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**CHAPTER 3. PHASE II, PERSIAN GULF UNIFORM CASE ASSESSMENT PROTOCOL (UCAP)****3.01 PURPOSE**

This chapter provides a Uniform Case Assessment Protocol (UCAP) for the evaluation of Persian Gulf veterans with unexplained illnesses.

**3.02 BACKGROUND**

a. Many of the almost 690,000 personnel who served in the Persian Gulf have reported health problems since their return to the United States. While most of the health problems of these veterans have been diagnosed as conditions that are readily definable, some veterans have unexplained illnesses which developed after their Persian Gulf service. Many of the Gulf War veterans seen by Department of Veterans Affairs (VA) Veteran's Registry Physicians (VRPs) have complex, multifaceted health problems that provide difficult diagnostic challenges. Veterans are understandably frustrated that definitive answers regarding the cause(s) of their problems are not immediately forthcoming.

b. VA and the Department of Defense (DOD) working cooperatively developed a UCAP for the evaluation of these Persian Gulf veterans who after a thorough routine medical evaluation are determined to have unexplained illnesses. **NOTE:** *This UCAP, grew out of the medical experience in diagnostic evaluation of Gulf War veterans seen at VA Referral Centers. The protocol was then further refined and adapted for use by both VA and DOD facilities.*

c. The UCAP includes a group of supplemental baseline laboratory tests and consultations which should be provided to every veteran with debilitating unexplained illness. It gives guidelines for the minimum diagnostic work-up of the most frequent complaints experienced by Gulf War veterans with unexplained illnesses. This protocol utilizes validated and readily available diagnostic tests to thoroughly evaluate each of the common symptoms reported by Gulf War veterans.

d. The concept behind the protocol was to identify previously unrecognized major diagnostic entities which could provide an explanation for the symptoms commonly reported in Persian Gulf veterans with unexplained illnesses. It should be emphasized that the protocol is not designed to be all-encompassing; therefore, it needs to be carried out with a high degree of clinical judgment. All significant symptoms and abnormalities not specifically outlined in the protocol, must be fully evaluated according to the medical judgment of the VRP who is directing the work-up. The information gathered by this process is to be entered into a computerized database through the use of VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet, Part III (see App. 3B), and will be analyzed for patterns of disease.

**3.03 AUTHORITY**

The UCAP for Persian Gulf veterans with unexplained illnesses was administratively established by the Under Secretary for Health to assist in addressing the unique health concerns of the Persian Gulf veterans. On November 2, 1994, Public Law (Pub. L.) 103-446 amended Title 38 United States Code (U.S.C.) 1117 implementing the uniform and comprehensive medical evaluation protocol for the veterans of the Persian Gulf War.

**3.04 POLICY**

It is VA policy that all VA health care facilities must examine the available services for Persian Gulf veterans to ensure that quality outreach, diagnostic, and treatment services are furnished as intended; and if these services cannot be provided by the local VA facility, a mechanism must be developed to provide these services by contract, sharing agreements or referral to other VA facilities.

**3.05 RESPONSIBILITIES**

a. **VRPs.** The responsibility of the VRP is to:

(1) Conduct the Registry examination (Phase I), which is the first step toward diagnosis of the health problems of a Persian Gulf veteran; and

(2) If a diagnosis is not readily apparent after conducting routine medical evaluations, to initiate the UCAP, (Phase II) using the protocol provided in Appendix 3A.

b. **Veterans' Registry Coordinators (VRCs)** The VRC is responsible for:

(1) Reporting instructions as included in Appendix 2D and Appendix 3B.

(2) Providing accurate coding of both symptoms and diagnoses and ,when questions arise about these items, consult with VRP, or designee.

