MCHO-CL-H 17 March 2003

Combat and Operational Stress Control Workload and Activity Reporting System (COSC-WARS)

1. REFERENCES:

a. DOD Directive 6490.2, *Joint Medical Surveillance*, 30 August 1997.

b. DOD Directive 6490.5, *Combat Stress Control (CSC) Programs*, 23 February 1999.

c. DOD Instruction 6490.3, *Implementation and Application of Joint Medical Surveillance for Deployments*, 7 August 1997.

2. PURPOSES:

a. To provide a standard reporting format for all U.S. Army garrison and deployed behavioral health units and personnel working in a TO&E (Table of Organization and Equipment) status.

b. To implement a behavioral health surveillance system IAW DOD Directive 6490.2 and DOD Instruction 6490.3.

c. To provide a less stigmatizing method of capturing pre-clinical "client" data IAW DOD Directive 6490.5

3. SCOPE. To be used by brigade, division, and area support mental health sections, combat stress control detachments and companies, deployable hospital neuropsychiatric teams, medical headquarters, and other behavioral health personnel working in a TO&E and/or deployed environment. This includes U.S. Army Reserve unit behavioral health teams in activities on drill weekends and annual training. It also includes National Guard brigade, division and area support medical battalion mental health sections while drilling, training or deployed under state authority if approved by the State Governor and Adjutant General.

4. BACKGROUND. Behavioral health (BH) personnel working in MTFs usually see patients in tertiary care settings and have their workload and activities accounted for through the Composite Health Care System (CHCS), the Automated Data System (ADS), and other mechanisms. Those BH personnel working in non-MTF settings often have no such mechanism for tracking their efforts. In order to better account for their contributions, COSC-WARS has been created to standardize the information gathered and reported, to provide better medical surveillance while not stigmatizing those seen as "sick" or "crazy," and to be able to cross-compare deployments, etc.

5. CLINICAL vs. PREVENTION. Given that the purpose of COSC efforts are "to preserve the fighting strength" of the line, COSC efforts are preventive in nature. In order to reduce stigma, practice "expectancy," and return soldiers to duty as quickly as possible, three levels of service are provided (and hence tracked statistically):

a. COSC Primary Prevention (PP) — Surveillance and mitigation activities to reduce or avoid stressors and increase soldiers' tolerance and resilience to severe stress. Services include unit surveillance/screening, educational classes/briefings, incident debriefings, etc. Statistical information from COSC-WARS will be forwarded through medical channels and databased by MEDCOM.

b. COSC Secondary Prevention (SP) — Surveillance and mitigation activities involving contact by BH personnel with individual soldiers identified as having possible warning signs or pre-diagnostic combat or operational stress reactions (COSRs). Such cases can be aided by their unit, brief visits, or by restoration treatment for 1-3 days in CSC-type medical facilities. COSC case information is recorded like a patient encounter, but classified by one or more COSR codes rather than "diagnosed" with DSM-IV codes.

c. COSC Tertiary Prevention (TP) — Mitigation/stabilization activities to reduce long-term morbidity and complications in soldiers with one or more DSM-IV-diagnosable psychiatric/mental disorders (psychiatric, mental disorders or PMD). A soldier with COSRs whose condition persists and prevents return to effective duty within four (4) days or requires more invasive clinical follow-up and/or a patient record of continuing BH treatment should be tracked in through the normal medical channels using standard medical forms and databases.

6. COSR vs. PMD CONTACTS:

a. Soldiers should always be labeled and treated as COSR cases unless:

(1) The symptoms are clearly the continuation or relapse of a pre-existing, already diagnosed PMD, and the symptoms do not clear up with application of COSR treatment (the 5 R's). The 5 Rs memory aid stands for Reassure, Respite, Replenishment of the body and brain's physical needs, Restore confidence with work and talk, Reunite with unit and comrades. Soldiers with histories compatible with a Personality Disorder should NOT be given that definitive label or recommended for chapter discharge while in theater. If disruptive behavior continues after counseling, command consultation, and perhaps the 5 Rs, a provisional Personality Disorder (or strong Axis II "traits") can be diagnosed, but the soldier should be returned to his/her commander for administrative action. In any event, such cases should NOT be medically evacuated UNLESS there is also a medical/surgical condition that cannot be adequately treated in theater. Failure to carefully and judiciously "conserve the fighting strength" may result in an "evacuation syndrome" (use of the medical system to escape combat and/or the situation/environment). Further, mislabeling individuals based on behaviors seen in a combat or operational setting may cause harm to the individual's life and/or long-term career.

(2) The symptoms are so severe and characteristic of a major DSM psychiatric disorder (e.g. severe mania, deep suicidal depression, dangerously paranoid psychosis, substance-induced PMD, etc.) that they cannot be treated safely as COSR, and must receive emergency stabilization and evacuation to a rearward medical facility with greater psychiatric capability. However, rearward evacuation solely because of a tactical situation or shortage of casualty holding resources does NOT justify changing the label from COSR to PMD contact. Even symptoms that meet full DSM criteria for a PMD should initially be treated as COSR if it can be done safely, because a COSR can closely resemble psychiatric disorders, but will usually remit with the 5 Rs and brief supportive management IAW PIES. Assigning the PMD diagnosis after initial evaluation may be appropriate if information from the soldier and collateral sources indicates that there are no significant personal, mission and/or environmental stressors involved. Nevertheless, any given DSM-IV diagnosis should usually be "provisional" and/or "NOS" rather than implying a final diagnosis made hastily under forward-deployed circumstances.

(3) The symptoms, especially the dysfunction and inability to perform assigned military duties, do not remit sufficiently within 3-4 days of 5 Rs, whether the 5 Rs are provided in the soldier's unit, a supporting unit that supplies the soldier's unit, or in a medical or CSC holding ("restoration") unit. This includes any individuals who need medication beyond 1-2 days for symptom reduction (e.g. short-acting sedative/hypnotic drugs for sleep) until the 5 Rs begin working. Continuing pharmacotherapy and follow-up requires a PMD diagnosis and medical record.

b. DSM-IV diagnoses should not be given to COSR contacts, not even to those who require 1-3 days holding for restoration in a medical/CSC facility. The COSR code(s) and a brief text note to give more specificity to the symptoms and/or contributing factors suffices for the soldier's BH unit-held medical record. Care must be taken to ensure that excessive, potentially stigmatizing notes and labels are not made, as they would likely inhibit help-seeking by the soldier and his/her friends. A DSM-IV diagnosis, or a clinical summary of the COSR is especially inappropriate for informal clinical COSR contacts in unit settings (e.g. self-referrals for advice in the mess hall; soldiers informally identified by buddies, medics, chaplains or leaders as worthy of a talk with the MH/CSC visitors). These "pre-clinical" evaluations should only be documented for inclusion in the surveillance database, not in the soldiers' clinical medical records.

c. Some mandated evaluations must be documented in the soldier's medical record for legal and/or administrative reasons (e.g. command-directed mental status evaluations, routine Army-required mental status evaluations to screen soldiers applying for sniper school or similar courses, etc.). Therefore, these contacts are

usually handled through the PMD paper or automated record system regardless of whether the individual has any COSR or PMD. However, there are a good number of "command interest" contacts that do not require legal documentation. These should be tracked in the COSC-WARS system. For example, an interested commander (who definitely does not want it to go into the evaluated soldier's medical record) says "Go talk with commander X, see if there is anything you can do to help him with his problems leading the unit, and get back to me about what my options are to help him."

7. FORMS. COSC-WARS consists of four forms (see Appendix A for line by line explanation on how to complete the forms). Appendix B contains the followings forms:

a. COSC Prevention Contact (COSC-PC) Form. This form is used for gathering primary prevention data on group contacts or multiple individual contacts.

b. COSC Individual Contact (COSC-IC) Form. This form is used for gathering data on individual contacts and follow-ups. Do not use this form for clinical (PMD) patient contacts.

c. COSC Summary Report (COSC-SR) Form. This form summarizes information from the COSC-IC and COSC-PC Forms for roll-up reporting through medical channels to MEDCOM (CSC Program Officer) on a periodic basis (usually weekly). Space is also provided on this form to report selected patient (clinical) workload statistics.

d. COSC Field Expedient Summary Report (COSC-FE) Form. This is a shortened version of the COSC Summary Report (COSC-SR) form for use by those without automated support and therefore required to complete all forms manually.

8. USE OF FORMS.

a. A COSC-PC form should be completed for each significant preventive contact, such as a consultation to an individual commander, chaplain, etc. about generic stress control issues, a focus group, talking with one or multiple individuals to gain information about unit stressors, or a briefing/class to a group of individuals. Complete the form as much as possible, leaving blank any fields that are irrelevant or unknown. When conducting multiple individual prevention contacts within the same unit/location (for example, you walk through a unit and speak with six different soldiers separately, cite them all as "6" in block 5 ("Number of Participants").

b. If appropriate and time is available, the names and SSNs of prevention activity participants should be captured on the reverse side (page 2) of the COSC-PC form. When classes or debriefings are given, this data can usually be gathered directly by passing the form around the group or by later transcribed it off a unit-training roster. Determination of whether a situation is "appropriate" is a local judgment call made by balancing the need to capture surveillance data and the invasiveness of such a requirement. Usually, classes and debriefings are appropriate times, whereas a preventive contact with a single battalion commander about his command climate might not be appropriate. Additionally, OPSEC may make identification of groups of soldiers inappropriate (for example, recording – in combat conditions – all the names of a special ops team when performing a CED).

c. A COSC-IC form should be completed for each significant individual (private) contact when the main focus is on the individual's own personal stressors and stress reactions, rather than generic stressors being cited as typical for many or all members of the unit. If the outcome of the contact is simply to give the individual advice of a general nature, with no plan for follow-up, do not record the individual's name and SSN, or such detail regarding rank, duty, and/or unit or team that would identify that individual. Even though these forms will remain within medical control and with "patient confidentiality," even to record that information could seriously impair the soldiers' willingness to seek advice on personal matters.

d. If the individual presents personal problems that the soldier agrees need further follow-up by Behavioral Health/CSC, or the awareness of the soldier's chain of supervision/command, the identifying information is recorded, with assurance that medically confidentiality applies. This includes recommendation for temporary limitation of duty, emergency leave, or temporary holding in a medical location for "restoration" treatment.

