]	Asian/other	☐[9]
Indian	☐[5]	Other	☐[10]

4. What is your current marital status?

Married	☐[1]	Separated	☐[4]
Living with partner	☐[2]	Divorced	☐[5]
Never married	☐[3]	Widowed	☐[6]

5. ***For females;***

   a) Have you ever been pregnant or ever tried to become pregnant?

Yes	☐[1]	No	☐[2]

   For males;

   b) Have you ever fathered a pregnancy or ever tried to father a child?

Yes	☐[1]	No	☐[2]

6. a) What is the highest level of education that you completed?

Left school before taking 'O' Levels/GCSE's	☐[1]
'O' levels/ GCSE's	☐[2]
'A' levels/Highers	☐[3]
Degree	☐[4]

   b) What qualifications have you gained since joining the military?

_____

_____

_____

7. a) Are you currently working:

Full-time	☐[1]
Part-time	☐[2]
Unemployed but seeking work	☐[3]
Not working because of ill health/ disability	☐[4]
Retired from the military	☐[5]
Retired from all work	☐[6]

b) What is your current/most recent occupation?

_____

_____

_____

8. Did a change in your health cause you to change your employment?

Yes ☐[1] No ☐[2]

We would now like to know some information about your lifestyle.

For our study a regular smoker is someone who has smoked at least one cigarette a day for at least one year.

9.a) Have you smoked more than 5 packets of cigarettes (5 x 20) in your lifetime?

Yes ☐[1] No ☐[2]

If YES, go to question 9b **If NO, go to question10a**

b) If **YES**, are you **currently** a regular smoker?

Yes ☐[1] No ☐[2]

If YES, go to question 9c **If NO, go to question 10a**

c) If **YES**, how many cigarettes do you smoke?

_____ cigarettes per day

Here are some questions about how much you drink.

10.a) On average, how many units (1 unit = half pint of beer or a glass of wine) of alcohol per week do you have?

None	☐[1]
1-3 units	☐[2]
4-10 units	☐[3]
11-20 units	☐[4]
21-30 units	☐[5]
More than 30 units	☐[6]

b) Have you changed your alcohol intake in the last five years?

No	☐[1]
Yes, increased	☐[2]
Yes, reduced	☐[3]

11. The following questions are about activities you might do during a typical day, and whether your health limits you in these activities.

Has your health limited you in:	No, not limited at all	Yes, limited a little	Yes, limited a lot
a) **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports (e.g. Football)?	☐1 (Please go to 11c)	☐2 (Please go to 11b)	☐3 (Please go to 11b)
b) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, ten-pin bowling, or swimming?	☐1	☐2	☐3
Lifting or carrying groceries?	☐1	☐2	☐3
Climbing **several** flights of stairs?	☐1	☐2	☐3
Climbing **one** flight of stairs?	☐1	☐2	☐3
Bending, kneeling, or stooping?	☐1	☐2	☐3
Walking **more than one mile?**	☐1	☐2	☐3
Walking 100 yards?	☐1	☐2	☐3
Bathing and dressing yourself?	☐1	☐2	☐3

c) In the past month, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

Not at all	☐1
Slightly	☐2
Moderately	☐3
Quite a bit	☐4
Extremely	☐5

d) 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?

	YES	NO
Cut down on the **amount of time** you spent on work or other activities	☐[1]	☐[2]
Accomplished less than you would like	☐[1]	☐[2]
Were limited in the **kind** of work or other activities	☐[1]	☐[2]
Had **difficulty** performing the work or other activities (eg. it took extra effort)	☐[1]	☐[2]

e) Please choose the answer that best describes how true or false each of the following statements are for you.

(Please tick one box on each line)

	Definitely true	Mostly true	Mostly false	Definitely false
I seem to get ill more easily than other people	☐[1]	☐[2]	☐[3]	☐[4]
I am as healthy as anybody I know	☐[1]	☐[2]	☐[3]	☐[4]
I expect my health to get worse	☐[1]	☐[2]	☐[3]	☐[4]
My health is excellent	☐[1]	☐[2]	☐[3]	☐[4]

f) Have you experienced a change in your functioning since the **GULF WAR**?

Yes ☐[1] No ☐[2] Not applicable ☐[3]

If YES, do you attribute this change to your service in the **GULF**?

Yes ☐[1] No ☐[2]

g) Have you experienced a change in your functioning since **BOSNIA**?

Yes ☐[1] No ☐[2] Not applicable ☐[3]

If YES, do you attribute this change to your service in **BOSNIA**?

Yes ☐[1] No ☐[2]

12. This section asks you about your military background.

a) When you joined the military-

i) were you in:	Army	Royal Marines	Royal Navy	Royal Air Force
	☐[1]	☐[2]	☐[3]	☐[4]
ii) were you a:	Regular	Regular Reservist	Volunteer Reservist (TA/RNR/ RRAF)	Other [4] (Please specify
	☐[1]	☐[2]	☐[3]	_____

iii) What was your substantive rank? _____

iv) Which Unit did you join? _____

v) Which Corps did you join? _____

b) If you were deployed to the GULF-

i) when you were deployed were you in:	Army	Royal Marines	Royal Navy	Royal Air Force
	☐[1]	☐[2]	☐[3]	☐[4]
ii) when you were deployed were you a:	Regular	Regular Reservist	Volunteer Reservist (TA/RNR/ RRAF)	Other [4] (Please specify
	☐[1]	☐[2]	☐[3]	_____

iii) What was your substantive rank on being deployed? _____

iv) Which Unit were you in on deployment? _____

v) Which Corps were you in on deployment? _____

c) If you were deployed to BOSNIA-

i) when you were deployed were you in:	Army	Royal Marines	Royal Navy	Royal Air Force
	☐[1]	☐[2]	☐[3]	☐[4]
ii) when you were deployed were you a:	Regular	Regular Reservist	Volunteer Reservist (TA/RNR/ RRAF)	Other [4] (Please specify
	☐[1]	☐[2]	☐[3]	_____

iii) What was your substantive rank on being deployed? _____

iv) Which Unit were you in on deployment? _____

v) Which Corps were you in on deployment? _____

d) **Are you still in the military?** Yes ☐[1] No ☐[2]

IF YES:

i) Are you in: Army ☐[1] Royal Marines ☐[2] Royal Navy ☐[3] Royal Air Force ☐[4]

ii) Are you a: Regular ☐[1] Regular Reservist ☐[2] Volunteer Reservist (TA/RNR/ RRAF) ☐[3] Other [4] (Please specif _____

iii) What is your substantive rank? _____

iv) Which Unit are you in? _____

v) Which Corps are you in? _____

If NO:

vi) Were you medically discharged? Yes ☐[1] No ☐[2]

vii) What was your substantive rank on leaving the military? _____

e) FOR EVERYONE TO ANSWER PLEASE.

i) Please state the number of years you have been or were in each of the following:

eg. Regular 3 Regular Reservist 0 Volunteer Reservist 0

Regular _____ Regular Reservist _____ Volunteer Reservist _____

ii) Did you deploy on; (Please tick all that apply)

OP Granby ☐[a]

OP Corporate ☐[b]

OP Hanwood ☐[c]

OP Grapple ☐[d] Which OP Grapple? _____ [d1]

Others ☐[e] Please specify _____

_____ [e1]

iii) How many tours to Northern Ireland have you been on?

None ☐

Number of tours _____

13. This section asks about your deployment to the GULF AND/ OR BOSNIA.

If you have been to one theatre, please fill out the appropriate column. If you have been to both the **GULF** and **BOSNIA** please complete **BOTH** columns.

	Please complete this column if you were deployed to the GULF.	**Please complete this column if you were deployed to BOSNIA.**
Were you:	Ordered to serve ☐[1] Volunteered to serve ☐[2]	Ordered to serve ☐[1] Volunteered to serve ☐[2]
Did you undertake pre-deployment training?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
Did you deploy;	With your complete unit ☐[1] As part of your unit ☐[2] As an individual ☐[3]	With your complete unit ☐[1] As part of your unit ☐[2] As an individual reinforcement ☐[3]
During your tour did you leave theatre?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
Before your deployment where were you based? (Please state nearest town)		
During your deployment where were you based? (Please tick all that apply)	Iraq ☐[a] Saudi Arabia ☐[b] Kuwait ☐[c] Other ☐[d] (Please specify) _____ [d1]	Split ☐[a] Tomislavgrad ☐[f] Kisseljac ☐[b] Gorazde ☐[g] Omis ☐[c] Gornji Vakuf ☐[h] Sarajevo ☐[d] Tuzla ☐[i] Ploce ☐[e] Other ☐[j] (Please specify) _____ [j1]
If in the Navy, which ship were you on?		
Where did you return after deployment? (Please state nearest town)		
How long did you spend in camp on your return before demobilising?	_____ days _____ weeks	_____ days _____ weeks
Did you take time off before returning to work? If **YES**, how long?	Yes ☐[1] No ☐[2] _____	Yes ☐[1] No ☐[2] _____

Continued.....

	Please complete this column if you were deployed to the GULF	Please complete this column if you were deployed to BOSNIA.
What was your primary duty?	Engaged in combat ☐[1] Combat support Signals ☐[2] Medical ☐[3] Logistics ☐[4] Staff duties ☐[5] Other ☐[6] (Please specify) _____	Engaged in combat ☐[1] Combat support Signals ☐[2] Medical ☐[3] Logistics ☐[4] Staff duties ☐[5] Other ☐[6] (Please specify _____
What were your specific duties?		
Where you involved in an "incident" at any time?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
If **YES**: What was it?		
What was your involvement in it?		
When was it? (Please specify an approximate date)		
For how long did the "incident" last? (Please specify an approximate length of time)		

Did any of the military actions you took, or didn't take, directly cause the death of another person? Yes ☐[1] No ☐[2]

If you were deployed to the Gulf, were you stationed within 30 miles of Khamisiyah at any time? Yes ☐[1] No ☐[2] Don't Know ☐[8]

Not applicable ☐

14. We would like to know about your experiences whilst in theatre.

Please tick whether you have **EVER** had any direct contact with, or were exposed to, any of the items listed below.
Indicate whether this was when you were in the **GULF** and/ or **BOSNIA**. If so, please estimate how often you were exposed and whether you had an adverse reaction to it.

	EVERYONE please complete this column		Please complete this column if you were deployed to the GULF					Please complete this column if you were deployed to BOSNIA					
	Have you EVER been in contact with? [a]		Were you in contact with this when you were in the GULF?[b]		If YES, how many times were you exposed to this item?[c]	Did you have an adverse reaction or feel unwell as a result of this experience? [d]		Were you in contact with this when you were in Bosnia? [b]		If YES, how many times were you exposed to this item? [c]	Did you have an adverse reaction or feel unwell as a result of this experience? [d]		
Example;	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes[1]	No[2]	
Smoke from oil well fires	☑	☐	☑	☐	5	☑	☐	☐	☑		☐	☐	
Burning rubbish or faeces	☑	☐	☑	☐	2	☐	☑	☑	☐	1	☐	☑	
Now please complete the table below.													
Smoke from oil well fires	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	1
Exhaust from heaters or generators (eg. Kerosene heaters)	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	2
Diesel and/or other petrochemical fumes	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	3
Diesel or other petrochemical fuel *on your skin*	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	4
Burning rubbish or faeces	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	5
CARC (Chemical Agent Resistant Compound) paint	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	6
Other paints, solvents, or petrochemical substances	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	7
Depleted uranium (DU)	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	8
Microwaves	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	9
Personal pesticides (e.g. creams, sprays, or flea collars)	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	10
Pesticides on your clothing or bedding	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	11
Chemical / Nerve gas attack	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	12
Mustard gas or other blistering agents	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	13
Food contaminated with smoke, oil, or other chemicals	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	14
Local food other than food provided by the Armed Forces	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	15

	EVERYONE please complete this column		Please complete this column if you were deployed to the GULF					Please complete this column if you were deployed to BOSNIA					
	Have you EVER been in contact with? [a]		Were you in contact with this when you were in the GULF? [b]		If YES, how many times were you exposed to this item? [c]	Did you have an adverse reaction or feel unwell as a result of this experience? [d]		Were you in contact with this when you were in BOSNIA[b]		If YES, how many times were you exposed to this item? [c]	Did you have an adverse reaction or feel unwell as a result of this experience? [d]		
	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes[1]	No[2]	
Dead animals	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	16
Bathe in or drink water contaminated with smoke, oil, or other chemicals	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	17
Bathe or swim in the local pond, or river	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	18
Suffer from heat cramps, heat exhaustion, heat stroke, or other heat illnesses	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	19
Suffer a combat related injury that required medical attention during your deployment	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	20
See any dismembered, burnt or otherwise disfigured bodies	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	21
See any maimed or seriously injured soldiers	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	22
Witness anyone dying	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	23
Wear NBC suits at times other than training	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	24
Have a SCUD missile explode in the air or on the ground within one mile of you	☐	☐	☐	☐		☐	☐	☐	☐				25
Have artillery, rockets, mortars, or anything else, other than SCUD missiles, explode in the air or on the ground close to you	☐	☐	☐	☐		☐	☐	☐	☐				26
Come under small arms fire	☐	☐	☐	☐		☐	☐	☐	☐				27
Hear chemical alarms sounding	☐	☐	☐	☐		☐	☐	☐	☐				28
Handle or come into contact with POWs/displaced refugees	☐	☐	☐	☐		☐	☐	☐	☐				29
Please give details of any other exposure or experience which you consider harmful or extremely stressful													30