(3) Completing and submitting the UCAP and VA Form 10-9009A (July 1995) through appropriate channels to VA Central Office of Environmental Agents Service (EAS). **NOTE:** *Related questions may be referred to EAS, telephone (202) 565-4183.*

**UNIFORM CASE ASSESSMENT PROTOCOL (UCAP)**

**1. Phase I Level Laboratory Evaluations**

- a. Complete Blood Count (CBC),
- b. Urinalysis, and
- c. Blood Chemistry - SMA-6.

**2. Phase II-Level Evaluation Protocol.** Phase II Level Evaluations are recommended for those veterans after complete clinically indicated evaluations are conducted and the physician determines that the patient has an unexplained illness. Individuals who after completing Phase I or Registry evaluations, have a disability and do not have a clearly defined diagnosis which explains their symptoms, must receive the following supplemental baseline laboratory tests and consultations.

**a. Supplemental Baseline Laboratory Tests**

- (1) CBC,
- (2) Sedimentation Rate Erythrocyte Sedimentation Rate (ESR),
- (3) C-Reactive Protein,
- (4) Rheumatoid Factor,
- (5) Anti-Nuclear Antibody (ANA),
- (6) Liver Function,
- (7) Creatine Phosphokinase (CPK),
- (8) Hepatitis Serology,
- (9) Human Immuno-deficiency (HIV),
- (10) Venereal Disease Research Laboratory (VDRL),
- (11) B-12 and Folate,
- (12) Thyroid function Test,
- (13) Urinalysis, and
- (14) Tuberculosis (TB) skin test Purified Protein Derivative (PPD).

**b. Consultations, to include:**

- (1) Dental, but only if participant's annual screening is not done.
- (2) Infectious Disease.
- (3) Psychiatry, but only with physician-administered instruments.

(a) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM III-R). **NOTE:** *Delete nodules for mania and psychosis.*

(b) Clinician Administered Post Traumatic Stress Disorder (PTSD) Scale (CAPS).

(4) Neuropsychological Testing, but only as indicated by a psychiatry consult.

c. **Symptom-specific Examination.** Individuals who have the following symptoms should have the listed minimum work-up.

(1) **Diarrhea**, to include:

(a) Gastrointestinal (GI) consult,

(b) Stool for Ova and Parasites (O&P),

(c) Stool Leukocytes,

(d) Stool Culture,

(e) Stool Volume,

(f) Colonoscopy with biopsies, and

(g) Esophagastroduodenoscopy (EGD) with biopsies and aspiration.

(2) **Abdominal pain** to include:

(a) GI consult,

(b) EGD with biopsy and aspiration,

(c) Colonoscopy with biopsy,

(d) Abdominal Ultrasound,

(e) Upper Gastrointestinal (UGI) series with small bowel follow-through, and

(f) Abdominal Computed Tomography (CT) Scan.

(3) **Headache**

(a) Magnetic Resonance Imaging (MRI) of the head, and

(b) Lumbar Puncture (LP) to include:

1. Glucose,

2. Protein,

3. Cell Count,

4. VDRL,

5. Oligoclonal (IgG),

- 6. Myelin basic protein,
- 7. Opening pressure, and
- 8. Neurology.

(4) **Muscle Aches and/or Numbness**

- (a) Electromyogram (EMG), and
- (b) Nerve Conduction Velocity (NCV).

(5) **Memory Loss**, only if verified by neuropsychological testing, to include:

- (a) Magnetic Resonance Imaging (MRI),
- (b) LP, **NOTE:** *See tests on headache evaluation.*
- (c) Neurology consult,
- (d) Neuro-psychological testing,

(6) **Vertigo and/or Tinnitus**, to include:

- (a) Audiogram,
- (b) Electronystamogram (ENG), and
- (c) Brainstem Auditory Evoked Response (BAER).

(7) **Chronic Fatigue**, to include:

- (a) Polysomnography, and
- (b) Multiple Sleep Latency Test (MSLT).