However, if the individual's clinical symptoms, history, or expected course of disorder warrant a DSM-IV diagnosis or evacuation, then the case must be handled as a PMD (clinical) case and recorded using medical forms and/or patient computer systems currently in effect.

e. The periodic COSC-SR (or COSC-FE) can be used as a running/cumulative worksheet by using the tic mark area next to the appropriate boxes after each event.

f. Periodic reports (COSC-SRs or COSC-FEs) should be forwarded to higher command echelons (line and/or medical) as required by the commander. This information should be sent via SIPRNET or Secure Fax. If the tactical communications system or its availability prevents transmission over secure means and local command approves, the data can be sent by unsecured email, fax or voice line, by citing only line numbers and the alphanumeric entries for each line. If a line's value is zero, then send line number and "0." If the number is unknown, then skip that line number altogether. Information that may violate operations security or personal confidentially must be encoded, replaced by pre-arranged code words, or be omitted from the transmission.

g. The Army Surgeon General requests that the senior medical headquarters in the regional area of operations or theater forward the collated data from all the COSC-SRs and/or COSC-FEs weekly. The electronic transmission should be by secure means to the OTSG Medical Operations; subject should be "COSC Weekly Reports." Within OTSG, this will be forwarded to the MEDCOM EOC, ATTN: CSC (b)(6)-2 (b)(6)-2

h. All completed COSC Forms (including COSC-PC and COSC-IC), or the electronic data from these forms will be retained throughout the deployment and then forwarded upon redeployment (or as required in garrison) through secure medical communications to OTSG Medical Operations; subject should be "COSC-WARS Data." Within OTSG, this will be forwarded to the MEDCOM EOC, ATTN: CSC (b)(6)-2 (b)(2)-2

9. ADDITIONAL DEFINITIONS:

a. Combat & Operational Stress Reactions (COSRs) – acute, debilitating mental, behavioral or somatic symptoms, thought to be caused by operational or combat stressors, that are not adequately explained by physical disease, injury, or a pre-existing mental disorder, and that can be managed with reassurance, respite, replenishment of physiological needs (body temperature, water, food, hygiene, sleep), restoration of confidence (by activities and talk), and reunion with comrades and unit [the 5 Rs].

b. Psychiatric, Mental Disorders (PMD) – debilitating mental, behavioral or somatic symptoms that meet diagnostic criteria for or have been previously diagnosed as a psychiatric/mental disorder, that are not better explained by physical disease or injury, or as transitory combat & operational stress reactions. Information on these cases is gathered on COSC-IC or through another medical system (but not both).

c. Mission Capable – The individual is in his/her unit capable of performing his/her military occupational skills (MOS), with or without minor limitations such as ""light duty", "increase sleep time" or "increased supervision." If the soldier is unable to perform his/her MOS or has to be removed from the unit, that soldier is non-mission capable. For example, any soldier who can still bear a firearm is probably mission capable, even if the ammunition is temporarily carried by a buddy. A soldier who cannot be trusted with a firearm is, for that period, not mission capable.

(b)(6)-2
CSC Program Officer, MEDCOM
(b)(6)-2

APPENDIX A: Guide to Completing the Forms

I. COSC Prevention Contact (COSC-PC) Form

a. General Information. This form is used to capture preventive BH activities with populations and groups. The contact can be a single class/debriefing or a convenient composite of a number of unidentified individuals contacted within a single unit in a single location on a single day. When a single individual is the recipient of a purely preventive contact, the group size is reported as "1." Examples include a briefing or discussion with a commander about sleep planning, or out-briefing the findings from talking with unit soldiers when anonymity is maintained. These forms (or electronic files of them) are retained throughout the deployment and forwarded upon redeployment to Commander, MCHO-CL-H, (b)(6)-2, Fort Sam Houston, TX 78234 (b)(6)-2 (b)(6)-2 for databasing and medical surveillance activities (IAW DOD Dir 6490.2).

b. Line number explanations:

Line #	Explanation
1	Date of Contact (DD-MMM-YY) For Example, "23-SEP-04"
2	Contact Type: 11 = Critical Event Debriefing (CEDs, CISDs, etc.) 12 = Other Debriefing (for example, End of Tour debriefings, Lessons-Learned debriefings, debriefing a returning POW) 13 = Force Health Protection Class (general health promotion and well-being topics) 14 = Mission-Related Class (readiness and/or current deployment/mission) 15 = Media Presentation (preparation or performance of a media event or product. Examples include preparing an article for the post/unit newspaper, talking with the media) 16 = Command or Medical Personnel consultation (not about a particular soldier) 17 = Sensing Session (Checking on soldier stressors, perceptions, well-being and behavioral health also called "Therapy By Walking Around" or TBWA. These are trips, going "out and about" to check on soldiers in general) 18 = Unit Survey (Formal unit assessment done at command request to address certain issues or answer specified questions) 19 = Screening personnel (for pre- or redeployment, etc.) Several particular scenarios: Pre-deployment screenings should be coded as "19" and a "10" coded in block 3a Redeployment screenings should be coded as "19" and an "11" coded in block 3a Command consultation about a particular individual is reported by placing a check mark on that SM's COSC-IC form in block 26a (Commander Consulted).
3a	Topic Code #1 This is the topic (or MOST important topic) of the contact/class. **Mission-Related Topics (immediate readiness or current mission/deployment topics)** 01 = Combat-Related Traumatic Exposure 02 = Combat Stress Awareness/Prevention 03 = CSC or BH Section Mission/Capabilities 04 = Command Climate 05 = Continuous Operations/Sleep Plans 06 = Human Body Recovery 07 = Leadership Issues (other than command climate) 08 = NBC Defense Stress/Mgmt 09 = Peacekeeping Stressors 10 = Pre-Deployment Issues 11 = Redeployment/Homecoming Issues

	12 = Terrorism/Homeland Security **Force Health Protection Topics (general health promotion and well-being topics)** 21 = Life Skills 22 = Parenting Skills 23 = Personal Growth 24 = Sexual Responsibility (personal/partner protection, etc.) 25 = Tobacco Cessation 26 = Upper Extremity (Occupational Therapy) 27 = ETS/Retirement/Separation from the military Issues **Topics that could be either Mission-Related or FHP depending on circumstances** 31 = Anger/Emotional Control 32 = Care-giver Stress 33 = Communication Skill Building 34 = Emotional Cycle of Deployment 35 = Ergonomics (Occupational Therapy) 36 = Homefront Problems 37 = Non-Combat-Related Traumatic Exposures 38 = Performance Enhancement 39 = Separation from Home and/or Oher Support Systems Issues 40 = Suicide/Violence Prevention 41 = Stress Management Skills 42 = Substance Use/Abuse 43 = Work Hardening (Occupational Therapy) 50 = Other (Specify in block 3d)
3b	Topic Code #2 (See Above) This is the second most important topic covered during the contact.
3c	Topic Code #3 (See Above) This is the third most important topic covered during the contact.
3d	"Other" Topic specification. Must code "50" in block 3a or 3b or 3c.
4	Location of Contact (Free Text) This is the unclassified location where the contact took place. Be as specific as possible while maintaining OPSEC. Examples include: "Camp BondSteel"; "Kandahar"; or "Op Anaconda"
5	Number of Participants
6	Number of Participants Seen Individually for Brief Follow-up (after the group contact/class)
7	Number of Participants Requiring Further Clinical or Preventive Interventions (beyond the "after class contact noted in block 6 above)
8	Provider's Last Name
9	Provider's Middle Initial (if known)
10	Provider's First Name
11	Provider's Grade (E-1 to E-9; W-1 to W-5; O-1 to O-9)
12	Provider's Military Occupational Specialty (MOS) Code **91WN3** Occupational Therapy Specialist **91X** Behavioral Health Specialist **60W** Psychiatrist **65A** Occupational Therapist **66C** Psych Nurse **73A** Social Worker **73B** Clinical Psychologist If not listed above, see charts at:

	https://www.odcsper.army.mil/pamxxi/secured/mosstructure/mos-charts.asp
13	Provider's Unit of Assignment (Free Text)
14-18	**Blocks 14 through 18 describe some group parameters; complete the blocks if possible. There may be times when this information is not appropriate (such as a command consultation with only the commander – when rank + unit would identify him/her). However, the ability to identify individuals – particularly in briefing and classes should not preclude gathering this information – to include names and SSNs on the roster on the reverse side of this form. For example, if giving a class on homecoming to A Co., 1/1 Infantry, you note that the "O-3" was present, this should not be stigmatizing.**
14a	Number of Officers (in grades O-1 to O-9) participating in the contact/class
14b	Number of Warrant Officers (in grades W-1 to W-5) participating in the contact/class
14c	Number of NCOs (in grades E-5 to E-9) participating in the contact/class
14d	Number of lower enlisted (in grades E-1 to E-4) participating in the contact/class
14e	The grade of the most junior military person present (E-1 to E-9; W-1 to W-5; O-1 to O-9)
14f	The grade of the most senior military person present (E-1 to E-9; W-1 to W-5; O-1 to O-9)
15a	Number of males participating in the contact/class
15b	Number of females participating in the contact/class
16a	Number of Army personnel participating in the contact/class
16b	Number of Air Force personnel participating in the contact/class
16c	Number of Navy personnel participating in the contact/class
16d	Number of Marine personnel participating in the contact/class
16e	Number of Foreign Military personnel participating in the contact/class
16f	Number of Government or Contract Civilian personnel participating in the contact/class
17	Group Composition Code (Describes the homogeneity of the group, and how the group was formed): **All participants come from the same company or unit** 01 = Mandatory Training (Single Unit) 02 = Command/Chaplain Identified Personnel (Single Unit) 03 = BH-Provider Identified Personnel (Single Unit) 04 = Self-Referred Personnel (Single Unit) **Participants are from two or more units** 11 = Mandatory Training (Mixed Unit) 12 = Command/Chaplain Identified Personnel (Mixed Unit) 13 = BH-Provider Identified Personnel (Mixed Unit) 14 = Self-Referred Personnel (Mixed Unit) If there is a mix of referral sources, code the referral source that is most invasive. For example, if some were self-referral and some were command-identified, code block 17 as "02" (assuming they all come from the same company).
18	Single Unit Information If the participants are predominately from a single unit, then record the unit (free text).
COSC-PC Roster	On the backside of the COSC-PC form is a list that may be passed among participants to capture who actually participated in the training/contact. The unit may require this to document mandatory training. It may also provide some of the data requested in blocks 14-18 above. Those COSC-PC forms with completed (or attached rosters of participants) should be forwarded to MEDCOM (CSC Office) at the completion of the deployment or periodically as required.