15. In this section we would like some information about your medical treatment whilst in the GULF AND/ OR BOSNIA.

	Please complete this column if you were deployed to the GULF.	Please complete this column if you were deployed to BOSNIA.
Do you have a record of vaccinations you have been given?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
If YES, can you please refer to this record and complete the section below. **If NO, please do your best to remember what you have been given and complete the section below.** ***Please indicate if you have not received any vaccinations.***		
How many vaccinations did you receive during the 2 months before deployment?	_____ by injection _____ by mouth	_____ by injection _____ by mouth
Please list what each vaccination was for. eg. Tetanus, anthrax, etc.	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
During deployment how many vaccinations did you receive in theatre?	_____ by injection _____ by mouth	_____ by injection _____ by mouth
Please list what each vaccination was for.	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
Did you experience any side effects from the vaccinations?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
While in the military have you used NAPS (little white pills in foil packs), which are used to protect against nerve agents?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
If **YES;** how many days did you take NAPS?	_____ days	
In an average day, how many NAPS did you take?	_____ pills	
Whilst in the Gulf, did you suffer from "Saudi Flu"?	Yes ☐[1] No ☐[2]	

16. The section asks about health.

During the **PAST MONTH** have you suffered from any of the following symptoms. If so, please tick how bad it is and whether you **FIRST** had this symptom **BEFORE** or **AFTER** you served in the **GULF AND/ OR BOSNIA.**

	In the PAST MONTH, have you had? [a]		If YES, how bad is it? [b]			Did you FIRST have this symptom BEFORE or AFTER you went to the GULF? [c]		Did you FIRST have this symptom BEFORE or AFTER you went to BOSNIA? [d]		
SYMPTOMS	Yes[1]	No[2]	Mild[1]	Mod[2]	Severe[3]	Before[1]	After[2]	Before[1]	After[2]	
Chest pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	1
Headaches	☐	☐	☐	☐	☐	☐	☐	☐	☐	2
Rapid heartbeat	☐	☐	☐	☐	☐	☐	☐	☐	☐	3
Irritability/ outbursts of anger	☐	☐	☐	☐	☐	☐	☐	☐	☐	4
Unable to breathe deeply enough	☐	☐	☐	☐	☐	☐	☐	☐	☐	5
Faster breathing than normal	☐	☐	☐	☐	☐	☐	☐	☐	☐	6
Feeling short of breath at rest	☐	☐	☐	☐	☐	☐	☐	☐	☐	7
Wheezing	☐	☐	☐	☐	☐	☐	☐	☐	☐	8
Sleeping difficulties	☐	☐	☐	☐	☐	☐	☐	☐	☐	9
Feeling jumpy/easily startled	☐	☐	☐	☐	☐	☐	☐	☐	☐	10
Feeling unrefreshed after sleep	☐	☐	☐	☐	☐	☐	☐	☐	☐	11
Fatigue	☐	☐	☐	☐	☐	☐	☐	☐	☐	12
Double vision	☐	☐	☐	☐	☐	☐	☐	☐	☐	13
Intolerance to alcohol	☐	☐	☐	☐	☐	☐	☐	☐	☐	14
Itchy or painful eyes	☐	☐	☐	☐	☐	☐	☐	☐	☐	15
Shaking	☐	☐	☐	☐	☐	☐	☐	☐	☐	16
Tingling in fingers and arms	☐	☐	☐	☐	☐	☐	☐	☐	☐	17
Tingling in legs and arms	☐	☐	☐	☐	☐	☐	☐	☐	☐	18
Numbness or tingling in fingers or toes	☐	☐	☐	☐	☐	☐	☐	☐	☐	19
Feeling distant or cut off from others	☐	☐	☐	☐	☐	☐	☐	☐	☐	20
Constipation	☐	☐	☐	☐	☐	☐	☐	☐	☐	21
Flatulence or burping	☐	☐	☐	☐	☐	☐	☐	☐	☐	22
Stomach cramp	☐	☐	☐	☐	☐	☐	☐	☐	☐	23
Diarrhoea	☐	☐	☐	☐	☐	☐	☐	☐	☐	24
Dry mouth	☐	☐	☐	☐	☐	☐	☐	☐	☐	25

Continued.....

	In the PAST MONTH, have you had? [a]		If YES, how bad is it? [b]			Did you FIRST have this symptom BEFORE or AFTER you went to the GULF? [c]		Did you FIRST have this symptom BEFORE or AFTER you went to BOSNIA? [d]		
SYMPTOMS	Yes[1]	No[2]	Mild[1]	Mod[2]	Severe[3]	Before[1]	After[2]	Before[1]	After[2]	
Persistent cough	☐	☐	☐	☐	☐	☐	☐	☐	☐	26
Lump in throat	☐	☐	☐	☐	☐	☐	☐	☐	☐	27
Sore throat	☐	☐	☐	☐	☐	☐	☐	☐	☐	28
Forgetfulness	☐	☐	☐	☐	☐	☐	☐	☐	☐	29
Dizziness	☐	☐	☐	☐	☐	☐	☐	☐	☐	30
Feeling disorientated	☐	☐	☐	☐	☐	☐	☐	☐	☐	31
Loss of concentration	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Pain on passing urine	☐	☐	☐	☐	☐	☐	☐	☐	☐	33
Passing urine more often	☐	☐	☐	☐	☐	☐	☐	☐	☐	34
Burning sensation in the sex organs	☐	☐	☐	☐	☐	☐	☐	☐	☐	35
Loss of interest in sex	☐	☐	☐	☐	☐	☐	☐	☐	☐	36
Increased sensitivity to noise	☐	☐	☐	☐	☐	☐	☐	☐	☐	37
Increased sensitivity to light	☐	☐	☐	☐	☐	☐	☐	☐	☐	38
Ringing in the ears	☐	☐	☐	☐	☐	☐	☐	☐	☐	39
Avoiding doing things/ situations	☐	☐	☐	☐	☐	☐	☐	☐	☐	40
Pain, without swelling or redness, in several joints	☐	☐	☐	☐	☐	☐	☐	☐	☐	41
Joint stiffness	☐	☐	☐	☐	☐	☐	☐	☐	☐	42
Night sweats which soak the bedsheets	☐	☐	☐	☐	☐	☐	☐	☐	☐	43
Feeling feverish	☐	☐	☐	☐	☐	☐	☐	☐	☐	44
Loss or decrease in appetite	☐	☐	☐	☐	☐	☐	☐	☐	☐	45
Nausea	☐	☐	☐	☐	☐	☐	☐	☐	☐	46
Vomiting	☐	☐	☐	☐	☐	☐	☐	☐	☐	47
Distressing dreams	☐	☐	☐	☐	☐	☐	☐	☐	☐	48
Unintended weight gain greater than 10lbs	☐	☐	☐	☐	☐	☐	☐	☐	☐	49
Unintended weight loss greater than 10lbs	☐	☐	☐	☐	☐	☐	☐	☐	☐	50

If you have ticked **YES** to any of the symptoms listed;

(a) what do you think is wrong with you?

_____

_____

_____

_____

_____

_____

(b)

(Please complete this column if you were deployed to the GULF)	**(Please complete this column if you were deployed to BOSNIA)**
Do you think any of these symptoms have been caused by serving in the Gulf? Yes ☐[1] No ☐[2]	Do you think any of these symptoms have been caused by serving in Bosnia? Yes ☐[1] No ☐[2]
If **YES**, which ones? _____ _____ _____ _____ _____	If **YES**, which ones? _____ _____ _____ _____ _____

17. During the **PAST YEAR** did you have any of the following medical problems/ conditions? Please tick the appropriate box below. If **YES**, could you please tick whether you **FIRST** had this problem **BEFORE** or **AFTER** you went to the **GULF AND/ OR BOSNIA**.

	Have you had any of the following in the PAST YEAR?		If YES, did you FIRST have this problem BEFORE or AFTER you went to the GULF? (b)		If YES, did you FIRST have this problem BEFORE or AFTER you went to BOSNIA? (c)		
CONDITION	Yes[1]	No[2]	Before[1]	After[2]	Before[1]	After[2]	
High blood pressure	☐	☐	☐	☐	☐	☐	1
Heart disease	☐	☐	☐	☐	☐	☐	2
Stroke	☐	☐	☐	☐	☐	☐	3
Epilepsy	☐	☐	☐	☐	☐	☐	4
Migraines	☐	☐	☐	☐	☐	☐	5
Asthma	☐	☐	☐	☐	☐	☐	6
Loss of hearing	☐	☐	☐	☐	☐	☐	7
Bronchitis	☐	☐	☐	☐	☐	☐	8
Pneumonia	☐	☐	☐	☐	☐	☐	9
Tuberculosis (TB)	☐	☐	☐	☐	☐	☐	10
Malaria	☐	☐	☐	☐	☐	☐	11
Sinus problems	☐	☐	☐	☐	☐	☐	12
Ear infection	☐	☐	☐	☐	☐	☐	13
Stomach or duodenal ulcers	☐	☐	☐	☐	☐	☐	14
Colitis/ Crohn's disease	☐	☐	☐	☐	☐	☐	15
Yellow jaundice or Hepatitis	☐	☐	☐	☐	☐	☐	16
Cirrhosis of the liver	☐	☐	☐	☐	☐	☐	17
A thyroid problem	☐	☐	☐	☐	☐	☐	18
Diabetes	☐	☐	☐	☐	☐	☐	19
Kidney (renal) disease	☐	☐	☐	☐	☐	☐	20
Frequent bladder infections	☐	☐	☐	☐	☐	☐	21
Arthritis or rheumatism	☐	☐	☐	☐	☐	☐	22
Fibrositis or fibromyalgia	☐	☐	☐	☐	☐	☐	23
Back problems	☐	☐	☐	☐	☐	☐	24
Skin cancer	☐	☐	☐	☐	☐	☐	25
Any other kind of cancer	☐	☐	☐	☐	☐	☐	26
Please specify site of cancer _____							26a

Continued.....

	Have you had any of the following in the PAST YEAR? [a]		If YES, did you FIRST have this problem BEFORE or AFTER you went to the GULF? [b]		If YES, did you FIRST have this problem BEFORE or AFTER you went to BOSNIA? [c]		
CONDITION	Yes[1]	No[2]	Before[1]	After[2]	Before[1]	After[2]	
Chronic Fatigue Syndrome/ ME	☐	☐	☐	☐	☐	☐	27
Multiple chemical sensitivity or environmental illness	☐	☐	☐	☐	☐	☐	28
Yeast disease or candidiasis	☐	☐	☐	☐	☐	☐	29
Hayfever	☐	☐	☐	☐	☐	☐	30
Eczema or psoriasis	☐	☐	☐	☐	☐	☐	31
Dermatitis or any other skin problem	☐	☐	☐	☐	☐	☐	32
Any disease of the hair or scalp, including hair loss	☐	☐	☐	☐	☐	☐	33
Any disease of the genital organs	☐	☐	☐	☐	☐	☐	34
Subfertility	☐	☐	☐	☐	☐	☐	35
Sexual problems	☐	☐	☐	☐	☐	☐	36
FOR WOMEN ONLY; Premenstrual tension	☐	☐	☐	☐	☐	☐	37
Period problems	☐	☐	☐	☐	☐	☐	38
Miscarriages	☐	☐	☐	☐	☐	☐	39
Any other symptoms/ health conditions we have not mentioned? (Please specify) 1) _____			☐	☐	☐	☐	40
2) _____			☐	☐	☐	☐	41
3) _____			☐	☐	☐	☐	42
4) _____			☐	☐	☐	☐	43

18. We would now like to know whether any of the following smells or substances affect you, that is, bring about symptoms*.

*A symptom means your awareness of some discomfort or bothersome change, eg. sneezing, runny eyes, pain, swelling, nausea, or trouble concentrating. Please tick the appropriate box. If you have a symptom, please indicate if you had it **BEFORE** or **AFTER** you went to the **GULF AND/ OR BOSNIA**.