(8) **Chronic Cough and/or Shortness of Breath**, to include:

- (a) Pulmonary Consult,
- (b) Pulmonary Function Test (PFT) with exercise and Arterial Blood Gases (ABG),
- (c) If routine PFT's are negative, perform Methacholine challenge test, and
- (d) Bronchoscopy with biopsy and/or lavage which is to be considered if PFTs are normal.

(9) **Chest Pain and/or Palpitations**, to include:

- (a) Electrocardiogram (ECG),
- (b) Exercise Stress Test, and
- (c) Holter monitor.

(10) **Skin Rash**, to include:

- (a) Dermatology consult, and
- (b) Consider a biopsy.

(11) **Reproductive Concerns**, to include for:

- (a) Males, an urology consult; and
- (b) Females, a gynecology (GYN) consult.

(c) Additional elements recommended for the evaluation of Persian Gulf veterans with complaints of Reproductive Health Problems (RHP):

1. Detailed genitourinary history and/or problems, e.g.:
  - a. Sexual,
  - b. Genitourinary symptoms,
  - c. Menstrual,
  - d. Contraceptive practices,
  - e. Pregnancy-related,
  - f. Conception,
  - g. Birth defects,
  - h. Congenital disorders,
  - i. Menopause,
  - j. Prior infections,
  - k. Prior surgery, and
  - l. Exposures to toxic agents, etc.
2. Detailed genital/pelvic examination.
3. Laboratory and ancillary testing, e.g.;
  - a. Pap tests; and
  - b. Tests for genitourinary infections.
4. Urologist consultation for male veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.
5. Gynecology consultation for female veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.

(d) Additional elements for evaluation of Persian Gulf veterans with complaints of infertility.

1. Detailed menstrual and reproductive history (such as the Infertility Questionnaire utilized by Walter Reed Army Medical Center\*).

2. Semen analysis, e.g.:

a. Volume,

b. pH,

c. Liquefaction,

d. Sperm concentration,

e. Motility,

f. Progressive motility,

g. Sperm viability,

h. Leukocytes, and

i. Morphology.

3. Referral to an infertility specialist or program.

(e). Additional elements for evaluation of Persian Gulf veterans with complaints related to birth defects or genetic disorders in offspring conceived during or after Persian Gulf service.

1. Detailed history of congenital or genetic disorders (such as the Patient Genetic Screen Questionnaire utilized by Walter Reed Army Medical Center\*).

2. Detailed occupational exposures questionnaire (such as Worker and Supervisor Questionnaires utilized by National Naval Medical Center\*).

3. Referral to a genetic disease specialist or program.

\* For copies of these questionnaires (Items d-1 and e-1 and 2) contact VA Environmental Agents Service (103A) at 202-565-4183.



**INSTRUCTIONS AND SAMPLE FORMAT FOR COMPLETION OF  
 VA FORM 10-9009A (JULY 1995), PERSIAN GULF REGISTRY CODE SHEET, PART III,  
 UNIFORM CASE ASSESSMENT PROTOCOL (UCAP), PHASE II**

**1. General Instructions for Completing Department of Veterans Affairs (VA) Form 10-9009A, Part III, Phase II Persian Gulf Registry Examination.**

a. The Phase II examination (VA Form 10-9009A, Part III) should be offered to all eligible Persian Gulf War veterans with unexplained illnesses. The Phase II examination should be performed after the completion of the Phase I registry examination and a thorough clinically-based evaluation of the veteran's symptoms as deemed necessary by the examining physician.

b. Phase II should be performed at the local VA medical facility or if the medical expertise is unavailable, local referral must be made to the nearest regional tertiary care center or Persian Gulf Referral Center.

c. Reporting requirements described in Appendix 2D will apply to, VA Form 10-9009A, Part III.

(1) Part III of the code sheet must be completed at the time of the examination by the veteran's registry physician (VRP). A completed Part III will be returned to Medical Administration Service (MAS) for completion of ICD-9-CM codes where appropriate.