II. COSC Individual Contact (COSC-IC) Form

a. General Information. This form is used to capture individual information for each new and follow-up contact. This information is tracked by name/SSN, but is rolled up for command/admin reports in order to maintain contact confidentiality. These forms (or electronic files of them) are retained throughout the deployment and forwarded upon redeployment to Commander, MCHO-CL-H, [redacted] Fort Sam Houston, TX 78234 [redacted] for databasing and medical surveillance activities (IAW DOD Dir 6490.2).

b. Line number explanations:

Line #	Explanation
1	Contact's Last Name
2	Contact's Middle Initial (if known)
3	Contact's First Name
4	Contact's Gender 1 = Male 2 = Female
5	Contact's Military Occupational Specialty (MOS) Code If unknown, see charts at: https://www.odcsper.army.mil/pamxxi/secured/mosstructure/mos-charts.asp
6	Contact's Social Security Number (leave blank if foreign)
7	Contact's Grade (E-1 to E-9; W-1 to W-5; O-1 to O-9)
8	Contact's Service: A = Army N = Navy/Coast Guard M = Marine F = Air Force G = Government or Contract Civilian R = Foreign Military O = Other (NGOs, etc.)
9	Contact's Component: A = Active Duty (includes fulltime foreign military personnel) R = Reserve (includes part-time foreign military personnel) G = National Guard (includes local militia) N = Non-Applicable (Used with civilians, government civilians & contractors) O = Other
10	Contact's Unit of Assignment (For Example: "E 204 FSB, 4ID")
11	Date of Contact (DD-MMM-YY) For Example, "23-SEP-04"
12	Contact Type: 01 = New Individual Contact 02 = Individual Follow-up (Second, third, etc. contact)
13	Provider's Last Name
14	Provider's Middle Initial (if known)
15	Provider's First Name
16	Provider's Military Occupational Specialty (MOS) Code **91WN3** Occupational Therapy Specialist **91X** Behavioral Health Specialist **60W** Psychiatrist **65A** Occupational Therapist **66C** Psych Nurse **73A** Social Worker **73B** Clinical Psychologist If not listed above, see charts at: https://www.odcsper.army.mil/pamxxi/secured/mosstructure/mos-charts.asp
17	Provider's Grade (E-1 to E-9; W-1 to W-5; O-1 to O-9)

18	Provider's Unit of Assignment (Free Text)
19	Risk Blank = Not Assessed 0 = None 1 = Suicidal 2 = Violent or Homicidal 3 = Both Suicidal AND Violent/Homicidal
20	Other Command Interest (Check if Yes) Check this block if the visit is of command interest, but is not a DA-mandated or command-directed evaluation.
21a	Location of Contact (Free Text) This is the unclassified location where the contact took place. Be as specific as possible while maintaining OPSEC. Examples include: "Camp BondSteel"; "Kandahar"; or "Op Anaconda"
21b	Location of Contact 1 = Seen in Soldier's Unit 2 = Seen in MH or CSC Team base 3 = Other Location or Setting
22	COSR Problem Code #1 This is the primary (most significant) reason for treatment or concern. COSR Problem Codes are non-clinical codes created by combining a two-digit "symptom code" with a one-character "precipitant code." For example, "02-E" reflects "anxiety symptoms due to homefront issue(s)." If no problem exists, code "00-Z" in block 24 and leave blocks 25 and 26 blank. <u>Symptom Codes:</u> 00 = None (No symptoms displayed or reported) 01 = Anger 02 = Anxiety 03 = Bizarre Behavior &/or thinking (Psychoses, etc.). 04 = Bodily Concerns (Somatoform, Conversion, etc.). 05 = Depression 06 = Eating (Excessive weight gain/loss, binging/purging, etc.) 07 = Exhaustion/Loss of Initiative 08 = Arousal (Hypomania, Mania, etc.) 09 = Impulse Control 10 = Memory/Dissociation 11 = Self/Other Injurious Behavior (used with suicidal/homicidal ideation or self-mutilation) 12 = Sexual 13 = Sleep 14 = Substance Use (includes alcohol, drugs, and excessive tobacco use) <u>Precipitant Codes:</u> A = Combat Exposure B = Non-Combat Severe [Traumatic] Event C = Captivity and/or Detention (Examples include result of being a Prisoner of War or being placed in detention by friendly authorities for alleged criminal acts.) D = Peer/Unit Issues (Difficulties with peers or others in unit, being a newcomer, etc.) E = Leadership Issues (Difficulties with one's leaders, between leaders, or with the command climate) F = Homefront Issue (Difficulties attributable to problems with or at home, where the problem is seen as predominantly an external cause. Examples include death of grandparent, infidelity of spouse at home, etc.)

	G = Separation Issues (Difficulties specifically with being away from home station, where the problem is more internalized – such as homesickness – but not a problem at or with home per se) H = Perceived Nuclear, Biological, or Chemical Exposure (This is from the soldier's point of view, regardless of the truth of exposure) I = Physical/Environmental Exposure (Difficulty due to weather, noise, living conditions, toxic exposure to environment such as hazardous waste.) J = Other Mission Requirement (high OPTEMPO, sleep loss, job mismatch, insufficient training K = Characterological Factors (Personality Traits, etc.) L = Conditional (Malingering, Factitious, etc.) M = Pre-Existing Condition Z = Not Applicable
23	COSR Problem Code #2 (See Above) This is the second most important problem/precipitant.
24	COSR Problem Code #3 (See Above) This is the third most important problem/precipitant.
25	Disposition Code 1 = Return to Duty (RTD) Same Day to soldier's unit of assignment 2 = Rest with Support Unit (<=72 hours) 3 = Hold in Medical/CSC Unit (<=72 hours) If the soldier is hospitalized or requires evacuation, he/she is a PMD patient and should be managed as such, not as a COSR contact. While COSC principles still apply to treatment of these soldiers, the medevac system requires more adequate medical and BH documentation.
26a	Chain of Command consulted as part of this soldier contact? (Check if yes) Chain of command includes any member of the soldier's supervisory chain, an NCO or officer in the soldier's unit, or an official escort sent by the command with the soldier.
26b	Soldier's unit chaplain consulted as part of this soldier contact? (Check if yes) "Chaplain" includes any member of the soldier's unit ministry team.
26c	Non-behavioral health medical personnel consulted as part of soldier contact? (Check if yes) Non-BH med personnel include medic, PA, nurse, physician or dentist.
26d	Family member consulted as part of soldier contact? (Check if yes)
27a	Is the soldier mission capable (present in his/her unit and psychosocially able to perform his/her MOS mission)? – (Check if Yes)
28a	Recommend Administrative Action (UCMJ, chapter discharge, etc.) to command – (Check if Yes)
28b	Recommend Duty Limitation to command – (Check if Yes)
28c	Recommend soldier be placed on command interest profile (unit watch) – (Check if Yes)
28d	Referral made to non-BH medical provider (medical referral) – (Check if Yes)
28e	Recommend BH (self or other provider) perform a follow-up visit – (Check if Yes)

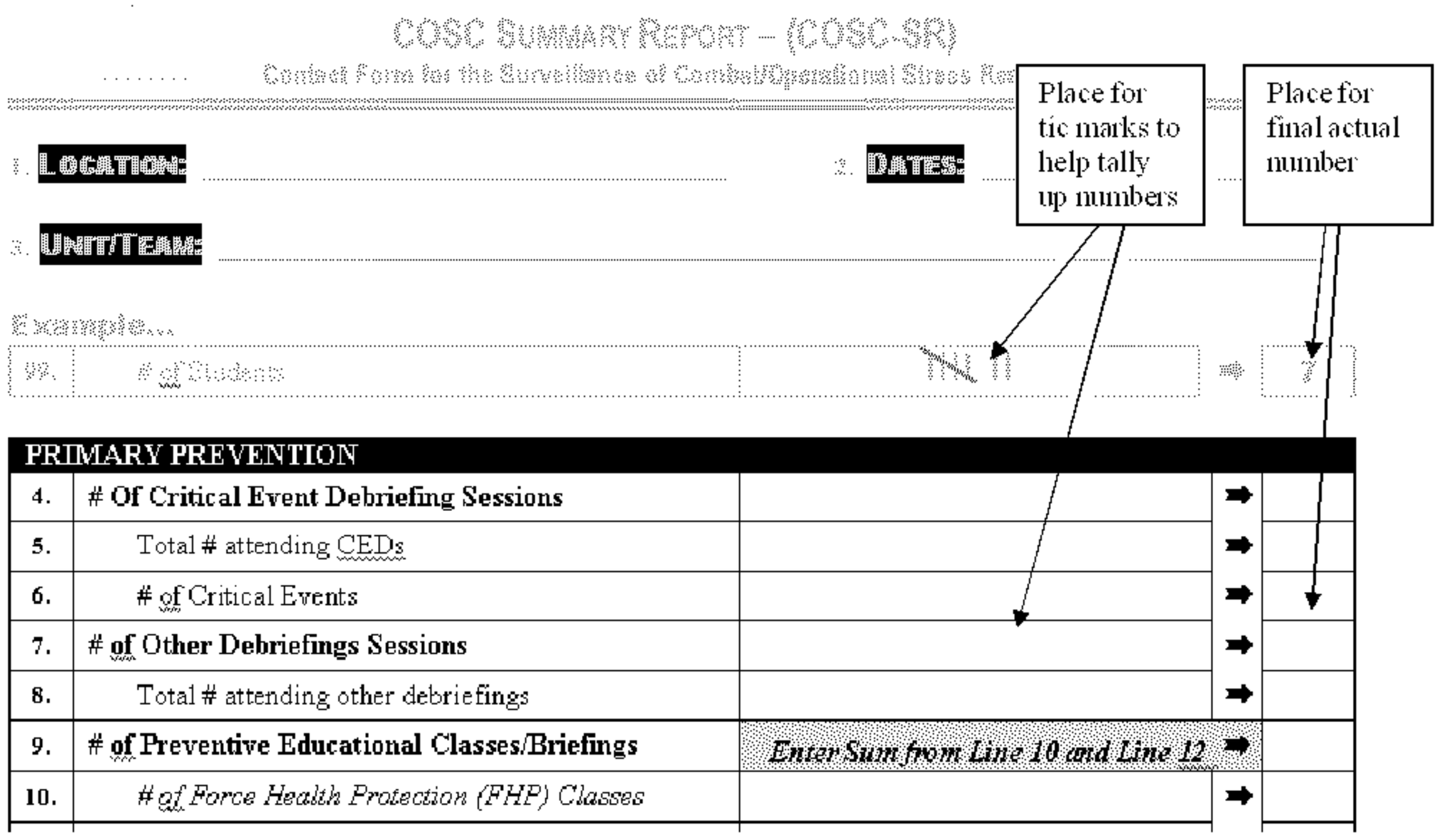
III. COSC Summary Report (COSC-SR) Form

a. General Information. This form is used to report COSC activities on a periodic basis (usually weekly) to local commands and to MEDCOM. It includes a roll-up of relevant data from the COSC-IC and COSC-PC Forms, other data sources, and a short narrative discussing any particular trends, issues, problems, or needs. This form should be submitted as required to local command and medical authorities.

b. Transmission. The COSC Summary Report or Field Expedient Summary Report will be sent periodically, as specified by Command, from each reporting element to the senior medical headquarters in a region or theater (a MED TASK FORCE, MED BDE or MED COM) by SIPRNET. When SIPRNET is not available (and

with local command approval), the COSC-SR or FE can be sent by unsecure voice, fax or e-mail using the line message format and prearranged code words for the subject of the message and any words in the message that are sensitive or classified.

c. Completing the Form. Each Line is numbered (left hand column), and an area for "tic" marks to aid in tallying each line is provided immediately to the left of the Line's label. The box to the far right is where the actual answer should go (see below).