	Do any of the following cause you to have symptoms? [a]			If YES, did you FIRST have symptoms BEFORE or AFTER you went to the GULF? [b]		If YES, did you FIRST have symptoms BEFORE or AFTER you went to BOSNIA? [c]		
	Yes[1]	No[2]	Don't know[3]	Before[1]	After[2]	Before[1]	After[2]	
Smog or air pollution	☐	☐	☐	☐	☐	☐	☐	1
Cigarette smoke	☐	☐	☐	☐	☐	☐	☐	2
Vehicle exhaust or fumes	☐	☐	☐	☐	☐	☐	☐	3
Copiers or laser printers	☐	☐	☐	☐	☐	☐	☐	4
Newspapers, magazines, or other newsprint	☐	☐	☐	☐	☐	☐	☐	5
Pesticides, herbicides, insecticides, or fertilizers	☐	☐	☐	☐	☐	☐	☐	6
New office buildings or homes (eg. sealed windows)	☐	☐	☐	☐	☐	☐	☐	7
Carpeting or curtains	☐	☐	☐	☐	☐	☐	☐	8
Organic chemicals, solvents, glues, paints, or fuel	☐	☐	☐	☐	☐	☐	☐	9
Cosmetics, perfumes, hair spray, deodorants, nail polish, or soaps	☐	☐	☐	☐	☐	☐	☐	10
Anything else? (Please specify) _____				☐	☐	☐	☐	11

19. We would like to know whether or not you have been having any problems with feeling tired, weak or lacking in energy in the last few weeks.

Please answer **ALL** the questions simply by **underlining or circling** the answer which you think most nearly applies to you.

	1	2	3	4
Do you have problems with tiredness?	Less than usual	No more than usual	More than usual	Much more than usual
Do you need to rest more?	Less than usual	No more than usual	More than usual	Much more than usual
Do you feel sleepy or drowsy?	Less than usual	No more than usual	More than usual	Much more than usual
Do you have problems starting things?	Less than usual	No more than usual	More than usual	Much more than usual
Do you lack energy?	Less than usual	No more than usual	More than usual	Much more than usual
Do you have less strength in your muscles?	Less than usual	Same as usual	More than usual	Much more than usual
Do you feel weak?	Less than usual	Same as usual	More than usual	Much more than usual
Do you have difficulty concentrating?	Less than usual	Same as usual	Worse than usual	Much worse than usual
Do you make slips of the tongue when speaking?	Less than usual	No more than usual	Worse than usual	Much worse than usual
Do you find it more difficult to find the correct word?	Less than usual	No more than usual	Worse than usual	Much worse than usual
How is your memory?	Better than usual	No worse than usual	Worse than usual	Much worse than usual
Do your muscles hurt at rest?	Less than usual	No more than usual	Worse than usual	Much worse than usual
Do your muscles hurt after exercise?	Less than usual	No more than usual	Worse than usual	Much worse than usual

20. Here are some questions about aches and pains.

We would like you to think back over the **PAST MONTH**, then **PLEASE TICK ONE BOX FOR EACH QUESTION.**

a) During the **PAST MONTH** have you had any ache or pain which has lasted for one day or longer?

Yes ☐[1] No ☐[2]

If YES, please answer all the questions below. **If NO, please turn to question 21.**

b) Do you have any pain **NOW**?

Yes ☐[1] No ☐[2]

c) When did the pain start?

Less than 3 months ago ☐[1]
More than 3 months ago ☐[2]

d) What do you think has been the cause of your pain?

_____

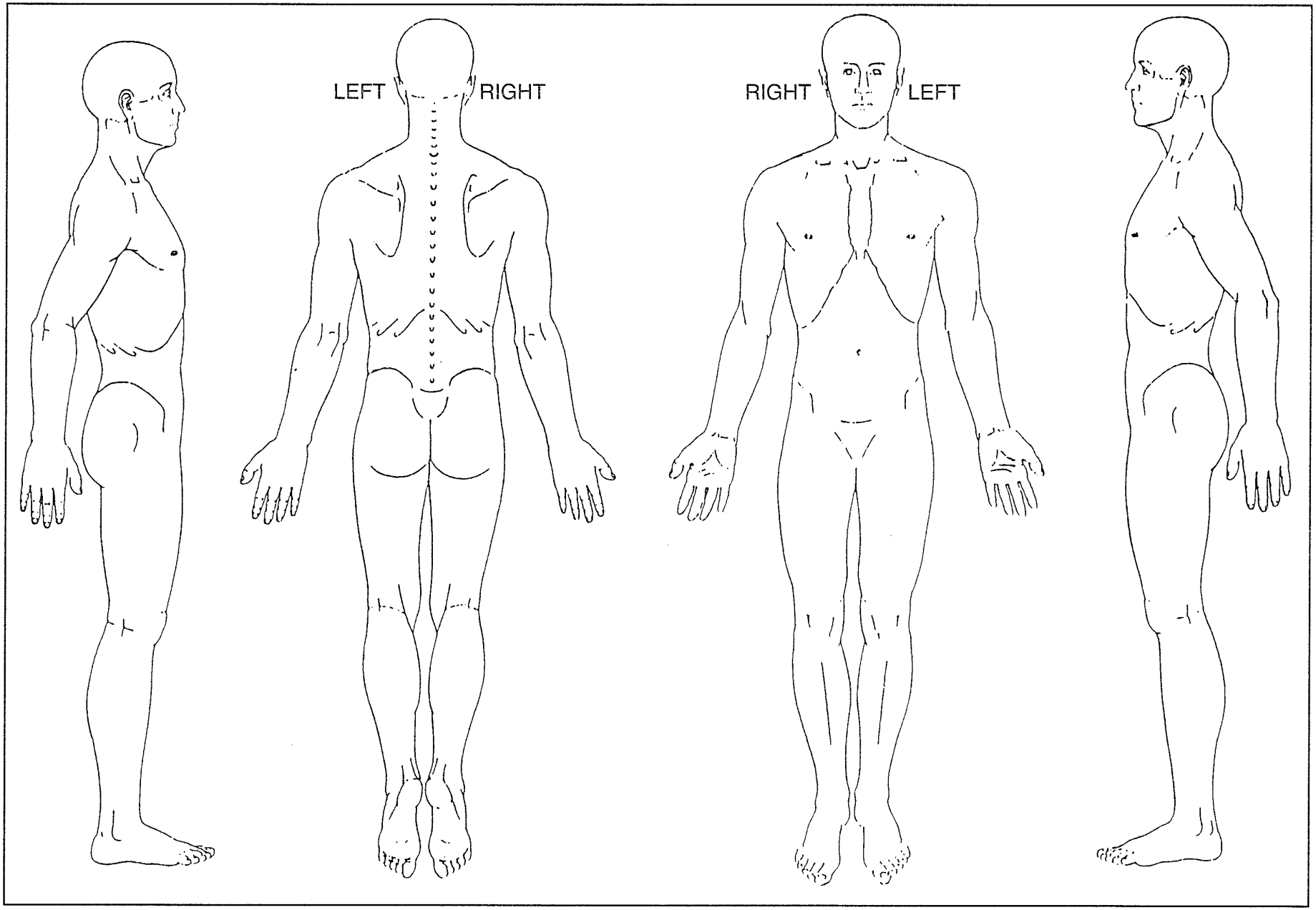
_____

_____

_____

OVER THE PAGE YOU WILL FIND FOUR DIAGRAMS OF THE BODY.

PLEASE SHADE IN THE DIAGRAMS WHERE YOU FELT OR FEEL THE ACHES AND PAINS.


LEFT
RIGHT
RIGHT
LEFT

21. Here are some general questions about your health

Please answer all the questions on the page by **underlining** or **circling** the answer you think most closely applies to you.

HAVE YOU RECENTLY:-

	1	2	3	4
Been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
Felt under constant strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
Felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
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
Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
Been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

22.a) Do you know people who are sick with "Gulf War Syndrome"?

Yes ☐[1] No ☐[2]

b) Do you think you have "Gulf War Syndrome"?

Yes ☐[1] No ☐[2] Not applicable ☐

c) Are there any other military experiences or exposures we haven't asked about which you think are important?

Yes ☐[1] No ☐[2]

If **YES**, can you briefly describe them

_____

_____

_____

_____

_____

_____

d) Are there other health concerns we haven't asked about which you think are important?

Yes ☐[1] No ☐[2]

If **YES**, can you briefly describe them

_____

_____

_____

_____

_____

_____

e) In general, would you say your health is:

Excellent	☐[1]
Very good	☐[2]
Good	☐[3]
Fair	☐[4]
Poor	☐[5]

23. If there is anything you would like to add please do so below:

ONCE THE STUDY TEAM HAS RECEIVED YOUR QUESTIONNAIRE THIS PAGE WILL BE DETACHED TO ENSURE CONFIDENTIALITY

It would be useful if we could contact you in the future. We would be grateful if you could indicate in the box below a preferred contact address, time, and telephone number. Thank you.

Name:	
Address:	
Post code:	

Telephone No:		
	Dialing code	Number

Contact time: Daytime ☐ Evening ☐ Anytime ☐

Signature:	

The medical research team may wish to access your medical records. If you wish to prevent such access, please indicate below.

I refuse the research team access to my medical records ☐

We are very grateful for your assistance in completing this questionnaire. As a token of our gratitude, we are offering you the opportunity to have your name entered in a £1000 prize draw. If you do not want your name entered in the prize draw, please tick the box below.

I do not want my name entered in the prize draw ☐

Before returning the questionnaire in the envelope provided, could you please check that all the questions have been answered.

FINALLY, THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE

King's College School of Medicine and Dentistry
Bessemer Road, London SE5 9PJ
Telephone/Facsimile - 0171 737 5267

KING'S College LONDON
Founded 1829

HEALTH SURVEY OF MILITARY PERSONNEL

We are seeking your help to provide information for one of the largest studies of military health ever to be undertaken in the United Kingdom. We are carrying out research into the effects of serving in the Gulf War, Bosnia, and the Armed Forces as a whole, on United Kingdom military personnel. To do this we are sending a questionnaire to 13,000 current and former military personnel chosen at random. We will be asking about their health and military experiences. **This study is not funded by the MoD, and is independent of the MoD.** The MoD has given its cooperation to carry out the study, otherwise we would not be able to know who you are.

We would be most grateful if you could find 20 minutes to complete this questionnaire. IT IS IMPORTANT FOR US TO RECEIVE YOUR REPLY EVEN IF YOU DO NOT HAVE ANY HEALTH PROBLEMS OR IF YOU NO LONGER SERVE IN THE ARMED FORCES. A pen and envelope are provided for the easy completion and return of the questionnaire. The postage is already paid. **As a token of our appreciation, when we have received your completed questionnaire, you will have the opportunity to have your name entered in a £1,000 prize draw if you so wish.**

All the information collected will be treated in such a way that you will not, and never can be, identified by anyone other than the research team. It will be secured against all unauthorised access. Your responses are totally confidential and no third party will ever be allowed access to the data. We guarantee that the results of the study will be published when ready.

You are under no obligation whatsoever to take part in the study. Nevertheless, we must emphasise how vital your participation is to the understanding of the effects of military service on health. This will be of importance not just to you as an individual, but to military and former military personnel as a group and to others in the future.

If you have any concerns or questions, please write or telephone the Study Co-ordinator Catherine Unwin at the Gulf War Illnesses Research Unit, the phone number and address are at the top of this page. We will be pleased to try and answer any questions you have.

Thanking you in anticipation of your help.

Yours sincerely,

Professor Simon Wessely
Co-director

Professor Anthony David
Co-director

We would like a few background details first.

1. What is your date of birth? _____/_____/_____
   Date Month Year

2. Are you:

Male	☐[1]	Female	☐[2]

3. Do you consider yourself to be:

White	☐[1]	Pakistani	☐[6]
Black Caribbean	☐[2]	Bangladeshi	☐[7]
Black/African	☐[3]	Chinese	☐[8]
Black/other	☐[4]	Asian/other	☐[9]
Indian	☐[5]	Other	☐[10]

4. What is your current marital status?

Married	☐[1]	Separated	☐[4]
Living with partner	☐[2]	Divorced	☐[5]
Never married	☐[3]	Widowed	☐[6]

5. ***For females;***

   a) Have you ever been pregnant or ever tried to become pregnant?

Yes	☐[1]	No	☐[2]

   For males;

   b) Have you ever fathered a pregnancy or ever tried to father a child?

Yes	☐[1]	No	☐[2]

6. a) What is the highest level of education that you completed?

Left school before taking 'O' Levels/GCSE's	☐[1]
'O' levels/ GCSE's	☐[2]
'A' levels/Highers	☐[3]
Degree	☐[4]

   b) What qualifications have you gained since joining the military?

_____

_____

_____

7. a) Are you currently working:

Full-time	☐[1]
Part-time	☐[2]
Unemployed but seeking work	☐[3]
Not working because of ill health/ disability	☐[4]
Retired from the military	☐[5]
Retired from all work	☐[6]

b) What is your current/most recent occupation?

_____

_____

_____

8. Did a change in your health cause you to change your employment?

Yes ☐[1] No ☐[2]

We would now like to know some information about your lifestyle.

For our study a regular smoker is someone who has smoked at least one cigarette a day for at least one year.

9.a) Have you smoked more than 5 packets of cigarettes (5 x 20) in your lifetime?

Yes ☐[1] No ☐[2]

If YES, go to question 9b **If NO, go to question10a**

b) If **YES**, are you **currently** a regular smoker?