(2) A bi-monthly report of Phase II examinations is to be sent to Department of Veterans Affairs, Environmental Agents Service (131), 810 Vermont Avenue, N.W., Washington, DC 20420, 5 work days following the end of each reporting period (refer to instructions and sample report in App. 3B).

**2. Instructions for Completing VA Form 10-9009A, Part III, Phase II**

a. **Tests and Consultations** *NOTE: Only those items which are related to the veteran's symptoms and deemed necessary by the examining physicians should be completed; leave test and consult questions that are not applicable blank.*

(1) **Item 1. Blocks 1-24.** Were the following tests performed? Enter one of the following codes in designated blocks:

Y = Yes  
 N = No

**(2) Item 2. Blocks 1-18. Blood Tests**

(a) Block 1. Complete Blood Count (CBC)?

(b) Block 2. Skin Erythema Dose (SED) Rate?

(c) Block 3. C-Reactive Protein?

(d) Block 4. Rheumatoid Factor?

(e) Block 5. Fluorescent Anti-Nuclear Antibody (ANA)?

(f) Block 6. SGOT (AST) (Glutamic Oxaloacetic Transaminase)?

(g) Block 7. SGPT (ALT) (Transaminase Glutamic Pyruvate)?

(h) Block 8. Lactic Acid Hydrogenase (LDH)?

- (i) Block 9. Alkaline Phosphatase
- (j) Block 10. Creatine Phosphokinase (CPK)?
- (k) Block 11. Hepatitis B Surface Antibody?
- (l) Block 12. Hepatitis B Core Antigen?
- (m) Block 13. Venereal Disease Research Laboratory (VDRL)?
- (n) Block 14. Vitamin B-12?
- (o) Block 15. Folate?
- (p) Block 16. Human Immuno-deficiency (HIV)?
- (q) Block 17. Thyroxine Total Serum (T4)?
- (r) Block 18. Thyroid Stimulating Hormone (TSH)?
- (3) **Item 3. Block 19. Urinalysis?**
- (4) **Item 4. Block 20. Tuberculosis (TB) Skin Test Purified Protein Derivative (PPD)?**
- (5) **Item 5. Block 21. Chest X-ray?**
- (6) **Item 6. Block 22. Psychiatric Consultation?**
- (a) Item 6A. Block 23. Structured Clinical Interview for Diagnoses (SCID) for Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R). Was the SCID interview given?
- (b) Item 6B. Block 24. Clinical Administered Post-Traumatic Stress Disorder (PTSD) Scale (CAPS). Was the CAPS performed?
- (7) **Item 7. Blocks 25-39.** List of Diagnoses. Designated physician staff or physician assistants are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 25-39.
- (8) **Item 8. Block 40.** Psychology-Neuropsychological Test. Was this test performed? Enter one of the following codes in Block 40.  
  
Y = Yes  
N = No
- (9) **Item 8A. Blocks 41-55. List of Diagnoses.** Designated physician staff or physician assistants are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 41-55.
- (10) **Item 9. Block 56.** Infectious Disease-Screening Examination. Was this examination performed? Enter one of the following codes in Block 56.  
  
Y = Yes  
N = No.

(11) **Item 9A. Blocks 57-66. List of Diagnoses.** Designated physician staff or physician assistants are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 57-66.

(12) **Item 10. Block 67. Dental Examination.** If there was a medical indication, was this examination performed? Enter one of the following codes in Block 67.

Y = Yes  
N = No

(13) **Item 10A. Blocks 68-77. List of Diagnoses.** Designated dental staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 68-77.

**SYMPTOM-SPECIFIC EXAMINATIONS , PHASE II** **NOTE:** Complete only those questions which are appropriate to the veteran's symptoms; otherwise leave these blocks blank.

(14) **Item 11. Blocks 78-98. Diarrhea and/or Abdominal Pain**

(a) Item 11A. Block 78. Did patient receive a GI (Gastroenterology) consult? Enter one of the following codes in Block 78.