In certain places, multiple lines need to be summed in order to provide a total score. Brackets and arrows on the form designate these actions (see below):

SECONDARY PREVENTION					
22.	*# of COSR Contacts*		*Enter Sum from Line 23 and Line 24* ➡		
23.	# of New Cases (First-time Contacts)			-	
24.	# of Follow-Up Contacts			-	
25.	Operational Causes	# Combat Exposure		-	
26.		# Non-Combat Critical Event		-	
27.		# Captivity/Detention		-	
28.	Relational Causes	# Peer/Unit		-	
29.		# Leadership		-	
30.		# Homefront		-	
31.		# Separation Issues		-	
32.	NBC Issues	# Perceived/Real NBC Exposures		-	
33.	Environmental Factors	# Physical/Environmental Exposure			
		# Other Mission Requirements			

Sum lines 23 and 24 and place in line 22.

Line 33 is a sum of three sets of tic marks

d. Line number explanations:

Line #	Explanation
1	Location If sent unsecure, the unclassified location of the COSC team/unit making the report. This can be as general as "Bosnia" or "BOS" as long as only one COSC/BH unit is deployed in that location. If two or more are deployed in that theater, then a more concise location should to be used, such as "AFG-N" or "BAG" " for Bagram or "K2" for the base in Uzbekistan", or a code for the supported unit if it is mobile, such as "4" for 4th ID..."
2	Time Period Dates From (start date) and To (end day). Reports, unless instructed otherwise cover a seven day period from 0000 hours (specify Local or Zulu Time) on Sunday to 2359 hours on the following Saturday
3	Unit/Team Name (or Code Name) of COSC team/unit reporting (Free Text)
4	# of Critical Event Debriefing (CED) Sessions Number of debriefing sessions for soldiers, leaders, others who were part of a critical incident. Found by counting all the COSC-PC forms with "11" coded in block 2.
5	Total # attending CEDs The total number of participants in all of the CEDs performed during the reporting period. Found by summing the numbers in block 5 of all the COSC-PC forms with "11" coded in block 2.
6	# of Critical Events This is the number of all critical (combat and non-combat) events that have occurred within the reporting unit's area of responsibility during the time covered by the report. This is a manual count of the critical events that have occurred during the reporting period.

7	# of Other Debriefing Sessions The number of debriefing sessions for soldiers for reasons other than the aftermath of a critical event (for example, end of tour debriefings) Found by counting all the COSC-PC forms with "12" coded in block 2.
8	Total # attending these other (non-CED) debriefing sessions. Found by summing the numbers in block 5 of all the COSC-PC forms with "12" coded in block 2.
9	Total # of Preventive Educational Classes/Briefings The sum of the number of Force Health Protection and Mission-focused classes (lines 10 and 12).
10	# of Force Health Protection (FHP) Classes/Briefings The number of classes given on FHP topics and are not related to a current deployment or deployment-phase. For example, FHP classes would include smoking cessation, anger management, stress management, suicide prevention, etc. Reunion classes are FHP classes if given generically, and not as part of a current deployment. Found by counting all the COSC-PC forms with "13" coded in block 2.
11	Total # attending FHP classes/briefings Total number of participants attending all FHP classes lead by the reporting unit during the reporting timeframe. Found by summing the numbers in block 5 of all the COSC-PC forms with "13" coded in block 2.
12	# of Mission-Focused Classes/Briefings Mission-focused classes include those classes, courses, and briefings related to a current or pending deployment/mission. Pre-deployment briefings and re-deployment briefings (to soldiers and/or family members, etc.) are mission-focused classes. Other examples include classes on: Continuous Operations, Psychological Aspects of NBC, Peacekeeping Operations, etc. Found by counting all the COSC-PC forms with "14" coded in block 2.
13	Total # attending Mission-Focused classes/briefings Total number of participants attending all FHP classes lead by the reporting unit during the reporting timeframe. Found by summing the numbers in block 5 of all the COSC-PC forms with "14" coded in block 2.
14	# of Non-Patient-Related Consultations with Command and/or Medical Leaders Found by counting all the COSC-PC forms with "16" coded in block 2.
15	# of Sensing Sessions / Walkabouts / Focus Groups The number of visits to the troops or groups meetings conducted during the reporting timeframe for gathering information on the current stressors and the status of a unit or organization. Found by counting all the COSC-PC forms with "17" coded in block 2.

16	Total # of individuals interviewed in the walkabouts, sensing and focus groups enumerated in Line 14 above Total number of participants providing information to MH/CSC team members as they talk with troops in their work or rest areas, plus all participants in sensing or focus groups lead by the reporting unit during the reporting timeframe. Found by summing the numbers in block 5 of all the COSC-PC forms with "17" coded in block 2.
17	# Unit Surveys (Different units surveyed) The number of units surveyed using FORMAL unit survey techniques during the reporting timeframe. Found by counting all the COSC-PC forms with "18" coded in block 2.
18	# Questionnaires, surveys, or individuals interviewed (Total returned unit surveys) The number of written or electronic questionnaires completed during the unit surveys in Line 16 above. Found by summing the numbers in block 5 of all the COSC-PC forms with "18" coded in block 2.
19	# of Individuals screened for Pre/Post-Deployment The number of individuals (or questionnaire forms) screened for deployment or screened prior to or around the time of redeployment. Found by summing the numbers in block 5 of all the COSC-PC forms with "19" coded in block 2.
20	# of Individuals further screened in person The number of individuals in Line 18 above who needed an individual in-person BH assessment. Found by summing the numbers in block 6 of all the COSC-PC forms with "19" coded in block 2.
21	# of Individuals requiring further intervention The number of individuals in Line 19 above who needed further treatment immediately or an appointment for follow-up treatment after screening session. Found by summing the numbers in block 7 of all the COSC-PC forms with "19" coded in block 2.
22	# of COSR Contacts The number of contacts during the reporting timeframe with COSR clients. Includes new and follow-up contacts. Found be summing lines 23 and 24 below.
23	# of New Cases (First-time contacts) The number of individuals seen for the very first time (new contact). Found by counting all the COSC-IC forms with "01" coded in block 12.
24	# of Follow-up Contacts The number of COSR-coded individuals seen for a second, third, etc. occasion. [If the same individual is seen initially and then twice more during the reporting timeframe, then one (1) would be added to Line 23 above for the initial appointment, and two (2) would be added to this line for the two follow-up contacts.] Found by counting all the COSC-IC forms with "02" coded in block 12.

25	# of Combat Exposure The number of COSC contacts where the primary problem was attributed to direct combat exposure (lethal weapons used with deadly intent in the immediate vicinity, direct exposure to casualties, front-line action, etc.). Found by counting all the COSC-IC forms with "A" coded in the last box in Line 22.
26	# Non-Combat Severe Event The number of COSC contacts where the primary problem was attributed to a critical incident other than direct combat (suicide in unit, fatal accident, exposure to mass suffering or dead bodies, great danger, etc.). Found by counting all the COSC-IC forms with "B" coded in the last box in Line 22.
27	# Captivity/Detention The number of COSC contacts where the primary problem was attributed to being in captivity or detention (POW, EPW, prisoner in military corrections facility, etc.). Found by counting all the COSC-IC forms with "C" coded in the last box in Line 22.
28	# Peer/Unit The number of COSC contacts where the primary problem was attributed to a conflict with the unit or with a peer in the unit. Found by counting all the COSC-IC forms with "D" coded in the last box in Line 22.
29	# Leadership The number of COSC contacts where the primary problem was attributed to a conflict with or between leaders in the unit or problems with one's own leadership. Found by counting all the COSC-IC forms with "E" coded in the last box in Line 22.
30	# Homefront The number of COSC contacts where the primary problem was attributed to an issue at home, conflict with family member, etc. Found by counting all the COSC-IC forms with "F" coded in the last box in Line 22.
31	# Separation The number of COSC contacts where the primary problem was attributed to being separated from home or family/friends. Found by counting all the COSC-IC forms with "G" coded in the last box in Line 22.
32	# of Perceived/Real NBC Exposures The number of COSC contacts where the primary problem was attributed to actual or perceived exposure to nuclear, chemical, or biological warfare agents. Found by counting all the COSC-IC forms with "H" coded in the last box in Line 22.
33	Environmental Factors The number of COSC contacts where the primary problem was attributed to environmental causes (weather, noise, living conditions, specific mission requirements, high operations tempo, sleep loss, continuous operations, MOPP, resupply delay, concern about hazardous waste, etc.). Found by counting all the COSC-IC forms with an "I" or a "J" coded in the last box in Line 22.