Yes ☐[1] No ☐[2]

If YES, go to question 9c **If NO, go to question 10a**

c) If **YES**, how many cigarettes do you smoke?

_____ cigarettes per day

Here are some questions about how much you drink.

10.a) On average, how many units (1 unit = half pint of beer or a glass of wine) of alcohol per week do you have?

None	☐[1]
1-3 units	☐[2]
4-10 units	☐[3]
11-20 units	☐[4]
21-30 units	☐[5]
More than 30 units	☐[6]

b) Have you changed your alcohol intake in the last five years?

No	☐[1]
Yes, increased	☐[2]
Yes, reduced	☐[3]

11. The following questions are about activities you might do during a typical day, and whether your health limits you in these activities.

Has your health limited you in:	No, not limited at all	Yes, limited a little	Yes, limited a lot
a) **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports (e.g. Football)?	☐1 **(Please go to 11c)**	☐2 **(Please go to 11b)**	☐3 **(Please go to 11b)**
b) **Moderate activities,** such as moving a table, pushing a vacuum cleaner, ten-pin bowling, or swimming?	☐1	☐2	☐3
Lifting or carrying groceries?	☐1	☐2	☐3
Climbing **several** flights of stairs?	☐1	☐2	☐3
Climbing **one** flight of stairs?	☐1	☐2	☐3
Bending, kneeling, or stooping?	☐1	☐2	☐3
Walking **more than one mile?**	☐1	☐2	☐3
Walking 100 yards?	☐1	☐2	☐3
Bathing and dressing yourself?	☐1	☐2	☐3

c) In the past month, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

Not at all	☐1
Slightly	☐2
Moderately	☐3
Quite a bit	☐4
Extremely	☐5

d) 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?

	YES	NO
Cut down on the **amount of time** you spent on work or other activities	☐[1]	☐[2]
Accomplished less than you would like	☐[1]	☐[2]
Were limited in the **kind** of work or other activities	☐[1]	☐[2]
Had **difficulty** performing the work or other activities (eg. it took extra effort)	☐[1]	☐[2]

e) Please choose the answer that best describes how true or false each of the following statements are for you.

(Please tick one box on each line)

	Definitely true	Mostly true	Mostly false	Definitely false
I seem to get ill more easily than other people	☐[1]	☐[2]	☐[3]	☐[4]
I am as healthy as anybody I know	☐[1]	☐[2]	☐[3]	☐[4]
I expect my health to get worse	☐[1]	☐[2]	☐[3]	☐[4]
My health is excellent	☐[1]	☐[2]	☐[3]	☐[4]

f) Have you experienced a change in your functioning since the **GULF WAR**?

Yes ☐[1] No ☐[2] Not applicable ☐[3]

If YES, do you attribute this change to your service in the **GULF**?

Yes ☐[1] No ☐[2]

g) Have you experienced a change in your functioning since **BOSNIA**?

Yes ☐[1] No ☐[2] Not applicable ☐[3]

If YES, do you attribute this change to your service in **BOSNIA**?

Yes ☐[1] No ☐[2]

12. This section asks you about your military background.

a) When you joined the military-

i) were you in:	Army	Royal Marines	Royal Navy	Royal Air Force
	☐[1]	☐[2]	☐[3]	☐[4]
ii) were you a:	Regular	Regular Reservist	Volunteer Reservist (TA/RNR/ RRAF)	Other [4] (Please specify
	☐[1]	☐[2]	☐[3]	_____

iii) What was your substantive rank? _____

iv) Which Unit did you join? _____

v) Which Corps did you join? _____

b) If you were deployed to the GULF-

i) when you were deployed were you in:	Army	Royal Marines	Royal Navy	Royal Air Force
	☐[1]	☐[2]	☐[3]	☐[4]
ii) when you were deployed were you a:	Regular	Regular Reservist	Volunteer Reservist (TA/RNR/ RRAF)	Other [4] (Please specify
	☐[1]	☐[2]	☐[3]	_____

iii) What was your substantive rank on being deployed? _____

iv) Which Unit were you in on deployment? _____

v) Which Corps were you in on deployment? _____

c) If you were deployed to BOSNIA-

i) when you were deployed were you in:	Army	Royal Marines	Royal Navy	Royal Air Force
	☐[1]	☐[2]	☐[3]	☐[4]
ii) when you were deployed were you a:	Regular	Regular Reservist	Volunteer Reservist (TA/RNR/ RRAF)	Other [4] (Please specify
	☐[1]	☐[2]	☐[3]	_____

iii) What was your substantive rank on being deployed? _____

iv) Which Unit were you in on deployment? _____

v) Which Corps were you in on deployment? _____

d) Are you still in the military? Yes ☐[1] No ☐[2]

IF YES:

i) Are you in: Army ☐[1] Royal Marines ☐[2] Royal Navy ☐[3] Royal Air Force ☐[4]

ii) Are you a: Regular ☐[1] Regular Reservist ☐[2] Volunteer Reservist (TA/RNR/ RRAF) ☐[3] Other [4] (Please specif _____

iii) What is your substantive rank? _____

iv) Which Unit are you in? _____

v) Which Corps are you in? _____

If NO:

vi) Were you medically discharged? Yes ☐[1] No ☐[2]

vii) What was your substantive rank on leaving the military? _____

e) FOR EVERYONE TO ANSWER PLEASE.

i) Please state the number of years you have been or were in each of the following:

eg. Regular 3 Regular Reservist 0 Volunteer Reservist 0

Regular _____ Regular Reservist _____ Volunteer Reservist _____

ii) Did you deploy on; (Please tick all that apply)

OP Granby ☐[a]

OP Corporate ☐[b]

OP Hanwood ☐[c]

OP Grapple ☐[d] Which OP Grapple? _____ d1

Others ☐[e] Please specify _____

_____ e1

iii) How many tours to Northern Ireland have you been on?

None ☐

Number of tours _____

13. This section asks about your deployment to the GULF AND/ OR BOSNIA.

If you have been to one theatre, please fill out the appropriate column. If you have been to both the **GULF** and **BOSNIA** please complete **BOTH** columns.

	Please complete this column if you were deployed to the GULF.	**Please complete this column if you were deployed to BOSNIA.**
Were you:	Ordered to serve ☐[1] Volunteered to serve ☐[2]	Ordered to serve ☐[1] Volunteered to serve ☐[2]
Did you undertake pre-deployment training?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
Did you deploy;	With your complete unit ☐[1] As part of your unit ☐[2] As an individual ☐[3]	With your complete unit ☐[1] As part of your unit ☐[2] As an individual reinforcement ☐[3]
During your tour did you leave theatre?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
Before your deployment where were you based? (Please state nearest town)		
During your deployment where were you based? (Please tick all that apply)	Iraq ☐[a] Saudi Arabia ☐[b] Kuwait ☐[c] Other ☐[d] (Please specify) _____ [d1]	Split ☐[a] Tomislavgrad ☐[f] Kisseljac ☐[b] Gorazde ☐[g] Omis ☐[c] Gornji Vakuf ☐[h] Sarajevo ☐[d] Tuzla ☐[i] Ploce ☐[e] Other ☐[j] (Please specify) _____ [j1]
If in the Navy, which ship were you on?		
Where did you return after deployment? (Please state nearest town)		
How long did you spend in camp on your return before demobilising?	_____ days _____ weeks	_____ days _____ weeks
Did you take time off before returning to work? If **YES**, how long?	Yes ☐[1] No ☐[2] _____	Yes ☐[1] No ☐[2] _____

Continued.....

	Please complete this column if you were deployed to the GULF	Please complete this column if you were deployed to BOSNIA.
What was your primary duty?	Engaged in combat ☐[1] Combat support Signals ☐[2] Medical ☐[3] Logistics ☐[4] Staff duties ☐[5] Other ☐[6] (Please specify) _____	Engaged in combat ☐[1] Combat support Signals ☐[2] Medical ☐[3] Logistics ☐[4] Staff duties ☐[5] Other ☐[6] (Please specify _____
What were your specific duties?		
Where you involved in an "incident" at any time?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
If **YES**: What was it?		
What was your involvement in it?		
When was it? (Please specify an approximate date)		
For how long did the "incident" last? (Please specify an approximate length of time)		

Did any of the military actions you took, or didn't take, directly cause the death of another person? Yes ☐[1] No ☐[2]

If you were deployed to the Gulf, were you stationed within 30 miles of Khamisiyah at any time? Yes ☐[1] No ☐[2] Don't Know ☐[8]

Not applicable ☐

14. We would like to know about your experiences whilst in theatre.

Please tick whether you have **EVER** had any direct contact with, or were exposed to, any of the items listed below.
Indicate whether this was when you were in the **GULF** and/ or **BOSNIA**. If so, please estimate how often you were exposed and whether you had an adverse reaction to it.

	EVERYONE please complete this column		Please complete this column if you were deployed to the GULF					Please complete this column if you were deployed to BOSNIA				
	Have you EVER been in contact with? [a]		Were you in contact with this when you were in the GULF?[b]		If YES, how many times were you exposed to this item?[c]	Did you have an adverse reaction or feel unwell as a result of this experience? [d]		Were you in contact with this when you were in Bosnia? [b]		If YES, how many times were you exposed to this item? [c]	Did you have an adverse reaction or feel unwell as a result of this experience? [d]	
Example;	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes[1]	No[2]
Smoke from oil well fires	☑	☐	☑	☐	5	☑	☐	☐	☑		☐	☐
Burning rubbish or faeces	☑	☐	☑	☐	2	☐	☑	☑	☐	1	☐	☑
Now please complete the table below.												
Smoke from oil well fires	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Exhaust from heaters or generators (eg. Kerosene heaters)	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Diesel and/or other petrochemical fumes	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Diesel or other petrochemical fuel *on your skin*	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Burning rubbish or faeces	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
CARC (Chemical Agent Resistant Compound) paint	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Other paints, solvents, or petrochemical substances	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Depleted uranium (DU)	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Microwaves	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Personal pesticides (e.g. creams, sprays, or flea collars)	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Pesticides on your clothing or bedding	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Chemical / Nerve gas attack	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Mustard gas or other blistering agents	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Food contaminated with smoke, oil, or other chemicals	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐
Local food other than food provided by the Armed Forces	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐

	EVERYONE please complete this column		Please complete this column if you were deployed to the GULF					Please complete this column if you were deployed to BOSNIA					
	Have you EVER been in contact with? [a]		Were you in contact with this when you were in the GULF? [b]		If YES, how many times were you exposed to this item? [c]	Did you have an adverse reaction or feel unwell as a result of this experience? [d]		Were you in contact with this when you were in BOSNIA[b]		If YES, how many times were you exposed to this item? [c]	Did you have an adverse reaction or feel unwell as a result of this experience? [d]		
	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes[1]	No[2]	
Dead animals	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	16
Bathe in or drink water contaminated with smoke, oil, or other chemicals	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	17
Bathe or swim in the local pond, or river	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	18
Suffer from heat cramps, heat exhaustion, heat stroke, or other heat illnesses	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	19
Suffer a combat related injury that required medical attention during your deployment	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	20
See any dismembered, burnt or otherwise disfigured bodies	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	21
See any maimed or seriously injured soldiers	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	22
Witness anyone dying	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	23
Wear NBC suits at times other than training	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	24
Have a SCUD missile explode in the air or on the ground within one mile of you	☐	☐	☐	☐		☐	☐	☐	☐				25
Have artillery, rockets, mortars, or anything else, other than SCUD missiles, explode in the air or on the ground close to you	☐	☐	☐	☐		☐	☐	☐	☐				26
Come under small arms fire	☐	☐	☐	☐		☐	☐	☐	☐				27
Hear chemical alarms sounding	☐	☐	☐	☐		☐	☐	☐	☐				28
Handle or come into contact with POWs/displaced refugees	☐	☐	☐	☐		☐	☐	☐	☐				29
Please give details of any other exposure or experience which you consider harmful or extremely stressful			_____ _____ _____ _____ _____					_____ _____ _____ _____ _____					30

15. In this section we would like some information about your medical treatment whilst in the GULF AND/ OR BOSNIA.

	Please complete this column if you were deployed to the GULF.	Please complete this column if you were deployed to BOSNIA.
Do you have a record of vaccinations you have been given?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
If YES, can you please refer to this record and complete the section below. **If NO, please do your best to remember what you have been given and complete the section below.** ***Please indicate if you have not received any vaccinations.***		
How many vaccinations did you receive during the 2 months before deployment?	_____ by injection _____ by mouth	_____ by injection _____ by mouth
Please list what each vaccination was for. eg. Tetanus, anthrax, etc.	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
During deployment how many vaccinations did you receive in theatre?	_____ by injection _____ by mouth	_____ by injection _____ by mouth
Please list what each vaccination was for.	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
Did you experience any side effects from the vaccinations?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
While in the military have you used NAPS (little white pills in foil packs), which are used to protect against nerve agents?	Yes ☐[1] No ☐[2]	Yes ☐[1] No ☐[2]
If **YES;** how many days did you take NAPS?	_____ days	
In an average day, how many NAPS did you take?	_____ pills	
Whilst in the Gulf, did you suffer from "Saudi Flu"?	Yes ☐[1] No ☐[2]	