Y = Yes  
N = No

(b) Item 11B. Blocks 79-98. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 79-98.

(15) **Item 12. Blocks 99-109. Headache and/or Memory Loss**

(a) Block 12A. Block 99. Did patient receive neurology consult? Enter one of the following codes in Block 99:

Y = Yes  
N = No

(b). Item 12B. Blocks 100-109. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 100-109.

(16) **Item 13. Blocks 110-120. Muscle Aches or Numbness**

(a) Item 13A. Block 110. Did patient receive a neurology consult? Enter one of the following codes: in Block 110.

Y = Yes  
N = No

(b) Item 13B. Blocks 111-120. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 111-120.

(17) **Item 14. Blocks 121-131. Chronic Fatigue**

(a) Item 14A. Block 121. Did patient receive consult(s) relating to chronic fatigue? Enter one of the following codes in Block 121.

(b) Item 14B. Blocks 122-131. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** MAS coders: Enter ICD-9-CM codes in Blocks 122-131.

**(18) Item 15. Blocks 132-142. Joint Pain**

(a) Item 15A. Block 132. Rheumatology Consult. Did patient receive rheumatology consult? Enter one of the following codes in Block 132:

Y = Yes  
N = No

(b). Item 15B. Blocks 133-142. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** *MAS coders: Enter ICD-9-CM codes in Blocks 133-142.*

**(19) Item 16. Blocks 143-153. Chronic Cough and/or Shortness of Breath**

(a) Item 16A. Block 143. Pulmonary Consult. Did patient receive pulmonary consult? Enter one of the following codes in Block 143:

Y = Yes  
N = No

(b). Item 16B. Blocks 144-153. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** *MAS coders: Enter ICD-9-CM codes in Blocks 144-153.*

**(20) Item 17. Blocks 154-164. Skin Rash**

(a) Item 17A. Block 154. Dermatology Consult. Did patient receive a dermatology consult? Enter one of the following codes in Block 154.

Y = Yes  
N = No

(b) Item 17B. Blocks 155-164. List Diagnoses. Designated physician staff are to provide narrative description of diagnoses. If none, leave blank. **NOTE:** *MAS coders: Enter ICD-9-CM codes in Blocks 155-164.*

**(21) Item 18. Blocks 165-175. Vertigo and/or Tinnitus**

(a) Item 18A. Block 165. Audiology consult? Did patient receive an audiology consult? Enter one of the following codes in Block 165:

Y = Yes  
N = No

**August 8, 1995**

**M-10, Part III  
Chapter 3  
APPENDIX 3B**

**SAMPLE OF COMPLETED VA FORM 10-9009A (JULY 1995), PART III  
UCAP (UNIFORM CASE ASSESSMENT PROTOCOL) PHASE III**



**August 8, 1995**

**M-10, Part III  
Chapter 3  
APPENDIX 3B**



**INSTRUCTIONS AND SAMPLE FORMAT FOR COMPLETION OF BI-MONTHLY REPORT  
ON PERSIAN GULF UNIFORM CASE ASSESSMENT PROTOCOL (UCAP), PHASE II  
(RCS-10-0860)**

A bi-monthly report is required from all Department of Veterans Affairs (VA) facilities for all Persian Gulf veterans receiving a Uniform Case Assessment Protocol (UCAP). Instructions are provided below for the completion and submission of this report: **NOTE:** *A sample report is provided in Appendix 3C.*