34	Other Individual Causes The number of COSC contacts where the primary problem was attributed to individual causes (personality, malingering, expectation of secondary gain, etc.). Found by counting all the COSC-IC forms with an "K", "L", or an "M" coded in the last box in Line 22.
35	# RTD Same Day The number of new and follow-up contacts treated and released without any recommended limitations to their duty or need for enhanced safety precautions. Found by counting all the COSC-IC forms with "1" coded in block 25.
36	# Rest (<72 hours) The number of new and follow-up contacts placed on "rest" within another non-medical unit for not more than 72 hours. Found by counting all the COSC-IC forms with "2" coded in block 25.
37	# Hold in Medical Unit (<72 hours) The number of new and follow-up contacts placed held for treatment (occupying a medical "cot") within a CSC or medical unit for not more than 72 hours. Found by counting all the COSC-IC forms with "3" coded in block 25.
38	# Mission Capable The number of contacts resulting in the individual available to do their MOS duties. This includes those RTD w/limitations but able to effectively perform their MOS duties. Found by counting all the COSC-IC forms with "1" coded in block 27.
39	# Non-Mission Capable The number of contacts resulting in the individual not available to do their MOS duties. This includes those RTD w/limitations that prohibit them from effectively fulfilling their MOS duties, those on rest, hold, admitted to a medical unit, or transferred rearward. Found by counting all the COSC-IC forms with "2" coded in block 27.
40	# of Suicidal Soldiers The number of contacts involving an individual with potential suicide issues. Found by counting all the COSC-IC forms with "1" or "3" coded in block 19.
41	# of Violent Soldiers The number of contacts involving an individual with potential violence (to include homicide) issues. Found by counting all the COSC-IC forms with "2" or "3" coded in block 19.
42	# Other Command Interest The number of contacts where there is significant command interest (but is not a command–directed evaluation). Found by counting all the COSC-IC forms with the box checked in block 20.
43	# of Command Consultations re: Individual COSR Cases The number of consultations held with command / supervisory chain of soldiers in order to get more information or to provide feedback regarding that soldier. Found by counting all the COSC-IC forms with box "a." checked in block 26.
44	# of COSR Contacts with Admin Recommendations Found by counting all the COSC-IC forms with box "a." checked in block 28.

45	# of COSR Contacts with Command Interest Profile Recommendations Found by counting all the COSC-IC forms with box "c." checked in block 28.
46-52	**Blocks 46 through 52 deal with "patient" or Tertiary Prevention statistics. Because these contacts require formal patient records and often a DSM-IV diagnosis, many units require that different paperwork and databases be used to track these cases. Therefore, COSC-WARS does not track these fields directly. They are placed on the COSC-SR and COSC-FE forms for convenience in reporting to higher-echelon medical commands and to MEDCOM. These numbers may be tracked directly on the COSC-SR or COSC-FE reporting form by placing tic marks in the appropriate line item whenever it occurs throughout the reporting period. They may be tracked manually or electronically by other methods. Regardless of the manner of tacking these numbers, they are required reporting items to MEDCOM.**
46	# of Psychiatric/Mental Disorders (PMD) Contacts The number of contacts during the reporting timeframe with PMD patients. Found be summing lines 47 and 49 below.
47	# of New Cases (First-time Contacts) The number of individuals seen for the very first time (new contact) and given a DSM-IV diagnosis at that first contact.
48	# of Follow-Up Contacts The number of PMD-coded individuals seen for a second, third, etc. occasion. If the same individual is seen initially as a COSR case and then on the third contact is coded with a DSM-IV diagnosis, then the first contact would be a "COSR New," the second a "COSR F/U," and the third would be a "PMD F/U."
49	# Admitted to Ward The number of new and follow-up contacts admitted to a medical unit "bed", initiating a "hospital record" and tracked through the medical patient administration system.
50	# of COSR Patients who converted to PMD Patients This is the number of **patients** (not contacts) that have previously been coded as having COSRs but who are now being counted as PMDs secondary to persistence of functional impairment, new information re: preexisting condition, etc.
51	# of Command-Directed Referrals The number of contacts resulting from a command–directed evaluation (as defined by DOD Dir 6490.1).
52	# DA-Mandated Evaluations The number of contacts resulting due to a DA mandated evaluation (sniper school, drill sergeant candidate evaluation, etc.).

IV. COSC Field Expedient Summary Report (COSC-FE) Form

a. General Information. This form is a "field expedient" version of the COSC-SR described above. BH personnel and units that do not have automation support to help crunch the number are authorized to use this form extract in lieu of the COSC-SR. Complete each line item following the instructions noted for that same line number in the COSC-SR section above.

b. Transmission. The COSC Summary Report or Field Expedient Summary Report will be sent periodically, as specified by Command, from each reporting element to the senior medical headquarters in a region or theater (a MED TASK FORCE, MED BDE or MED COM) by SIPRNET. When SIPRNET is not available (and with local command approval), the COSC-SR or FE can be sent by unsecure voice, fax or e-mail using the line message format and prearranged code words for the subject of the message and any words in the message that are sensitive or classified.

APPENDIX B

Forms

COSC PREVENTION CONTACT – (COSC-PC)

CONTACT FORM FOR THE SURVEILLANCE OF COMBAT/OPERATIONAL STRESS REACTIONS

GROUP SURVEILLANCE/PREVENTION VERSION

CONTACT DATA

1 – *Date* *(e.g., 01 JAN 03)*

2 – *Contact Code* *(See Key)*

11 – Critical Event Debriefing
12 – Other Debriefing
13 – FHP Class/Consult
14 – Mission Related Class/Consult
15 – Media Presentation
16 – CMD/Med Consult
17 – Sensing Session
18 – Unit Survey
19 – Screening

3a – *Topic Code*
3b – *Topic Code*
3c – *Topic Code*
(See Key)

Mission-Related Topics	*Force Health Protection Topics*	*Either M-R or FHP Topics*
01 – Combat-Related Traumatic Exposure	**21 –** Life Skills	**31 –** Anger/Emotional Control
02 – Combat Stress Awareness/Prevention	**22 –** Parenting Skills	**32 –** Care-giver stress
03 – CSC or BH Section Mission/Capabilities	**23 –** Personal Growth	**33 –** Communication Skills Building
04 – Command Climate	**24 –** Sexual Responsibility	**34 –** Emotional Cycle of Deployment
05 – Continuous Operations/Sleep Plans	**25 –** Tobacco Cessation	**35 –** Ergonomics
06 – Human Body Recovery	**26 –** Upper Extremity	**36 –** Homefront Problems
07 – Leadership Issues	**27 –** ETS/Retire/Separation	**37 –** Non-Combat-Related Traumatic Expo
08 – NBC Defense Stress/Mgmt		**38 –** Performance Enhancement
09 – Peacekeeping stressors		**39 –** Separation for Support Systems
10 – Pre-Deployment Issues		**40 –** Suicide/Violence Prevention
11 – Redeployment/Homecoming		**41 –** Stress Management Skills
12 – Soldiers' Concerns/Stressors	**50 –** Other *(Please specify in **Block 3d**)*	**42 –** Substance Use/Abuse
13 – Terrorism/Homeland Security		**43 –** Work Hardening

3d – *Topic* *(Use ONLY if the topic covered has no corresponding code listed in **Block 3a,b,c** above, **AND**, you have coded 50 in **Block 3a, b, or c**)*

4 – *Location of Contact* *(e.g., Kuwait, Fort Hood, Camp X-Ray, etc.)*

5 – *Number of Participants*

6 – *Number of Participants Seen Individually for Brief Follow-Up Screening*

7 – *Number of Participants Requiring Further Clinical or Preventive Interventions*

8 – *Provider's Last Name*

9 – *MI*

10 – *Provider's First Name*

11 - *Provider's Grade* *(e.g., O-3)*

12 – *Provider's MOS/AOC* *(e.g., 73B)*

13 – *Provider's Unit of Assignment* *(e.g., 85 CSCD)*

DETAILED PARTICIPANT INFORMATION *(IF AVAILABLE)*

14 – *RANK*

14a - *# of Officer Participants*

14b - *# of Warrant Officer Participants*

14c - *# of NCO Participants*

14d - *# of Enlisted Soldier Participants*

14e – *Most Junior Grade Present* *(e.g., E-3)*

14f – *Most Senior Grade Present* *(e.g., O-3)*

15 – *GENDER*

15a - *# of Male Participants*

15b - *# of Female Participants*

16 – *SERVICE*

16a - *# of Army Personnel Attending*

16b - *# of Air Force Personnel Attending*

16c - *# of Navy Personnel Attending*

16d - *# of Marine Personnel Attending*

16e - *# of Foreign Military Personnel Attending*

16f - *# of Govt. or Civilian Contractors Attending*

17 – *Group Composition Code* *(See Key)*

01 – Mandatory Training (Single Unit)
02 – Command Identified Personnel (Single Unit)
03 - BH Provider Identified Personnel (Single Unit)
04 – Self-Referred Personnel (Single Unit)
11 – Mandatory Training (Mixed Units)
12 – Command Identified Personnel (Mixed Units)
13 – BH Provider Identified Personnel (Mixed Units)
14 – Self-Referred Personnel (Mixed Units)

18 – *Single Unit Information* *(Use this block only when working with personnel predominantly from a single unit; e.g., E 204 FSB)*

	NAME	SSN	RANK	UNIT
1.				
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40.				

COSC INDIVIDUAL CONTACT – (COSC-IC)

CONTACT FORM FOR THE SURVEILLANCE OF COMBAT/OPERATIONAL STRESS REACTIONS

INDIVIDUAL VERSION

DEMOGRAPHIC DATA

1 - *Soldier's Last Name*

2 - *MI*

3 - *Soldier's First Name*

4 – *Gender*
1 – Male
2 – Female

5 – *MOS* *(e.g., 11B)*

6 - *Social Security Number*
___ – __ – ____

7 - *Grade* *(e.g., E-6)*
___ – ___

8 – *Service*
A - Army
N - Navy
M - Marines
F - Air Force
G - Govt/Contract Civ
R - Foreign Military
O - Other

9 - *Component*
A-AD
R-Reserve
G-National Guard
N - N/A
O - Other

10 – *Unit of Assignment* *(e.g., E 204 FSB, 4ID)*

CONTACT DATA

11 - *Date* *(e.g., 01 JAN 03)*
__ – ___ – __

12 - *Contact Code* *(See Key)*
01 - Individual (NEW)
02 - Individual (F/U)

13 - *Provider's Last Name*

14 - *MI*

15 - *Provider's First Name*

16 – Provider *MOS* *(e.g., 73B)*

17 - *Provider's Grade* *(e.g., O-3)*
___ – ___

18 - *Provider's Unit of Assignment* *(e.g., 85 CSCD)*

19 – *Risk*
0 – None
1 – Suicidal
2 – Violent/Homicidal
3 – Both

20 – *Command Interest (But NOT a CMD-Directed MSE)* *(Check if Yes)*

21a – *Location of Contact* *(e.g., Kuwait)*

21b – *Where Soldier Seen* *(See Key)*
1 - Soldier's Unit
2 - CSC/BH Unit
3 - Other

EVALUATION, ACTIONS, AND DISPOSITION DATA

22 - *COSR Problem Code #1* *(See Key)*
__ – ___

23 - *COSR Problem Code #2* *(See Key)*
__ – ___

24 - *COSR Problem Code #3* *(See Key)*
__ – ___

COSR Problem Codes are Non-Clinical codes and are created by combining a two-digit "Symptom Code" with a one-character "Precipitant Code." (e.g., **02-E** *reflects anxiety symptoms due to homefront issues.)*