16. The section asks about health.

During the **PAST MONTH** have you suffered from any of the following symptoms. If so, please tick how bad it is and whether you **FIRST** had this symptom **BEFORE** or **AFTER** you served in the **GULF AND/ OR BOSNIA.**

	In the PAST MONTH, have you had? [a]		If YES, how bad is it? [b]			Did you FIRST have this symptom BEFORE or AFTER you went to the GULF? [c]		Did you FIRST have this symptom BEFORE or AFTER you went to BOSNIA? [d]		
SYMPTOMS	**Yes[1]**	**No[2]**	**Mild[1]**	**Mod[2]**	**Severe[3]**	**Before[1]**	**After[2]**	**Before[1]**	**After[2]**	
Chest pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	1
Headaches	☐	☐	☐	☐	☐	☐	☐	☐	☐	2
Rapid heartbeat	☐	☐	☐	☐	☐	☐	☐	☐	☐	3
Irritability/ outbursts of anger	☐	☐	☐	☐	☐	☐	☐	☐	☐	4
Unable to breathe deeply enough	☐	☐	☐	☐	☐	☐	☐	☐	☐	5
Faster breathing than normal	☐	☐	☐	☐	☐	☐	☐	☐	☐	6
Feeling short of breath at rest	☐	☐	☐	☐	☐	☐	☐	☐	☐	7
Wheezing	☐	☐	☐	☐	☐	☐	☐	☐	☐	8
Sleeping difficulties	☐	☐	☐	☐	☐	☐	☐	☐	☐	9
Feeling jumpy/easily startled	☐	☐	☐	☐	☐	☐	☐	☐	☐	10
Feeling unrefreshed after sleep	☐	☐	☐	☐	☐	☐	☐	☐	☐	11
Fatigue	☐	☐	☐	☐	☐	☐	☐	☐	☐	12
Double vision	☐	☐	☐	☐	☐	☐	☐	☐	☐	13
Intolerance to alcohol	☐	☐	☐	☐	☐	☐	☐	☐	☐	14
Itchy or painful eyes	☐	☐	☐	☐	☐	☐	☐	☐	☐	15
Shaking	☐	☐	☐	☐	☐	☐	☐	☐	☐	16
Tingling in fingers and arms	☐	☐	☐	☐	☐	☐	☐	☐	☐	17
Tingling in legs and arms	☐	☐	☐	☐	☐	☐	☐	☐	☐	18
Numbness or tingling in fingers or toes	☐	☐	☐	☐	☐	☐	☐	☐	☐	19
Feeling distant or cut off from others	☐	☐	☐	☐	☐	☐	☐	☐	☐	20
Constipation	☐	☐	☐	☐	☐	☐	☐	☐	☐	21
Flatulence or burping	☐	☐	☐	☐	☐	☐	☐	☐	☐	22
Stomach cramp	☐	☐	☐	☐	☐	☐	☐	☐	☐	23
Diarrhoea	☐	☐	☐	☐	☐	☐	☐	☐	☐	24
Dry mouth	☐	☐	☐	☐	☐	☐	☐	☐	☐	25

Continued.....

	In the PAST MONTH, have you had? [a]		If YES, how bad is it? [b]			Did you FIRST have this symptom BEFORE or AFTER you went to the GULF? [c]		Did you FIRST have this symptom BEFORE or AFTER you went to BOSNIA? [d]		
SYMPTOMS	**Yes[1]**	**No[2]**	**Mild[1]**	**Mod[2]**	**Severe[3]**	**Before[1]**	**After[2]**	**Before[1]**	**After[2]**	
Persistent cough	☐	☐	☐	☐	☐	☐	☐	☐	☐	26
Lump in throat	☐	☐	☐	☐	☐	☐	☐	☐	☐	27
Sore throat	☐	☐	☐	☐	☐	☐	☐	☐	☐	28
Forgetfulness	☐	☐	☐	☐	☐	☐	☐	☐	☐	29
Dizziness	☐	☐	☐	☐	☐	☐	☐	☐	☐	30
Feeling disorientated	☐	☐	☐	☐	☐	☐	☐	☐	☐	31
Loss of concentration	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Pain on passing urine	☐	☐	☐	☐	☐	☐	☐	☐	☐	33
Passing urine more often	☐	☐	☐	☐	☐	☐	☐	☐	☐	34
Burning sensation in the sex organs	☐	☐	☐	☐	☐	☐	☐	☐	☐	35
Loss of interest in sex	☐	☐	☐	☐	☐	☐	☐	☐	☐	36
Increased sensitivity to noise	☐	☐	☐	☐	☐	☐	☐	☐	☐	37
Increased sensitivity to light	☐	☐	☐	☐	☐	☐	☐	☐	☐	38
Ringing in the ears	☐	☐	☐	☐	☐	☐	☐	☐	☐	39
Avoiding doing things/ situations	☐	☐	☐	☐	☐	☐	☐	☐	☐	40
Pain, without swelling or redness, in several joints	☐	☐	☐	☐	☐	☐	☐	☐	☐	41
Joint stiffness	☐	☐	☐	☐	☐	☐	☐	☐	☐	42
Night sweats which soak the bedsheets	☐	☐	☐	☐	☐	☐	☐	☐	☐	43
Feeling feverish	☐	☐	☐	☐	☐	☐	☐	☐	☐	44
Loss or decrease in appetite	☐	☐	☐	☐	☐	☐	☐	☐	☐	45
Nausea	☐	☐	☐	☐	☐	☐	☐	☐	☐	46
Vomiting	☐	☐	☐	☐	☐	☐	☐	☐	☐	47
Distressing dreams	☐	☐	☐	☐	☐	☐	☐	☐	☐	48
Unintended weight gain greater than 10lbs	☐	☐	☐	☐	☐	☐	☐	☐	☐	49
Unintended weight loss greater than 10lbs	☐	☐	☐	☐	☐	☐	☐	☐	☐	50

If you have ticked **YES** to any of the symptoms listed;

(a) what do you think is wrong with you?

_____

_____

_____

_____

_____

_____

(b)

(Please complete this column if you were deployed to the GULF)	**(Please complete this column if you were deployed to BOSNIA)**
Do you think any of these symptoms have been caused by serving in the Gulf? Yes ☐[1] No ☐[2]	Do you think any of these symptoms have been caused by serving in Bosnia? Yes ☐[1] No ☐[2]
If **YES**, which ones? _____ _____ _____ _____ _____	If **YES**, which ones? _____ _____ _____ _____ _____

17. During the **PAST YEAR** did you have any of the following medical problems/ conditions? Please tick the appropriate box below. If **YES**, could you please tick whether you **FIRST** had this problem **BEFORE** or **AFTER** you went to the **GULF AND/ OR BOSNIA**.

	Have you had any of the following in the PAST YEAR?		If YES, did you FIRST have this problem BEFORE or AFTER you went to the GULF? [b]		If YES, did you FIRST have this problem BEFORE or AFTER you went to BOSNIA? [c]		
CONDITION	**Yes[1]**	**No[2]**	**Before[1]**	**After[2]**	**Before[1]**	**After[2]**	
High blood pressure	☐	☐	☐	☐	☐	☐	1
Heart disease	☐	☐	☐	☐	☐	☐	2
Stroke	☐	☐	☐	☐	☐	☐	3
Epilepsy	☐	☐	☐	☐	☐	☐	4
Migraines	☐	☐	☐	☐	☐	☐	5
Asthma	☐	☐	☐	☐	☐	☐	6
Loss of hearing	☐	☐	☐	☐	☐	☐	7
Bronchitis	☐	☐	☐	☐	☐	☐	8
Pneumonia	☐	☐	☐	☐	☐	☐	9
Tuberculosis (TB)	☐	☐	☐	☐	☐	☐	10
Malaria	☐	☐	☐	☐	☐	☐	11
Sinus problems	☐	☐	☐	☐	☐	☐	12
Ear infection	☐	☐	☐	☐	☐	☐	13
Stomach or duodenal ulcers	☐	☐	☐	☐	☐	☐	14
Colitis/ Crohn's disease	☐	☐	☐	☐	☐	☐	15
Yellow jaundice or Hepatitis	☐	☐	☐	☐	☐	☐	16
Cirrhosis of the liver	☐	☐	☐	☐	☐	☐	17
A thyroid problem	☐	☐	☐	☐	☐	☐	18
Diabetes	☐	☐	☐	☐	☐	☐	19
Kidney (renal) disease	☐	☐	☐	☐	☐	☐	20
Frequent bladder infections	☐	☐	☐	☐	☐	☐	21
Arthritis or rheumatism	☐	☐	☐	☐	☐	☐	22
Fibrositis or fibromyalgia	☐	☐	☐	☐	☐	☐	23
Back problems	☐	☐	☐	☐	☐	☐	24
Skin cancer	☐	☐	☐	☐	☐	☐	25
Any other kind of cancer	☐	☐	☐	☐	☐	☐	26
Please specify site of cancer _____							26a

Continued.....

	Have you had any of the following in the PAST YEAR? [a]		If YES, did you FIRST have this problem BEFORE or AFTER you went to the GULF? [b]		If YES, did you FIRST have this problem BEFORE or AFTER you went to BOSNIA? [c]		
CONDITION	**Yes[1]**	**No[2]**	**Before[1]**	**After[2]**	**Before[1]**	**After[2]**	
Chronic Fatigue Syndrome/ ME	☐	☐	☐	☐	☐	☐	27
Multiple chemical sensitivity or environmental illness	☐	☐	☐	☐	☐	☐	28
Yeast disease or candidiasis	☐	☐	☐	☐	☐	☐	29
Hayfever	☐	☐	☐	☐	☐	☐	30
Eczema or psoriasis	☐	☐	☐	☐	☐	☐	31
Dermatitis or any other skin problem	☐	☐	☐	☐	☐	☐	32
Any disease of the hair or scalp, including hair loss	☐	☐	☐	☐	☐	☐	33
Any disease of the genital organs	☐	☐	☐	☐	☐	☐	34
Subfertility	☐	☐	☐	☐	☐	☐	35
Sexual problems	☐	☐	☐	☐	☐	☐	36
FOR WOMEN ONLY; Premenstrual tension	☐	☐	☐	☐	☐	☐	37
Period problems	☐	☐	☐	☐	☐	☐	38
Miscarriages	☐	☐	☐	☐	☐	☐	39
Any other symptoms/ health conditions we have not mentioned? (Please specify) 1) _____			☐	☐	☐	☐	40
2) _____			☐	☐	☐	☐	41
3) _____			☐	☐	☐	☐	42
4) _____			☐	☐	☐	☐	43

18. We would now like to know whether any of the following smells or substances affect you, that is, bring about symptoms*.

*A symptom means your awareness of some discomfort or bothersome change, eg. sneezing, runny eyes, pain, swelling, nausea, or trouble concentrating. Please tick the appropriate box. If you have a symptom, please indicate if you had it **BEFORE** or **AFTER** you went to the **GULF AND/ OR BOSNIA**.

	Do any of the following cause you to have symptoms? [a]			If YES, did you FIRST have symptoms BEFORE or AFTER you went to the GULF? [b]		If YES, did you FIRST have symptoms BEFORE or AFTER you went to BOSNIA? [c]		
	Yes[1]	No[2]	Don't know[3]	Before[1]	After[2]	Before[1]	After[2]	
Smog or air pollution	☐	☐	☐	☐	☐	☐	☐	1
Cigarette smoke	☐	☐	☐	☐	☐	☐	☐	2
Vehicle exhaust or fumes	☐	☐	☐	☐	☐	☐	☐	3
Copiers or laser printers	☐	☐	☐	☐	☐	☐	☐	4
Newspapers, magazines, or other newsprint	☐	☐	☐	☐	☐	☐	☐	5
Pesticides, herbicides, insecticides, or fertilizers	☐	☐	☐	☐	☐	☐	☐	6
New office buildings or homes (eg. sealed windows)	☐	☐	☐	☐	☐	☐	☐	7
Carpeting or curtains	☐	☐	☐	☐	☐	☐	☐	8
Organic chemicals, solvents, glues, paints, or fuel	☐	☐	☐	☐	☐	☐	☐	9
Cosmetics, perfumes, hair spray, deodorants, nail polish, or soaps	☐	☐	☐	☐	☐	☐	☐	10
Anything else? (Please specify)	_____			☐	☐	☐	☐	11

19. We would like to know whether or not you have been having any problems with feeling tired, weak or lacking in energy in the last few weeks.

Please answer **ALL** the questions simply by **underlining or circling** the answer which you think most nearly applies to you.