1. **Title of Report:** Bi-monthly Persian Gulf Registry Phase II Examination Report
2. **Reporting Months:** The 2-month reporting period including month and year.
3. **Reporting Facility, Address, and Station Code:** Identify name, address and station code of each reporting facility. If Uniform Case Assessments (UCAs) are performed by satellite outpatient clinics, these clinics should be identified and UCEs reported by VA medical center of jurisdiction.
4. **Column A:** Include the Persian Gulf veteran's name, Social Security Number, (SSN), race, sex and branch of service.
5. **Column B:** If Persian Gulf veteran was an outpatient, indicate this by providing the date of the initial Persian Gulf Registry examination, in Column B.
6. **Column C:** If Persian Gulf veteran was an inpatient, indicate this by providing the date of admission, date of discharge, and the date of the initial Persian Gulf Registry examination in Column C.
7. **Column D:** List up to ten exposures as indicated by veteran.
8. **Column E:** List up to ten symptoms/complaints (with ICD-9 codes) as indicated by veteran.
9. **Column F:** List up to ten diagnoses (with ICD-9 codes). If there are no diagnoses, indicate "None."
10. **Column G:** List all pending tests, consultations, and procedures, if incomplete prior to discharge.
11. **Evaluation:** Summarize the total number of Persian Gulf veterans (inpatients, outpatients receiving UCA's during the current reporting months, and cumulative statistics since the onset of this program (June, 1994). The total number of pending UCA's (those Persian Gulf veterans for whom a UCAE has been scheduled but not performed) should be listed for the current month and not cumulative.
12. **Reporting Information:** Provide the date of this report and the name of the staff member preparing this report and the staff member's telephone contact.
13. **Mailing Address:** This report should be transmitted to the following address:

Department of Veterans Affairs  
Environmental Agents Service (103A)  
ATTN: Persian Gulf Coordinator  
810 Vermont Avenue, N.W.  
Washington, DC 20420

**SAMPLE FORMAT OF BI-MONTHLY PERSIAN GULF REGISTRY PHASE II  
 UCAP (UNIFORM CASE ASSESSMENT PROTOCOL) REPORT (RCS-10-0860)**

SAMPLE FORMAT OF  
 BI-MONTHLY PERSIAN GULF REGISTRY PHASE II UCAP (UNIFORM CASE ASSESSMENT PROTOCOL)  
 REPORT (RCS-10-0860)  
 REPORTING PERIOD-JUNE-JULY, 1994  
 VAMC: PHOENIX, AZ (644)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
NAME/SSN/ AGE/RACE/SEX BRANCH OF SERVICE	OUTPATIENT DATE OF EXAMINATIO N	INPATIENT ADMISSION/ DISCHARGE/ PRGR EXAM DATES	LIST OF EXPOSURES (UP TO TEN)	LIST OF SYMPTOMS (UP TO TEN) & ICD-9 CODES	LIST OF DIAGNOSIS (UP TO TEN) & ICD-9 CODES	PENDING TESTS/CON- SULTATIONS/ PROCE-DURES
PRIOR, RICHARD 222-222-2222 30 Y.O.W.M. ARMY	6/17/94		DIESEL FUEL MICROWAVES NERVE GAS ANTHRAX	FATIGUE/ MALAISE (7807)	NEURA- STHENIA (3005)	MRI; THYROID FUNCTION TEST
MAITLAND, JANE 777-77-7777 25 Y.O.B.F. ARMY		7/17/94 7/20/94 6/18/94	SANDFLY OIL WELL SMOKE.	JOINT PAIN(78999); RASH (7821); WEIGHT LOSS (7832); HEADACHES (7840); INSOMNIA (78050); DEPRESSIO N (7809)	MULTIPLE SYMPTOMS OF UNKNOWN ETIOLOGY (7999)	NEURO- PSYCHOLOGICAL

**SUMMARIES**

	INPATIENT ADMISSIONS	INPATIENT DISCHARGES	OUTPATIENTS:	PENDING UCE'S
CURRENT MONTH:	1	1	1	2
CUMULATIVE:	0	0	0	0
TOTALS:	1	1	1	2

DATE: 8/7/94; PREPARED BY: JANE DOE; PHONE #602-222-2222

\* Y.O.W.M. = Year old white male; \*\* Y.O.B.F.= Year old black female