Symptom Codes

00 - None
01 - Anger
02 - Anxiety
03 - Bizarre Behavior and/or Thinking
04 - Bodily Concerns
05 - Depression
06 - Eating
07 - Exhaustion/Loss of Initiative
08 - Arousal (Mania)
09 - Impulse Control
10 - Memory/Dissociation
11 - Self/Other Injurious Behavior
12 - Sexual
13 - Sleep
14 - Substance Use

Precipitant Codes

A-Combat Exposure
B-Non-Combat Severe Event
C-Captivity/Detention
D-Peer/Unit Issues
E-Leadership Issues
F-Homefront Issues
G-Separation Issues
H-Perceived NBC Expo
I - Physical/Environ. Exposure
J - Other Mission Reqs
K - Character Factors
L - Conditional
M - Pre-Existing Cond
Z - Not Applicable

25 - *Disposition Code* *(See Key)*
1-RTD
2-Rest w/ Spt Unit
3-Hold in Med Unit

26 – *Consultations Conducted...* *(Check All That Apply)*

a. ☐ Command
b. ☐ Chaplain
c. ☐ Non BH Medical
d. ☐ Family Member

27 – *Mission Capable?* *(See Key)*
1-YES
2-NO

28 – *Recommendations Made...* *(Check All That Apply)*

a. ☐ Recommend Admin Action (e.g., UCMJ, Chapter, etc.)
b. ☐ Recommend Duty Limitation
c. ☐ Command Interest Profile
d. ☐ Non-BH Medical Referral
e. ☐ Follow-Up Visit

COSC SUMMARY REPORT – (COSC-SR)

Summary Form for the Surveillance of Combat/Operational Stress Reactions

1. **LOCATION:** _____ 2. **TIME PERIOD:** _____ **TO** _____

3. **UNIT/TEAM:** _____

Example...

99.	# of Participants	~~IIII~~ II	➡	**7**

PRIMARY PREVENTION				
4.	**# Of Critical Event Debriefing Sessions**		➡	
5.	Total # attending CEDs		➡	
6.	# of Critical Events		➡	
7.	**# of Other Debriefings Sessions**		➡	
8.	Total # attending other debriefings		➡	
9.	**# of Preventive Educational Classes/Briefings**	***Enter Sum from Line 10 and Line 12***	➡	
10.	*# of Force Health Protection (FHP) Classes/Briefs*		➡	
11.	Total # attending FHP classes		➡	
12.	*# of Mission-Focused Classes/Briefs*		➡	
13.	Total # attending Mission classes		➡	
14.	# Non-patient Related Consults w/CMD & Med Ldrs		➡	

SURVEILLANCE ACTIVITIES				
15.	# Sensing Sessions / Walkabouts / Focus Groups		➡	
16.	Total # participants/contributors		➡	
17.	# Unit Surveys (Different units surveyed)		➡	
18.	# Questionnaires (Total returned in unit surveys)		➡	
19.	# of Individuals screened for Pre/Post-Deployment		➡	
20.	# of Individuals further screened in person		➡	
21.	# of Individuals requiring further intervention		➡	

OTHER COMMENTS:

_____

_____

_____

_____

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_____

SECONDARY PREVENTION						
22.	*Total # of COSR Contacts*		*Enter Sum from Line 23 and Line 24* ➡			
23.	# of New Cases (First-time Contacts)			➡		⬆
24.	# of Follow-Up Contacts			➡		
25.	Operational Causes	# Combat Exposure		➡		
26.		# Non-Combat Critical Event		➡		
27.		# Captivity/Detention		➡		
28.	Relational Causes	# Peer/Unit		➡		
29.		# Leadership		➡		
30.		# Homefront		➡		
31.		# Separation Issues		➡		
32.	NBC Issues	# Perceived/Real NBC Exposures		➡		
33.	Environmental Factors	# Physical/Environmental Exposure				
		# Other Mission Requirements				
34.	Other Individual Causes	# Characterological Factors				
		# Conditional				
		# Pre-Existing Condition				

DISPOSITION				
35.	# RTD		➡	
36.	# Rest in a Non-Medical Unit (< 72 hours)		➡	
37.	# Hold in Medical Unit (< 72 hours)		➡	

COMMAND INTEREST				
38.	# Mission Capable		➡	
39.	# Non-Mission Capable		➡	
40.	# of Suicidal Soldiers		➡	
41.	# of Violent Soldiers		➡	
42.	# Command Interest (non-Cmd-Directed) Contacts		➡	
43.	# of Command Consults re: Individual COSR Cases		➡	
44.	# of COSR Contacts with Admin Recommendations		➡	
45.	# of COSR Contacts with CIP Recommendations		➡	

TERTIARY PREVENTION						
46.	*Total # of Psychiatric/Mental Disorders Contacts*		*Enter Sum from Line 47 and Line 48* ➡			
47.	# of New Cases (First-time Contacts)			➡		⬆
48.	# of Follow-Up Contacts			➡		
49.	# Admitted to Hospital Ward as Inpatient				➡	
50.	# of COSR Patients who converted to PMD Patients				➡	
51.	# of Command-Directed Referrals				➡	
52.	# DA-Mandated Evaluations (e.g., Recruiter Eval, etc.)				➡	

COSC FIELD EXPEDIENT SUMMARY REPORT – (COSC-FE)

Summary Form for the Surveillance of Combat/Operational Stress Reactions

1. **LOCATION:** _____ 2. **TIME PERIOD:** _____ **TO** _____

3. **UNIT/TEAM:** _____

Example...

99.	# of Participants	~~IIII~~ II	➡	7

PRIMARY PREVENTION				
6.	# of Critical Events		➡	
9.	# of Preventive Educational Classes/Briefings		➡	

SURVEILLANCE ACTIVITIES				
15.	# Sensing Sessions / Walkabouts / Focus Groups		➡	
19.	# of Individuals screened for Pre/Post-Deployment		➡	

SECONDARY PREVENTION				
23.	# of New COSR Contacts (1st Contacts)		➡	
24.	# of Follow-up COSR Contacts		➡	

DISPOSITION				
35.	# RTD		➡	
36.	# Rest in a Non-Medical Unit (< 72 hours)		➡	
37.	# Hold in Medical Unit (< 72 hours)		➡	

COMMAND INTEREST				
38.	# Mission Capable		➡	
39.	# Non-Mission Capable		➡	
40.	# of Suicidal Soldiers		➡	
41.	# of Violent Soldiers		➡	

TERTIARY PREVENTION				
47.	# of New Psychiatric/Mental Disorders Contacts		➡	
48.	# of Follow-up Psychiatric/Mental Disorders Contacts		➡	
49.	# Admitted to Hospital Ward as Inpatient		➡	

OTHER COMMENTS:

_____

_____

_____

_____

_____

Line #	Explanation COSC-WARS SR (July 2006)
1	**Reporting Unit** The information and location information must not violate operation security (OPSEC) level of detail. When sending the report over non-secure media, delete column B (line descriptions). Use the previously agreed upon abbreviations for the locations. Do not mention in the message title or text notes that this message has anything to do with "psychiatric", mental."
2	**Report Dates** Include from and through dates
3	**# Personnel available on team.** Report the number of personnel actually available on each team during this reporting period. (Some may be on leave, etc.)
	TRAUMATIC EVENT MANAGEMENT
4	**# of Critical Events responded to** This is the number of all critical (combat and non-combat) events that the unit has responded to during the time covered by the report. (Intervention may not have been a CED, but education on grief responses, etc.)
5	**# of Critical Event "Debriefing"/Cool-Down/Defusing Sessions** Number of any of these sessions for those who were part of a critical event. Includes debriefings, brief "cool-down", or "defusings". NOTE: Individuals who seek further assistance after the CED or receive one-to-one 'debriefings' after critical events are reported as an Individual COSR Contact.
	CLASSES / DEBRIEFINGS
6	**Total # attending "Debriefing"/Cool-Down/Defusing Sessions** The total number of participants in all of the sessions reported in **line 5.**
7	**# of Other Debriefing Sessions** The number of debriefing sessions for soldiers for reasons other than the aftermath of a traumatic event.
8	**Total # attending other debriefing sessions** The total number of participants in all of the other debriefings reported in **line 7**.
9	**# of Preventive Education Classes** The sum of the number of Force Health Protection and Mission-Focused classes (**lines 10 and 12**).
10	**# of Force Health Protection (FHP) Classes** The number of classes given on general rather than military topics, and which are not focused on a specific issue or stressor in the current operation or deployment-phase. The FHP classes include life skills, parenting skills, personal growth, sexual responsibility, tobacco cessation, etc. Other topics may be presented generally and be counted as FHP classes, but they can also be concentrated on specific concerns of this operation and be counted as Mission-Focused classes. These adaptable topics include stress management, anger control, suicide/violence prevention, substance abuse, non-combat traumatic exposure. **NOTE:** For more standard examples, refer to the Prevention Contacts form.
11	**Total # of attending FHP classes** Total number of participants attending all FHP classes reported in **line 10**.
12	**# of Mission-Focused Classes** Mission-Focused classes include those classes, courses, and briefings related to a current or pending deployment/mission. (**Pre-deployment briefings and re-deployment briefings are mission-focused classes.)** Other examples are military topics such as sustaining performance in continuous operations or NBC defense, leadership and command climate, human body recovery, soldier's concerns/stressors, etc.