	1	2	3	4
Do you have problems with tiredness?	Less than usual	No more than usual	More than usual	Much more than usual
Do you need to rest more?	Less than usual	No more than usual	More than usual	Much more than usual
Do you feel sleepy or drowsy?	Less than usual	No more than usual	More than usual	Much more than usual
Do you have problems starting things?	Less than usual	No more than usual	More than usual	Much more than usual
Do you lack energy?	Less than usual	No more than usual	More than usual	Much more than usual
Do you have less strength in your muscles?	Less than usual	Same as usual	More than usual	Much more than usual
Do you feel weak?	Less than usual	Same as usual	More than usual	Much more than usual
Do you have difficulty concentrating?	Less than usual	Same as usual	Worse than usual	Much worse than usual
Do you make slips of the tongue when speaking?	Less than usual	No more than usual	Worse than usual	Much worse than usual
Do you find it more difficult to find the correct word?	Less than usual	No more than usual	Worse than usual	Much worse than usual
How is your memory?	Better than usual	No worse than usual	Worse than usual	Much worse than usual
Do your muscles hurt at rest?	Less than usual	No more than usual	Worse than usual	Much worse than usual
Do your muscles hurt after exercise?	Less than usual	No more than usual	Worse than usual	Much worse than usual

20. Here are some questions about aches and pains.

We would like you to think back over the **PAST MONTH**, then **PLEASE TICK ONE BOX FOR EACH QUESTION.**

a) During the **PAST MONTH** have you had any ache or pain which has lasted for one day or longer?

Yes ☐[1] No ☐[2]

If YES, please answer all the questions below. **If NO, please turn to question 21.**

b) Do you have any pain **NOW**?

Yes ☐[1] No ☐[2]

c) When did the pain start?

Less than 3 months ago ☐[1]
More than 3 months ago ☐[2]

d) What do you think has been the cause of your pain?

_____

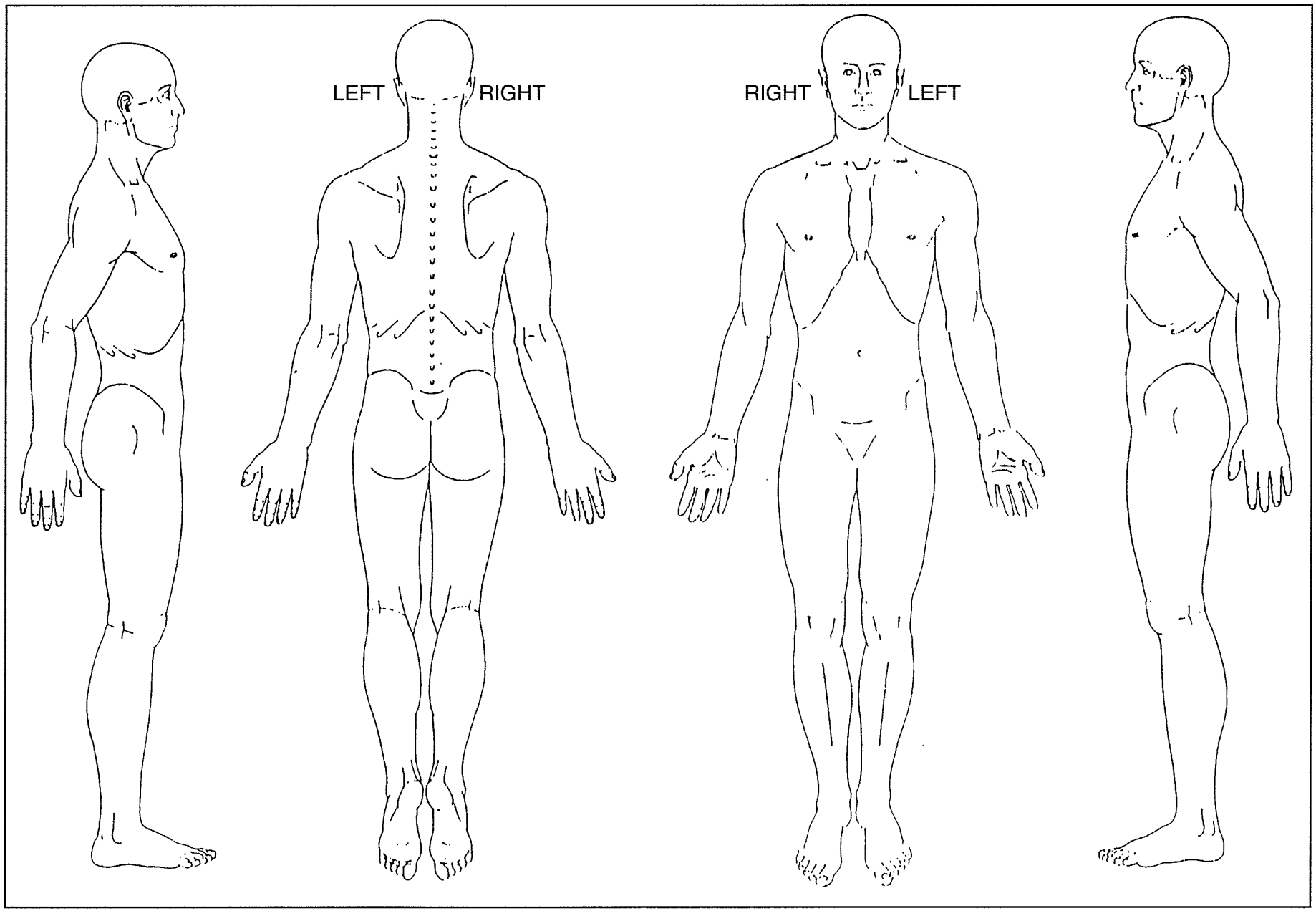
_____

_____

_____

OVER THE PAGE YOU WILL FIND FOUR DIAGRAMS OF THE BODY.

PLEASE SHADE IN THE DIAGRAMS WHERE YOU FELT OR FEEL THE ACHES AND PAINS.


LEFT
RIGHT
RIGHT
LEFT

21. Here are some general questions about your health

Please answer all the questions on the page by **underlining** or **circling** the answer you think most closely applies to you.

HAVE YOU RECENTLY:-

	1	2	3	4
Been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
Felt under constant strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
Felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
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
Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
Been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

22.a) Do you know people who are sick with "Gulf War Syndrome"?

Yes ☐[1] No ☐[2]

b) Do you think you have "Gulf War Syndrome"?

Yes ☐[1] No ☐[2] Not applicable ☐

c) Are there any other military experiences or exposures we haven't asked about which you think are important?

Yes ☐[1] No ☐[2]

If **YES**, can you briefly describe them

_____

_____

_____

_____

_____

_____

d) Are there other health concerns we haven't asked about which you think are important?

Yes ☐[1] No ☐[2]

If **YES**, can you briefly describe them

_____

_____

_____

_____

_____

_____

e) In general, would you say your health is:

Excellent	☐[1]
Very good	☐[2]
Good	☐[3]
Fair	☐[4]
Poor	☐[5]

23. **If there is anything you would like to add please do so below:**

ONCE THE STUDY TEAM HAS RECEIVED YOUR QUESTIONNAIRE THIS PAGE WILL BE DETACHED TO ENSURE CONFIDENTIALITY

It would be useful if we could contact you in the future. We would be grateful if you could indicate in the box below a preferred contact address, time, and telephone number. Thank you.

Name:	
Address:	
Post code:	

Telephone No:		
	Dialing code	Number

Contact time: Daytime ☐ Evening ☐ Anytime ☐

Signature:	

The medical research team may wish to access your medical records. If you wish to prevent such access, please indicate below.

I refuse the research team access to my medical records ☐

We are very grateful for your assistance in completing this questionnaire. As a token of our gratitude, we are offering you the opportunity to have your name entered in a £1000 prize draw. If you do not want your name entered in the prize draw, please tick the box below.

I do not want my name entered in the prize draw ☐

Before returning the questionnaire in the envelope provided, could you please check that all the questions have been answered.

FINALLY, THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE

King's College School of Medicine and Dentistry
Bessemer Road, London SE5 9PJ
Telephone/Facsimile - 0171 737 5267

KING'S College LONDON
Founded 1829

HEALTH SURVEY OF MILITARY PERSONNEL

We are seeking your help to provide information for one of the largest studies of military health ever to be undertaken in the United Kingdom. We are carrying out research into the effects of serving in the Gulf War, Bosnia, and the Armed Forces as a whole, on United Kingdom military personnel. To do this we are sending a questionnaire to 13,000 current and former military personnel chosen at random. We will be asking about their health and military experiences. **This study is not funded by the MoD, and is independent of the MoD.** The MoD has given its cooperation to carry out the study, otherwise we would not be able to know who you are.

We would be most grateful if you could find 20 minutes to complete this questionnaire. IT IS IMPORTANT FOR US TO RECEIVE YOUR REPLY EVEN IF YOU DO NOT HAVE ANY HEALTH PROBLEMS OR IF YOU NO LONGER SERVE IN THE ARMED FORCES. A pen and envelope are provided for the easy completion and return of the questionnaire. The postage is already paid. **As a token of our appreciation, when we have received your completed questionnaire, you will have the opportunity to have your name entered in a £1,000 prize draw if you so wish.**

All the information collected will be treated in such a way that you will not, and never can be, identified by anyone other than the research team. It will be secured against all unauthorised access. Your responses are totally confidential and no third party will ever be allowed access to the data. We guarantee that the results of the study will be published when ready.

You are under no obligation whatsoever to take part in the study. Nevertheless, we must emphasise how vital your participation is to the understanding of the effects of military service on health. This will be of importance not just to you as an individual, but to military and former military personnel as a group and to others in the future.

If you have any concerns or questions, please write or telephone the Study Co-ordinator Catherine Unwin at the Gulf War Illnesses Research Unit, the phone number and address are at the top of this page. We will be pleased to try and answer any questions you have.

Thanking you in anticipation of your help.

Yours sincerely,

Professor Simon Wessely
Co-director

Professor Anthony David
Co-director

We realise that some of you may not have been deployed to the Gulf. In this questionnaire we are interested in any information you can give us about your military experiences, wherever you served.

We would like a few background details first.

1. What is your date of birth? _____/_____/_____
   Date Month Year

2. Are you:

Male	☐[1]	Female	☐[2]

3. Do you consider yourself to be:

White	☐[1]	Pakistani	☐[6]
Black Caribbean	☐[2]	Bangladeshi	☐[7]
Black/African	☐[3]	Chinese	☐[8]
Black/other	☐[4]	Asian/other	☐[9]
Indian	☐[5]	Other	☐[10]

4. What is your current marital status?

Married	☐[1]	Separated	☐[4]
Living with partner	☐[2]	Divorced	☐[5]
Never married	☐[3]	Widowed	☐[6]

5. ***For females;***

   a) Have you ever been pregnant or ever tried to become pregnant?

Yes	☐[1]	No	☐[2]

   For males;

   b) Have you ever fathered a pregnancy or ever tried to father a child?

Yes	☐[1]	No	☐[2]

6. a) What is the highest level of education that you completed?

Left school before taking 'O' Levels/GCSE's	☐[1]
'O' levels/ GCSE's	☐[2]
'A' levels/Highers	☐[3]
Degree	☐[4]

   b) What qualifications have you gained since joining the military?

_____

_____

_____

7. a) Are you currently working:

Full-time	☐[1]
Part-time	☐[2]
Unemployed but seeking work	☐[3]
Not working because of ill health/ disability	☐[4]
Retired from the military	☐[5]
Retired from all work	☐[6]

b) What is your current/most recent occupation?

_____

_____

_____

8. Did a change in your health cause you to change your employment?

Yes ☐[1] No ☐[2]

We would now like to know some information about your lifestyle.

For our study a regular smoker is someone who has smoked at least one cigarette a day for at least one year.

9.a) Have you smoked more than 5 packets of cigarettes (5 x 20) in your lifetime?

Yes ☐[1] No ☐[2]

If YES, go to question 9b **If NO, go to question10a**

b) If **YES**, are you **currently** a regular smoker?

Yes ☐[1] No ☐[2]

If YES, go to question 9c **If NO, go to question 10a**

c) If **YES**, how many cigarettes do you smoke?

_____ cigarettes per day

Here are some questions about how much you drink.

10.a) On average, how many units (1 unit = half pint of beer or a glass of wine) of alcohol per week do you have?

None	☐[1]
1-3 units	☐[2]
4-10 units	☐[3]
11-20 units	☐[4]
21-30 units	☐[5]
More than 30 units	☐[6]

b) Have you changed your alcohol intake in the last five years?

No	☐[1]
Yes, increased	☐[2]
Yes, reduced	☐[3]

11. **The following questions are about activities you might do during a typical day, and whether your health limits you in these activities.**

Has your health limited you in:	No, not limited at all	Yes, limited a little	Yes, limited a lot
a) **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports (e.g. Football)?	☐1 (Please go to 11c)	☐2 (Please go to 11b)	☐3 (Please go to 11b)
b) **Moderate activities,** such as moving a table, pushing a vacuum cleaner, ten-pin bowling, or swimming?	☐1	☐2	☐3
Lifting or carrying groceries?	☐1	☐2	☐3
Climbing **several** flights of stairs?	☐1	☐2	☐3
Climbing **one** flight of stairs?	☐1	☐2	☐3
Bending, kneeling, or stooping?	☐1	☐2	☐3
Walking **more than one mile?**	☐1	☐2	☐3
Walking 100 yards?	☐1	☐2	☐3
Bathing and dressing yourself?	☐1	☐2	☐3

c) In the <u>past month</u>, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

Not at all	☐1
Slightly	☐2
Moderately	☐3
Quite a bit	☐4
Extremely	☐5

d) 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?

	YES	NO
Cut down on the **amount of time** you spent on work or other activities	☐[1]	☐[2]
Accomplished less than you would like	☐[1]	☐[2]
Were limited in the **kind** of work or other activities	☐[1]	☐[2]
Had **difficulty** performing the work or other activities (e.g. it took extra effort)	☐[1]	☐[2]

e) Please choose the answer that best describes how true or false each of the following statements are for you.

(Please tick one box on each line)

	Definitely true	Mostly true	Mostly false	Definitely false
I seem to get ill more easily than other people	☐[1]	☐[2]	☐[3]	☐[4]
I am as healthy as anybody I know	☐[1]	☐[2]	☐[3]	☐[4]
I expect my health to get worse	☐[1]	☐[2]	☐[3]	☐[4]
My health is excellent	☐[1]	☐[2]	☐[3]	☐[4]

f) Have you experienced a change in your functioning since **JANUARY 1991 (the time of the Gulf War)** ?

Yes ☐[1] No ☐[2]

If **YES**, do you attribute this change to your military work **AT THIS TIME (January 1991)**?

Yes ☐[1] No ☐[2]

12. This section asks you about your military background.

a) When you joined the military-

i) were you in:

Army	Royal Marines	Royal Navy	Royal Air Force
☐[1]	☐[2]	☐[3]	☐[4]

ii) were you a:

Regular	Regular Reservist	Volunteer Reservist (TA/RNR/ RRAF)	Other [4] (Please specify)
☐[1]	☐[2]	☐[3]	_____

iii) What was your substantive rank? _____

iv) Which Unit did you join? _____

v) Which Corps did you join? _____

b) In JANUARY 1991 (the time of the Gulf War)-

i) were you in:

Army	Royal Marines	Royal Navy	Royal Air Force
☐[1]	☐[2]	☐[3]	☐[4]

ii) were you a:

Regular	Regular Reservist	Volunteer Reservist (TA/RNR/ RRAF)	Other [4] (Please specify)
☐[1]	☐[2]	☐[3]	_____

iii) What was your substantive rank in **JANUARY 1991?** _____

iv) In which Unit were you in **JANUARY 1991?** _____

v) In which Corps were you in **JANUARY 1991?** _____

c) Are you still in the military? Yes ☐[1] No ☐[2]

IF YES:

i) Are you in:

Army	Royal Marines	Royal Navy	Royal Air Force
☐[1]	☐[2]	☐[3]	☐[4]

ii) Are you a:

Regular	Regular Reservist	Volunteer Reservist (TA/RNR/ RRAF)	Other [4] (Please specify)
☐[1]	☐[2]	☐[3]	_____

iii) What is your substantive rank? _____

iv) Which Unit are you in? _____

v) Which Corps are you in? _____

If NO;

vi) Were you medically discharged? Yes ☐[1] No ☐[2]

vii) What was your substantive rank on leaving the military? _____

d) For EVERYONE to answer please;

i) Please state the number of years you have been or were in each of the following:

e.g. *Regular* *3* *Regular Reservist* *0* *Volunteer Reservist* *0*

Regular _____ Regular Reservist _____ Volunteer Reservist _____

ii) Did you deploy on; (Please tick all that apply)

OP Granby ☐[a]

OP Corporate ☐[b]

OP Hanwood ☐[c]

OP Grapple ☐[d] Which OP Grapple? _____ [d1]

Others ☐[e] Please specify _____

_____ [e1]

iii) How many tours to Northern Ireland have you been on?

None ☐

Number of tours _____

iv) What were your duties in **JANUARY 1991 (at the time of the Gulf War)?**

_____

_____

_____

_____

13. We would like to know about your military experiences.

Please tick whether you have **EVER** had any direct contact with, or were exposed to, any of the items listed below. Indicate whether this was in **JANUARY 1991 (the time of the Gulf War)**. If so, please estimate how often you were exposed and whether you had an adverse reaction to it.

	Have you EVER been in contact with? [a]		If YES, was this in January 1991? [b]		If YES, how many times were you exposed to this item? [c]	Did you have an adverse reaction or feel unwell from this experience? [d]		
Example;	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes [1]	No [2]	
Smoke from oil well fires	☐	☑	☐	☐		☐	☐	
Burning rubbish or faeces	☑	☐	☑	☐	2	☐	☑	
Now please complete the table below								
Smoke from oil well fires	☐	☐	☐	☐		☐	☐	1
Exhaust from heaters or generators (e.g.. Kerosene heaters)	☐	☐	☐	☐		☐	☐	2
Diesel and/or other petrochemical fumes	☐	☐	☐	☐		☐	☐	3
Diesel or other petrochemical fuel *on your skin*	☐	☐	☐	☐		☐	☐	4
Burning rubbish or faeces	☐	☐	☐	☐		☐	☐	5
CARC (Chemical Agent Resistant Compound) paint	☐	☐	☐	☐		☐	☐	6
Other paints, solvents, or petrochemical substances	☐	☐	☐	☐		☐	☐	7
Depleted uranium (DU)	☐	☐	☐	☐		☐	☐	8
Microwaves	☐	☐	☐	☐		☐	☐	9
Personal pesticides (e.g. creams, sprays, or flea collars)	☐	☐	☐	☐		☐	☐	10
Pesticides on your clothing or bedding	☐	☐	☐	☐		☐	☐	11
Chemical / Nerve gas attack	☐	☐	☐	☐		☐	☐	12
Mustard gas or other blistering agents	☐	☐	☐	☐		☐	☐	13
Food contaminated with smoke, oil, or other chemicals	☐	☐	☐	☐		☐	☐	14
Dead animals	☐	☐	☐	☐		☐	☐	16
Bathe in or drink water contaminated with smoke, oil, or other chemicals	☐	☐	☐	☐		☐	☐	17
Suffer from heat cramps, heat exhaustion, heat stroke, or other heat illnesses	☐	☐	☐	☐		☐	☐	19
Suffer a combat related injury that required medical attention during your deployment	☐	☐	☐	☐		☐	☐	20
See any dismembered, burnt or otherwise disfigured bodies	☐	☐	☐	☐		☐	☐	21
See any maimed or seriously injured soldiers	☐	☐	☐	☐		☐	☐	22
Witness anyone dying	☐	☐	☐	☐		☐	☐	23
Wear NBC suits at times other than training						☐	☐	24

Continued .....

	Have you EVER been in contact with? (a)		If YES, was this in January 1991? (b)		If YES, how many times were you exposed to this item?(c)	Did you have an adverse reaction or feel unwell from this experience? (d)		
	Yes[1]	No[2]	Yes[1]	No[2]	No. of times	Yes [1]	No [2]	
Have a SCUD missile explode in the air or on the ground within one mile of you	☐	☐	☐	☐		☐	☐	25
Have artillery, rockets, mortars, or anything else, other than SCUD missiles, explode in the air or on the ground close to you	☐	☐	☐	☐		☐	☐	26
Come under small arms fire	☐	☐	☐	☐		☐	☐	27
Hear chemical alarms sounding	☐	☐	☐	☐		☐	☐	28
Handle or come into contact with POWs/ displaced refugees	☐	☐	☐	☐				29
Please give details of any other exposure or experience which you consider harmful or extremely stressful	_____ _____ _____ _____ _____							30

14. In this section we would like some information about your medical treatment.

While in the military have you used NAPS (little white pills in foil packs), which are used to protect against nerve agents?	Yes ☐[1]	No ☐[2]
Do you have a record of vaccinations you have been given?	Yes ☐[1]	No ☐[2]
Did you receive any vaccinations between **NOVEMBER 199O AND MARCH 1991**?	Yes ☐[1]	No ☐[2]
If **YES**, did you experience side effects from these vaccinations?	Yes ☐[1]	No ☐[2]

15. The section asks about health.

During the **PAST MONTH** have you suffered from any of the following symptoms. If so, please tick how bad it is and whether you **FIRST** had this symptom **BEFORE** or **AFTER JANUARY 1991 (the time of the Gulf War).**

	In the PAST MONTH, have you had? [a]		If YES, how bad is it? [b]			Did you FIRST have this symptom BEFORE or AFTER JANUARY 1991? [e]		
SYMPTOMS	Yes[1]	No[2]	Mild[1]	Mod[2]	Severe[3]	Before[1]	After[2]	
Chest pain	☐	☐	☐	☐	☐	☐	☐	1
Headaches	☐	☐	☐	☐	☐	☐	☐	2
Rapid heartbeat	☐	☐	☐	☐	☐	☐	☐	3
Irritability/ outbursts of anger	☐	☐	☐	☐	☐	☐	☐	4
Unable to breathe deeply enough	☐	☐	☐	☐	☐	☐	☐	5
Faster breathing than normal	☐	☐	☐	☐	☐	☐	☐	6
Feeling short of breath at rest	☐	☐	☐	☐	☐	☐	☐	7
Wheezing	☐	☐	☐	☐	☐	☐	☐	8
Sleeping difficulties	☐	☐	☐	☐	☐	☐	☐	9
Feeling jumpy/easily startled	☐	☐	☐	☐	☐	☐	☐	10
Feeling unrefreshed after sleep	☐	☐	☐	☐	☐	☐	☐	11
Fatigue	☐	☐	☐	☐	☐	☐	☐	12
Double vision	☐	☐	☐	☐	☐	☐	☐	13
Intolerance to alcohol	☐	☐	☐	☐	☐	☐	☐	14
Itchy or painful eyes	☐	☐	☐	☐	☐	☐	☐	15
Shaking	☐	☐	☐	☐	☐	☐	☐	16
Tingling in fingers and arms	☐	☐	☐	☐	☐	☐	☐	17
Tingling in legs and arms	☐	☐	☐	☐	☐	☐	☐	18
Numbness or tingling in fingers or toes	☐	☐	☐	☐	☐	☐	☐	19
Feeling distant or cut off from others	☐	☐	☐	☐	☐	☐	☐	20
Constipation	☐	☐	☐	☐	☐	☐	☐	21
Flatulence or burping	☐	☐	☐	☐	☐	☐	☐	22
Stomach cramp	☐	☐	☐	☐	☐	☐	☐	23
Diarrhoea	☐	☐	☐	☐	☐	☐	☐	24
Dry mouth	☐	☐	☐	☐	☐	☐	☐	25
Persistent cough	☐	☐	☐	☐	☐	☐	☐	26
Lump in throat	☐	☐	☐	☐	☐	☐	☐	27
Sore throat	☐	☐	☐	☐	☐	☐	☐	28
Forgetfulness	☐	☐	☐	☐	☐	☐	☐	29

Continued.....

SYMPTOMS	In the PAST MONTH, have you had? [a]		If YES, how bad is it? [b]			Did you FIRST have this symptom BEFORE or AFTER JANUARY 1991? [e]		
	Yes[1]	No[2]	Mild[1]	Mod[2]	Severe[3]	Before[1]	After[2]	
Dizziness	☐	☐	☐	☐	☐	☐	☐	30
Feeling disorientated	☐	☐	☐	☐	☐	☐	☐	31
Loss of concentration	☐	☐	☐	☐	☐	☐	☐	32
Pain on passing urine	☐	☐	☐	☐	☐	☐	☐	33
Passing urine more often	☐	☐	☐	☐	☐	☐	☐	34
Burning sensation in the sex organs	☐	☐	☐	☐	☐	☐	☐	35
Loss of interest in sex	☐	☐	☐	☐	☐	☐	☐	36
Increased sensitivity to noise	☐	☐	☐	☐	☐	☐	☐	37
Increased sensitivity to light	☐	☐	☐	☐	☐	☐	☐	38
Ringing in the ears	☐	☐	☐	☐	☐	☐	☐	39
Avoiding doing things/ situations	☐	☐	☐	☐	☐	☐	☐	40
Pain, without swelling or redness, in several joints	☐	☐	☐	☐	☐	☐	☐	41
Joint stiffness	☐	☐	☐	☐	☐	☐	☐	42
Night sweats which soak the bedsheets	☐	☐	☐	☐	☐	☐	☐	43
Feeling feverish	☐	☐	☐	☐	☐	☐	☐	44
Loss or decrease in appetite	☐	☐	☐	☐	☐	☐	☐	45
Nausea	☐	☐	☐	☐	☐	☐	☐	46
Vomiting	☐	☐	☐	☐	☐	☐	☐	47
Distressing dreams	☐	☐	☐	☐	☐	☐	☐	48
Unintended weight **gain** greater than 10lbs	☐	☐	☐	☐	☐	☐	☐	49
Unintended weight **loss** greater than 10lbs	☐	☐	☐	☐	☐	☐	☐	50

Continued.....