	NOTE: For more standard examples, refer to the prevention Contacts form. As stated on **Line 10**, some adaptable-topic classes can be presented to focus on mission-specific stressors of the unit being trained.
13	**Total # attending Mission-Focused classes** Total # of participants attending mission-focused classes during the reporting timeframe.
13a	**Total # attending Classes & Debriefings.** (This is the sum of **lines 8, 11, 13**)
	SURVEYS
14	**# Unit Needs Assessments Conducted (Different units surveyed)** The number of units (company or detachment level) surveyed using a FORMAL unit needs assessment tool. Report smaller elements of the same company (platoon, squad, team) as one unit. **NOTE:** The number of leaders and staff who receive "outbriefings" on the findings of the formal surveys are counted in **Line 51** (Consultation to Command).
15	**# Companies/Detachments for which team is responsible to support.** How many companies/detachments in each team's area of support? (This number should not change very often.)
16	**# of Individuals screened with a written tool.** Examples include mental health screening tools/surveys administered during redeployment briefings/education, including PDHA.
17	**# of Individuals further screened in person** The number of individuals in **Line 16** who needed an individual, in-person assessment (secondary screening) by a mental health provider.
18	**# of Individuals requiring further COSC intervention** The number of individuals in **Line 17** above who needed further COSC intervention immediately, or an appointment for follow-up upon reaching their next destination.
18a	**# of Individuals requiring further PMD intervention** The number of individuals in **Line 17** above who needed further PMD intervention immediately, or an appointment for follow-up treatment upon reaching their next destination.
	CONTACTS
19	**# of Manhours spent engaged in Walkabouts** The total number of hours each team member spent doing outreach visits to unit locations for the purpose of talking with unit members to gather information on the current stressors, problems, morale, and the status of a unit or organization. (1 person takes 8 hrs, another takes 5 hrs = 13 hrs) **NOTE**: The number of leaders and staff who receive "outbriefings" of the findings are counted on **Line 51** (Consultation to Command)
20	**Total # people contacted during these walkabouts** The total number of participants who provided input in all of the outreach visits reported in **line 19**. (including "sector sweeps", "walkabouts", unit team interviews). The number includes troops, leaders, chaplains, and medical personnel. The contact could be made informally at their duty station or leisure areas (e.g. dining facility, gym), or at locations where the contributors assemble specifically for that purpose. The outcome of the contact should be listed in **line 20a, 20b, or 20c**.
20a	**Helped-in-place** Those reported in **line 20** who received some form of COSC intervention at their duty station and who were never removed from their duty station during the course of the COSC intervention. (Talking to someone at the dining facility is not considered being 'removed from their duty station') Used when no individual identifiers are retained and who needed only practical advice or informal education. (i.e.

	methods of stress management)
20b	**Information Gathering** Those reported in **line 20** who were contacted to gather information on the current stressors, problems, morale, and the status of the unit or organization. (i.e. an informal unit needs assessment)
20c	**Referral** Those reported in **line 20** who required more than "HIP", but referral to a TMC, CSH, etc.
	CONTACTS - COSR
21	**Total # of COSR Contacts** The number of contacts with soldiers with COSR. (Total of **lines 22 + 23.**) **NOTE:** COSC-WARS users must recognize the full range of presentations and severities of COSR and its differentiation from Psychiatric Mental Disorders.
22	**# of New COSR Cases (First-time contacts)** The number of individuals with COSR who are seen for the first time in an episode of care. **NOTE**: If seen again weeks/months later for different or recurrent stressors, that is a new episode of care.
23	**# of Follow-up COSR Contacts** The number of individuals with COSR who are seen for a second, third, etc. occasion. If the same individual is seen initially and then twice more during the reporting timeframe, then one (1) would be added to Line 22 above for the initial appointment, and two (2) would be added to this line for the two follow-up contacts.
	Primary Precipitating Factor for COSR Contacts (Report <u>one</u> per COSR Contact) In this and following precipitating factor lines, the primary contributing factor does not necessarily remain the same in follow-up evaluations by the provider. The f/u factors can document changes in what has become the primary problem or complaint. **(Lines 24 – 33a)**
24	**# of Combat Exposure** The number of COSR contacts where the <u>primary</u> problem is attributed to direct combat exposure.
25	**# Non-Combat Critical Event** The number of COSR contacts where the <u>primary</u> problem is attributed to a critical event other than direct combat (suicide in unit, fatal accident, exposure to mass suffering or dead bodies, great danger, etc.).
26	**# NBC-related** The number of COSR contacts for whom the <u>primary</u> problem is attributed to the soldier's worry about, or perception of, having been exposed to NBC.
27	**Ex-POW/detention** The number of COSR contacts where the <u>primary</u> problem is attributed either the effects of earlier captivity (e.g. ex-POW or hostage) or who are currently in detention OR *is responsible for detaining others.* (e.g. detainees, POWs).
28	**# Peer/Unit** The number of COSR contacts where the <u>primary</u> problem is attributed to a conflict with the unit (e.g. poor unit cohesion) or with a peer in the unit.
29	**# Leadership** The number of COSR contacts where the <u>primary</u> problem is attributed to a perceived conflict between the individual and a leader, or between leaders in the unit, or to perceived poor leadership within the unit or at higher echelons of command.
30	**# Home front** The number of COSR contacts where the <u>primary</u> problem is attributed to an issue at home, e.g. conflict with family member, marital discord, illness or death of loved one, financial problem, legal problem, etc.
31	**# New in Unit** The number of COSR contacts where the <u>primary</u> problem is attributed to the soldier having joined the unit within the past few days or weeks, and has not yet

	been included in the team cohesion and/or has no combat experience.
32	**# Weather, minor illness, etc.** The number of COSR contacts where the primary problem is attributed to exposure to bad weather (e.g. heat, cold, dryness, wetness, wind, dust, etc.), insects, poor hygiene, *or* the minor sub-clinical illnesses that can result (e.g. mild dehydration, mild diarrhea, etc.)
33	**# Mission Requirements: OPTEMPO, sleep deprivation, etc.** The number of COSR contacts where the primary problem is attributed to mission demands, including continuous operations, fragmented sleep, frequent harassment by the enemy without serious casualties, little chance to relax and replenish because of extra duties, poor living conditions, poor MWR facilities including poor communication home, long or uncertain tour length, extension of tour or stop-loss, etc.
33a	**# Personality** The number of COSR contacts where the primary problem is attributed to the soldier's personality traits, but only requires COSR intervention vice PMD. (I.e. Dependent personality traits are present, but the soldier can remain on mission with minimal intervention, does not require recommendation for Chapter Separation.)
	CONTACTS - PMD
34	**Total # Psychiatric/Mental Disorder Contacts** The number of contacts during the reporting timeframe with PMD patients. (Total of **lines 35 + 37**). COSC-WARS users must recognize the range of severities of COSR and its differentiation from Psychiatric Mental Disorders.
35	**# New PMD Cases (First-time Evaluations)** The number of individuals seen for the very first time (new contacts) who already have documented DSM-IV diagnoses or are given a DSM-IV diagnosis at that first contact, with sufficient grounds that they should not be classified as COSR. **NOTE:** In principle, interventions for COSR should be tried first if they can be provided safely at some level.
36	**# of line 35 which were COSR follow-up contacts, but found to have PMD** This is the number of follow-up contacts that came into the follow-up coded as having COSR and left reclassified as PMD and given a DSM-IV diagnosis because of persistence of functional impairment, new information about preexisting condition, etc. Future follow-ups will continue as PMD.
37	**# of Follow-Up PMD Contacts** The number of PMD-coded individuals seen for a second, third, etc. occasion.
	Primary Precipitating Factor/Diagnosis for PMD Contacts (Report one per PMD Contact) In this and following precipitating factor lines, the primary contributing factor does not necessarily remain the same in follow-up evaluations by the provider. The f/u factors can document changes in what has become the primary problem or complaint. **(Lines 38-40a)**
38	**# Characterlogical (Axis II)** The number of PMD contacts where the primary problem is attributed to the soldier's personality traits that have been documented as a long-standing problem, not just a temporary overuse of pre-existing traits in reaction to abnormal stress for which the individual has not yet developed more adaptive responses. In the latter case, the strongest precipitating factor should be the primary contributing factors. **NOTE:** If a qualified MH professional recommends that the soldier's unit consider administratively returning the soldier to home station for evaluation for chapter discharge or UCMJ action, also record the case in **Line 43.**
39	**# Conditional (Secondary gain)** The number of PMD contacts whose primary problem is attributed as being clearly dependent on circumstances and stressors, and for whom the only solution or treatment they will consider is to be given strong secondary gain.

	Some of these may have observed behaviors and backgrounds that meet the DSM criteria for depression or anxiety but they are persistently resistant to treatment in theater. They may verbalize this as "I can only get better if I am evacuated home."
40	**Pre-existing Condition (Axis I)** The number of PMD contacts for whom the primary problem is attributed to a pre-existing mental disorder or other very strong pre-existing condition. To be considered "pre-existing", the mental disorder must have been diagnosed prior to **or earlier in,** the soldier's military service. The reason for the person being evaluated by MH may be: a) the patient has been stable on medication, but has lost or run out of the medication, may or may not be symptomatic; needs a refill; b) the prescribed medication has unacceptable risks or side effects and must be changed; c) the patient is taking the prescribed dose, but the symptoms of the pre-existing disorder or symptoms of COSR have worsened under operational conditions, cannot be returned to baseline by simple management as a COSR, and changes in medication or other MH treatments are required; d) the patient has a documented history of a prior episode of mental disorder that has been in full remission without medication, but has had a relapse that cannot be safely or successfully treated as COSR.
40a	**# Newly diagnosed Axis I** The number of PMD contacts for whom the primary problem is attributed to a mental disorder that has not been diagnosed before.
	DISPOSITIONS (Includes *all* COSR and PMD contacts)
41	**Total # Dispositions** (Sum of **lines 42-49**)
42	**# RTD Without Limitations** The number of new and follow-up contacts seen and released without any recommended limitations to their duty or need for enhanced safety precautions.
43	**# RTD with Administrative Recommendation** The number of **PMD contacts only** where the soldier is returned to duty with no medical limitations but with a recommendation or clearance for administrative action that, if Command follows it, will remove the soldier from action. (e.g. return to home station for evaluation for chapter discharge, etc.)
44	**# RTD w/Limitations – Mission Capable** The number of new and follow-up contacts returned to duty to their unit with at least one recommended temporary limitation to their duty, environmental modification, or a need for enhanced safety precautions.
45	**# RTD w/Limitations – Not Mission Capable** The number of new and follow-up contacts returned to duty at their unit with at least one recommended temporary limitation to their duty, environmental modification, or a need for enhanced safety precautions. The soldier is not able to perform his MOS within the limitations specified.
46	**# REST (Sent to non-medical support unit (<72 hours)** The number of new and follow-up contacts sent/taken to "REST" in a non-medical unit other than the individual's unit of origin, for not more than 72 hours. The alternative unit is usually close to the soldier's unit, and has a safer location with less demanding mission and/or more amenities.
47	**# HOLD (sent to non-CSC Medical Unit <72 hours)** The number of new and follow-up contacts held (i.e. given a medical "cot") in a medical unit that is NOT a CSC unit, for not more than 72 hours. The unit is usually a medical company's holding platoon. MH/COSC personnel may be collocated and able to provide 24 hours consultation, but do not need to be. If consultation is subsequently provided, that contact is recorded

	separately as a follow-up. **NOTE:** For soldiers sent to a CSC unit, use **Line 48**.
48	**# HOLD (Sent to CSC unit)** The number of soldiers who received some form of COSC intervention and, as the result of that intervention, were sent to a CSC unit with holding capabilities for further management or evaluation. The sender may be in a division/brigade or area support medical MH section, CSH, or in a CSC unit team sending the soldier to another CSC team.
49	**# REFER (sent to CSH)** The number of new and follow-up contacts sent for evaluation at a hospital (CSH, USAF Hospital, or Navy equivalent). The staff of the hospital uses this if they admit the soldier to a ward "bed", which initiates a "hospital record" and is tracked through the medical Patient Administration System. **NOTE:** This line records the disposition of individuals at the end of a contact. It must not be used to record daily censuses in the facility.
	OTHER (Can apply to all PMD, COSR, Restoration, or Reconditioning contacts)
50	**# Recommended Evacuated out of Theater** The number of contacts cleared, recommended, or ordered to be medically evacuated out of the theater.
51	**# Consultations to Command or Key Staff** The number of non-clinical (i.e., <u>not about an individual</u>) consultations to commanders, command surgeons, or other key staff officers and NCOs about COSC. <u>Examples of topics</u> include introduction of COSC services, initial contacts to establish the COSC/MH mission, the prevention and management of COSR, the strengthening of unit readiness, and/or learning about and giving input into operational planning. It also includes the out-briefings provided to commanders and staff members after the unit outreach visits/walkabouts **(line 19)** and unit needs assessments. **(Line 14).** **NOTE:** This category does **NOT** include consultations about individual soldiers.
52	**# of Consultations re: Individual COSR/PMD Cases** The number of consultations held with 1) command and the supervisory chain of soldiers, unit ministry teams, unit medical personnel, etc. in order to get collateral information about an individual case or to provide feedback and recommendations for supportive management of the individual; 2) medical professionals about medical status and treatment of individual COSR and PMD cases, and about management of COSR and PMD in wounded, injured or illness cases.
53	**# of Command-Directed Referrals <u>PMD Contacts only.</u>** The number of contacts resulting from a command–directed evaluation (as defined by DOD Dir 6490.1). **NOTE:** These are also counted as PMD contacts, **line 35**..
54	**# DA-Mandated Evaluations <u>PMD Contacts only.</u>** The number of contacts due to a DA-mandated evaluation (sniper school, drill sergeant candidate evaluation, etc.). **NOTE:** These soldiers are counted as PMD contacts only if the evaluation indicates that one warrants temporary intervention or PMD that must be reported in the mental status evaluation of the mandatory report.
55	**# of Non-US Military Contacts** (i.e. CF, contractors, ISF, LN, detainees, etc.) These contacts are **<u>NOT</u>** to be reported on any other line of the weekly report.
	COMMAND INTEREST
56	**# Contacts with multiple deployments to a combat zone.** COSR and PMD contacts; include only the <u>first</u> time it was reported to you. Deployments could include OEF, Desert Storm, etc.

NOTE	**FOR LINES 57-64:** If the soldier was referred to you by another mental health provider who would already have counted this in their COSC-WARS SR, then do NOT count it. This is to eliminate double counting that results from the soldier seeing more than one mental heath provider.
57	**# of Suicidal Soldiers** The TOTAL number of contacts involving an individual with potential suicide issues. This is the sum from **Lines 58 - 60**
58	**# Soldiers with New Episode Suicidal Ideations**
59	**# New soldiers with new episode of harmful behaviors to self.** (non-lethal intent)
60	**# Soldiers with new episode suicidal behaviors** (with lethal intent)
61	**# of Violent Soldiers** The number of contacts involving an individual with potential violence issues. These range from homicidal ideation and non-homicidal/violent ideation to violent behaviors. **NOTE:** This is the sum from **Lines 62 - 64**
62	**# Soldiers with new episode homicidal ideation** The number of soldiers with new episode homicidal ideation.
63	**# Soldiers with new episode ideation of harm to others (non-homicidal)** The number of soldiers with new episode of non-homicidal ideation of harm towards others.
64	**# Soldiers displaying harmful behavior towards others** The number of contact cases evaluated for having made threats (e.g. "I'm going to kill him"), threatening gestures (e.g. pulling a knife in an argument), starting physical fights.
	Lines 65 – 74 are to be used only by the *receiving* CSC Unit.
65	**# Released from CSC Soldier Restoration Program / Center)** This is the number of soldiers during the reporting period that were released from a CSC Soldier Restoration Program / Center. It includes soldiers who were *removed from their unit* to receive restoration services at any location. (Sum of **lines 66-69**) **NOTE:** If the COSC-SR is not filed by a CSC unit or one or its restoration-capable elements this line should be left blank.
66	**# RTD with no limitations**
67	**# RTD with limitations**
68	**# Sent to CSH for hospitalization**
69	**# Evacuated directly from Restoration Center**
70	**# Released from CSC Reconditioning Program** This is the number of soldiers during the reporting period that were released from a CSC Reconditioning Program. (Sum of **lines 71-74**)
71	**# RTD with no limitations**
72	**# RTD with limitations**
73	**# Sent to CSH for hospitalization**
74	**# Evacuated directly from Reconditioning Center**

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1	Reporting Unit:			Location by FOB	FOB	FOB	FOB	FOB	TOTAL
2	Report Dates:	From:	Through:					
3			# personnel available on team					
TRAUMATIC EVENT MANAGEMENT								
4			# Potentially Traumatizing Events (PTE) responded to					0
5			# Psychological Debriefing (PD)/Cool Down/Defusing Sessions					0
6			Total # attending PD/Cool-Down/Defusing Sessions					0
CLASSES / DEBRIEFINGS								
7			# of Other Debriefing Sessions (Excluding traumatic event)					0
8			Total # attending other debriefings					0
9			Total # of Preventive Education Classes **(SUM OF LINES 10 & 12)**	0	0	0	0	0
10			# of Force Health protection (FHP) Classes					0
11			Total # attending FHP Classes					0
12			# of Mission- Focused Classes					0
13			Total # attending Mission-Focused classes					0
13a			Total # attending Classes & Debriefings (SUM OF LINES 8, 11, 13)	0	0	0	0	0
SURVEYS								
14			# Unit Needs Assessments Conducted (Different units surveyed)					0
15			# Companies/Detachments for which team is responsible to support					0
16			# of Individuals screened with a written tool (re-deployment, PDHA Review)					0
17			# of Individuals (from line 16) further screened in person					0
18			# of Individuals (from line 17) requiring further COSC intervention					0
18a			# of Individuals (from line 17) requiring further BDP intervention					0
CONTACTS								
19			# Manhours spent engaged in Help-in-Place					0
20			Total # of people contacted during Help-in-Place **(SUM OF 20a,b,c)**	0	0	0	0	0
20a			Helped-in-Place					0
20b			Information Gathering (i.e. informal unit needs assessment)					0
20c			Referral (requires more than "HiP", but referral to TMC, etc.)					0
CONTACTS - COSR								
21			Total # COSR Contacts **(SUM OF LINES 22 & 23)**	0	0	0	0	0
22			# of New COSR Contacts					0
23			# of Follow-up COSR Contacts					0
	Primary Precipitating Factor for COSR Contacts							
24			# Combat Exposure					0
25			# Non-Combat PTE					0
26			# NBC-related					0
27			# Ex-POW/detention					0
28			# Peer/Unit					0
29			# Leadership					0
30			# Home front					0
31			# New in Unit					0
32			# Weather, minor illness, etc.					0
33			# Mission Requirements: OPTEMPO, sleep deprivation, etc.					0
33a			# Personality					0

CONTACTS - Behavioral Disorder of Patient (BDP)						
34	Total # Psychiatric/Mental Disorder Contacts **(SUM OF LINES 35 & 37)**	0	0	0	0	0
35	# of New BDP Contacts					0
36	# of line 35 which were COSR Follow-up Contacts found to have BDP					0
37	# of Follow-up BDP Contacts					0
	Primary Precipitating Reason for BDP Contacts					
38	# Characterlogical (Axis II)					0
39	# Conditional (secondary gain)					0
40	# Pre-existing condition (Axis I)					0
40a	# Newly diagnosed Axis I					0
DISPOSITIONS (includes new and follow-up COSR and BDP Contacts)						
41	Total # Dispositions **(SUM OF LINES 42-49)**	0	0	0	0	0
42	# RTD without limitations					0
43	# RTD with Administrative Recommendations **(BDP ONLY)**					0
44	# RTD with Limitations – Mission Capable					0
45	# RTD with Limitations – Not Mission Capable					0
46	# REST (sent to non-medical support unit <72 hours)					0
47	# HOLD (sent to non-CSC Medical unit < 72 hours)					0
48	# HOLD (sent to a CSC unit)					0
49	# REFER (sent to CSH)					0
OTHER (include all BDP, COSR, restoration, & reconditioning)						
50	# Recommended evacuation out of the ater					0
51	# Consultations to Command (and key staff)					0
52	# Consultations re: individual COSR/BDP cases					0
53	# of Command-directed referrals **(BDP ONLY)**					0
54	# DA-Mandated Evaluations (e.g. recruiter, sniper eval) **(BDP ONLY)**					0
55	# of non-US military contacts (CF, contractors, detainees, LN, etc.) (Not to be reported in any other line of the report.)					0
COMMAND INTEREST						
56	# Contacts with multiple deployments to combat zone (BDP & COSR; 1st rpt only)					0
57	# of Suicidal soldiers **(SUM OF 58-60)**	0	0	0	0	0
58	# Soldiers with new episode suicidal ideations					0
59	# Soldiers with new episode of harmful behaviors to self (non-lethal intent)					0
60	# Soldiers with new episode suicidal behaviors (lethal intent)					0
61	# of Violent Soldiers **(SUM OF 62-64)**	0	0	0	0	0
62	# Soldiers with new episode homicidal ideations					0
63	# Soldiers with new episode of ideation of harm to others (non-homicidal)					0
64	# Soldiers displaying new episode of harmful behavior towards others					0
LINES 65 - 74 ARE TO BE USED ONLY BY *RECEIVING* CSC UNIT						
65	# Released from Soldier Restoration Program / Center **(SUM LINES 66-69)**	0	0	0	0	0
66	# RTD with no limitations					0
67	# RTD with limitations					0
68	# Sent to CSH for hospitalization					0
69	# Evacuated directly from Restoration Center					0
70	# Released from Soldier Reconditioning Program / Center **(SUM LINES 71-74)**	0	0	0	0	0
71	# RTD with no limitations					0
72	# RTD with limitations					0
73	# Sent to CSH for hospitalization					0
74	# Evacuated directly from Reconditioning Center					0
COMMENTS (Significant observations, findings & trends)						