If you have ticked **YES** to any of the symptoms listed;

(a) what do you think is wrong with you?

(b)

Do you think any of these symptoms have been caused by your military service in **JANUARY 1991**?

Yes ☐[1] No ☐[2]

If **YES**, which ones?

16. During the **PAST YEAR** did you have any of the following medical problems/ conditions? Please tick the appropriate box below. If **YES**, could you please tick whether you **FIRST** had this problem **BEFORE** or **AFTER JANUARY 1991 (at the time of the Gulf War)**?

	Have you had any of the following in the PAST YEAR?[a]		If YES, did you FIRST have this problem BEFORE or AFTER JANUARY 1991? [d]		
CONDITION	**Yes[1]**	**No[2]**	**Before[1]**	**After[2]**	
High blood pressure	☐	☐	☐	☐	1
Heart disease	☐	☐	☐	☐	2
Stroke	☐	☐	☐	☐	3
Epilepsy	☐	☐	☐	☐	4
Migraines	☐	☐	☐	☐	5
Asthma	☐	☐	☐	☐	6
Loss of hearing	☐	☐	☐	☐	7
Bronchitis	☐	☐	☐	☐	8
Pneumonia	☐	☐	☐	☐	9
Tuberculosis (TB)	☐	☐	☐	☐	10
Malaria	☐	☐	☐	☐	11
Sinus problems	☐	☐	☐	☐	12
Ear infection	☐	☐	☐	☐	13
Stomach or duodenal ulcers	☐	☐	☐	☐	14
Colitis/ Crohn's disease	☐	☐	☐	☐	15
Yellow jaundice or Hepatitis	☐	☐	☐	☐	16
Cirrhosis of the liver	☐	☐	☐	☐	17
A thyroid problem	☐	☐	☐	☐	18
Diabetes	☐	☐	☐	☐	19
Kidney (renal) disease	☐	☐	☐	☐	20
Frequent bladder infections	☐	☐	☐	☐	21
Arthritis or rheumatism	☐	☐	☐	☐	22
Fibrositis or fibromyalgia	☐	☐	☐	☐	23
Back problems	☐	☐	☐	☐	24
Skin cancer	☐	☐	☐	☐	25
Any other kind of cancer	☐	☐	☐	☐	26
Site of cancer _____					26a

Continued.....

CONDITION	Have you had any of the following in the PAST YEAR? [a] Yes[1]	No[2]	If YES, did you FIRST have this problem BEFORE or AFTER JANUARY 1991 ? [d] Before[1]	After[2]	
Chronic Fatigue Syndrome/ ME	☐	☐	☐	☐	27
Multiple chemical sensitivity or environmental illness	☐	☐	☐	☐	28
Yeast disease or candidiasis	☐	☐	☐	☐	29
Hayfever	☐	☐	☐	☐	30
Eczema or psoriasis	☐	☐	☐	☐	31
Dermatitis or any other skin problem	☐	☐	☐	☐	32
Any disease of the hair or scalp, including hair loss	☐	☐	☐	☐	33
Any disease of the genital organs	☐	☐	☐	☐	34
Subfertility	☐	☐	☐	☐	35
Sexual problems	☐	☐	☐	☐	36
FOR WOMEN ONLY; Premenstrual tension	☐	☐	☐	☐	37
Period problems	☐	☐	☐	☐	38
Miscarriages	☐	☐	☐	☐	39
Any other symptoms/ health conditions we have not mentioned (Please specify) 1) _____			☐	☐	40
2) _____			☐	☐	41
3) _____			☐	☐	42
4) _____			☐	☐	43

17. We would now like to know whether any of the following smells or substances affect you, that is, bring about symptoms*.

*A symptom means your awareness of some discomfort or bothersome change, e.g.. sneezing, runny eyes, pain, swelling, nausea, or trouble concentrating. Please tick the appropriate box. If you have a symptom, please indicate if you had it **BEFORE or AFTER JANUARY 1991 (the time of the Gulf War)**.

	Do you have symptoms? [a]			If YES, did you FIRST have this symptom BEFORE or AFTER JANUARY 1991? [d]		
	Yes[1]	No[2]	Don't know[3]	Before[1]	After[2]	
Smog or air pollution	☐	☐	☐	☐	☐	1
Cigarette smoke	☐	☐	☐	☐	☐	2
Vehicle exhaust or fumes	☐	☐	☐	☐	☐	3
Copiers or laser printers	☐	☐	☐	☐	☐	4
Newspapers, magazines, or other newsprint	☐	☐	☐	☐	☐	5
Pesticides, herbicides, insecticides, or fertilizers	☐	☐	☐	☐	☐	6
New office buildings or homes (e.g.. sealed windows)	☐	☐	☐	☐	☐	7
Carpeting or curtains	☐	☐	☐	☐	☐	8
Organic chemicals, solvents, glues, paints, or fuel	☐	☐	☐	☐	☐	9
Cosmetics, perfumes, hair spray, deodorants, nail polish, or soaps	☐	☐	☐	☐	☐	10
Anything else? (Please specify) _____				☐	☐	11

18. We would like to know whether or not you have been having any problems with feeling tired, weak or lacking in energy in the last few weeks.

Please answer **ALL** the questions simply by **underlining or circling** the answer which you think most nearly applies to you.

	1	2	3	4
Do you have problems with tiredness?	Less than usual	No more than usual	More than usual	Much more than usual
Do you need to rest more?	Less than usual	No more than usual	More than usual	Much more than usual
Do you feel sleepy or drowsy?	Less than usual	No more than usual	More than usual	Much more than usual
Do you have problems starting things?	Less than usual	No more than usual	More than usual	Much more than usual
Do you lack energy?	Less than usual	No more than usual	More than usual	Much more than usual
Do you have less strength in your muscles?	Less than usual	Same as usual	More than usual	Much more than usual
Do you feel weak?	Less than usual	Same as usual	More than usual	Much more than usual
Do you have difficulty concentrating?	Less than usual	Same as usual	Worse than usual	Much worse than usual
Do you make slips of the tongue when speaking?	Less than usual	No more than usual	Worse than usual	Much worse than usual
Do you find it more difficult to find the correct word?	Less than usual	No more than usual	Worse than usual	Much worse than usual
How is your memory?	Better than usual	No worse than usual	Worse than usual	Much worse than usual
Do your muscles hurt at rest?	Less than usual	No more than usual	Worse than usual	Much worse than usual
Do your muscles hurt after exercise?	Less than usual	No more than usual	Worse than usual	Much worse than usual

19. Here are some questions about aches and pains.

We would like you to think back over the **PAST MONTH**, then **PLEASE TICK ONE BOX FOR EACH QUESTION.**

a) During the **PAST MONTH** have you had any ache or pain which has lasted for one day or longer?

Yes	☐[1]	No	☐[2]
If YES, please answer all the questions below		**If NO, please turn to question 20.**	

b) Do you have any pain **NOW**?

Yes	☐[1]	No	☐[2]

c) When did the pain start?

Less than 3 months ago	☐[1]
More than 3 months ago	☐[2]

d) What do you think has been the cause of your pain?

_____

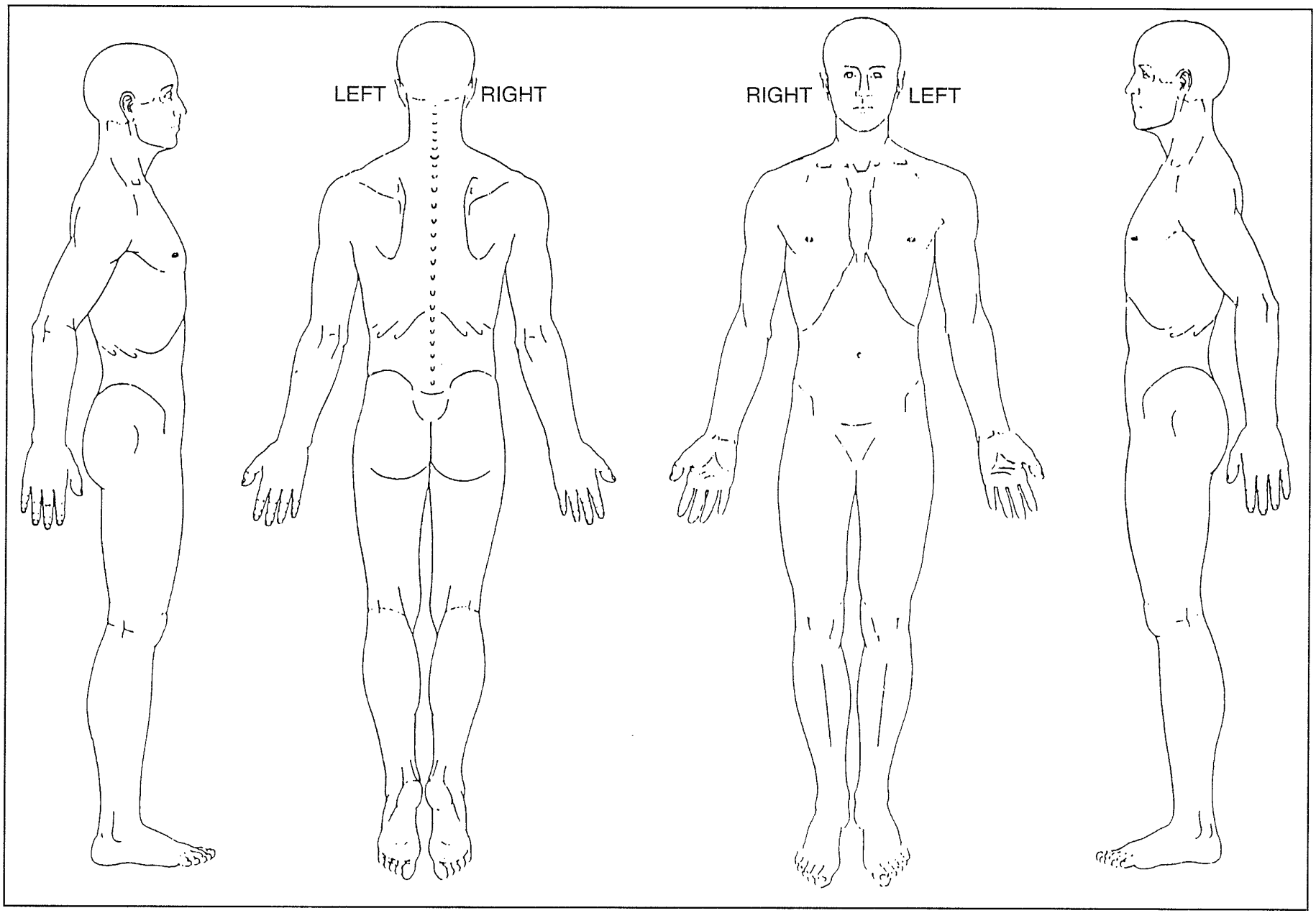
_____

_____

_____

Over the page you will find four diagrams of the body.

PLEASE SHADE IN THE DIAGRAMS WHERE YOU FELT OR FEEL THE ACHES AND PAINS.


LEFT
RIGHT
RIGHT
LEFT

20.Here are some general questions about your health

Please answer all the questions on the page by **underlining** or **circling** the answer you think most closely applies to you.

HAVE YOU RECENTLY:-

	1	2	3	4
Been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
Felt under constant strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
Felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
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
Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
Been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

21.a) Do you know people who are sick with "Gulf War Syndrome"?

Yes ☐[1] No ☐[2]

b) Are there any other military experiences or exposures we haven't asked about which you think are important?

Yes ☐[1] No ☐[2]

If **YES**, can you briefly describe them

_____

_____

_____

_____

_____

_____

d) Are there other health concerns we haven't asked about which you think are important?

Yes ☐[1] No ☐[2]

If **YES**, can you briefly describe them

_____

_____

_____

_____

_____

_____

e) In general, would you say your health is:

Excellent	☐[1]
Very good	☐[2]
Good	☐[3]
Fair	☐[4]
Poor	☐[5]

22. If there is anything you would like to add please do so below:

ONCE THE STUDY TEAM HAS RECEIVED YOUR QUESTIONNAIRE THIS PAGE WILL BE DETACHED TO ENSURE CONFIDENTIALITY

It would be useful if we could contact you in the future. We would be grateful if you could indicate in the box below a preferred contact address, time, and telephone number. Thank you.

Name:	
Address:	
Post code:	

Telephone No:		
	Dialing code	Number

Contact time: Daytime ☐ Evening ☐ Anytime ☐

Signature:	

The medical research team may wish to access your medical records. If you wish to prevent such access, please indicate below.

I refuse the research team access to my medical records ☐

We are very grateful for your assistance in completing this questionnaire. As a token of our gratitude, we are offering you the opportunity to have your name entered in a £1000 prize draw. If you do not want your name entered in the prize draw, please tick the box below.

I do not want my name entered in the prize draw ☐

Before returning the questionnaire in the envelope provided, could you please check that all the questions have been answered.

FINALLY, THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE