

**INTERNAL VETERANS AFFAIRS USE
REVIEW POST TRAUMATIC STRESS DISORDER (PTSD)
DISABILITY BENEFITS QUESTIONNAIRE**

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) *WILL NOT PAY* OR *REIMBURSE* ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING THIS FORM.

NAME OF PATIENT/VETERAN _____

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER _____

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. Please note that this questionnaire is for disability evaluation, not for treatment purposes. This evaluation should be based on DSM-5 diagnostic criteria.

NOTE: If the Veteran experiences a mental health emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. You may also contact the Veterans Crisis Line at 1-800-273-TALK (8255). Stay on the Crisis Line until help can link the Veteran to emergency care.

Mental Health professionals with the following credentials are qualified to perform review C&P examinations for mental disorders. They are: a Board Certified psychiatrist; psychiatrist who have successfully completed an accredited psychiatry residency and who are appropriately credential and privileged; licensed doctorate-level psychologist; non-licensed doctorate level psychologists working toward licensure under close supervision by a board certified or board eligible psychiatrist or licensed doctoral level psychologist; psychiatry resident under close supervision by a board-certified or board eligible psychiatrist or licensed doctoral level psychologist; psychology residents under close supervision by a board eligible psychiatrist or a licensed doctoral level psychologist. .

Note: Close supervision means that the supervising psychiatrist or psychologist met with the Veteran and conferred with the examining mental health professional in providing the diagnosis and the final assessment. The supervising psychiatrist or psychologist co-signs the examination report.

IS THIS DBQ BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&P EXAMINATION REQUEST?

YES NO

If no, how was the examination completed (check all that apply)?

In-person examination

Records reviewed

Other, please specify: _____

Comments: _____

SECTION I - DIAGNOSTIC SUMMARY

1. DIAGNOSTIC SUMMARY

NOTE: This section should be completed based on the current examination and clinical findings.

DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER BEEN DIAGNOSED WITH PTSD?

YES NO

ICD CODE: _____

If yes, continue to complete this Questionnaire.

If no diagnosis of PTSD, and the Veteran has another mental disorder diagnosis, then continue to complete this Questionnaire and/or the Eating Disorders Questionnaire

2. CURRENT DIAGNOSES

2A. Mental Disorders Diagnosis #1: _____

ICD CODE: _____

COMMENTS, IF ANY: _____

Mental Disorders Diagnosis #2: _____

ICD CODE: _____

COMMENTS, IF ANY: _____

Mental Disorders Diagnosis #3: _____

ICD CODE: _____

COMMENTS, IF ANY: _____

Mental Disorders Diagnosis #4: _____

ICD CODE: _____

COMMENTS, IF ANY: _____

IF ADDITIONAL DIAGNOSES, DESCRIBE USING ABOVE FORMAT:

2B. MEDICAL DIAGNOSES RELEVANT TO THE UNDERSTANDING OR MANAGEMENT OF THE MENTAL HEALTH DISORDER (*to include TBI*):

ICD CODE: _____

COMMENTS, IF ANY: _____

3. DIFFERENTIATION OF SYMPTOMS

3A. DOES THE VETERAN HAVE MORE THAN ONE MENTAL DISORDER DIAGNOSED?

YES NO (If "Yes," complete Item 3B)

3B. IS IT POSSIBLE TO DIFFERENTIATE WHAT SYMPTOM(S) IS/ARE ATTRIBUTABLE TO EACH DIAGNOSIS?

YES NO NOT APPLICABLE

(If "No," provide reason):

(If "Yes," list which symptoms are attributable to each diagnosis and discuss whether there is any clinical association between these diagnoses):

3C. DOES THE VETERAN HAVE A DIAGNOSED TRAUMATIC BRAIN INJURY (TBI)?

YES NO NOT SHOWN IN RECORDS REVIEWED (If "Yes," complete Item 3D)

(Comments, if any):

3D. IS IT POSSIBLE TO DIFFERENTIATE WHAT SYMPTOM(S) IS/ARE ATTRIBUTABLE TO TBI AND ANY NON-TBI MENTAL HEALTH DIAGNOSIS?

YES NO NOT APPLICABLE

(If "No," provide reason):

(If "Yes," list which symptoms are attributable to TBI and which symptoms are attributable to a non-TBI mental health diagnosis):

4. OCCUPATIONAL AND SOCIAL IMPAIRMENT

4A. WHICH OF THE FOLLOWING BEST SUMMARIZES THE VETERAN'S LEVEL OF OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH REGARDS TO ALL MENTAL DIAGNOSES? (Check only one)

- NO MENTAL DISORDER DIAGNOSIS
- A MENTAL CONDITION HAS BEEN FORMALLY DIAGNOSED, BUT SYMPTOMS ARE NOT SEVERE ENOUGH EITHER TO INTERFERE WITH OCCUPATIONAL AND SOCIAL FUNCTIONING OR TO REQUIRE CONTINUOUS MEDICATION
- OCCUPATIONAL AND SOCIAL IMPAIRMENT DUE TO MILD OR TRANSIENT SYMPTOMS WHICH DECREASE WORK EFFICIENCY AND ABILITY TO PERFORM OCCUPATIONAL TASKS ONLY DURING PERIODS OF SIGNIFICANT STRESS, OR SYMPTOMS CONTROLLED BY MEDICATION
- OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH OCCASIONAL DECREASE IN WORK EFFICIENCY AND INTERMITTENT PERIODS OF INABILITY TO PERFORM OCCUPATIONAL TASKS, ALTHOUGH GENERALLY FUNCTIONING SATISFACTORILY, WITH NORMAL ROUTINE BEHAVIOR, SELF-CARE AND CONVERSATION
- OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH REDUCED RELIABILITY AND PRODUCTIVITY
- OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH DEFICIENCIES IN MOST AREAS, SUCH AS WORK, SCHOOL, FAMILY RELATIONS, JUDGMENT, THINKING AND/OR MOOD
- TOTAL OCCUPATIONAL AND SOCIAL IMPAIRMENT

4B. FOR THE INDICATED OCCUPATIONAL AND SOCIAL IMPAIRMENT, IS IT POSSIBLE TO DIFFERENTIATE WHICH IMPAIRMENT IS CAUSED BY EACH MENTAL DISORDER?

YES NO NOT APPLICABLE

(If "No," provide reason):

(If "Yes," list which occupational and social impairment is attributable to each diagnosis):

4C. IF A DIAGNOSIS OF TBI EXISTS, IS IT POSSIBLE TO DIFFERENTIATE WHICH OCCUPATIONAL AND SOCIAL IMPAIRMENT INDICATED ABOVE IS CAUSED BY THE TBI?

YES NO NOT APPLICABLE

(If "No," provide reason):

(If "Yes," list which impairment is attributable to TBI and which is attributable to any non-TBI mental health diagnosis):

SECTION II - CLINICAL FINDINGS

1. EVIDENCE REVIEW

In order to provide an accurate medical opinion, the Veteran's claims folder must be reviewed.

Evidence reviewed (check all that apply):

- Not requested No records were reviewed
- VA claims file (hard copy paper C-file)
- VA e-folder
- CPRS
- Other (please identify other evidence reviewed):

Evidence Comments:

2. RECENT HISTORY (since prior exam)

2A. RELEVANT SOCIAL/MARITAL/FAMILY HISTORY:

2B. RELEVANT OCCUPATIONAL AND EDUCATIONAL HISTORY:

2C. RELEVANT MENTAL HEALTH HISTORY, TO INCLUDE PRESCRIBED MEDICATIONS AND FAMILY MENTAL HEALTH:

2D. RELEVANT LEGAL AND BEHAVIORAL HISTORY:

2E. RELEVANT SUBSTANCE ABUSE HISTORY:

2F. OTHER, IF ANY:

3. PTSD DIAGNOSTIC CRITERIA

Please check criteria used for establishing the current PTSD diagnosis. The diagnostic criteria for PTSD, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. (DSM-5). The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors). Do NOT mark symptoms below that are clearly not attributable to the Criterion A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #6- "Other symptoms".

Criterion A: Exposure to actual or threatened a) death, b) serious injury, c) sexual violation, in one or more of the following ways:

- Directly experiencing the traumatic event(s)
- Witnessing, in person, the traumatic event(s) as they occurred to others
- Learning that the traumatic event(s) occurred to a close family member or close friend; cases of actual or threatened death must have been violent or accidental; or, experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related
- No criterion in this section met.

Criterion B: Presence of (one or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred

- Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
- Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
- Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- No criterion in this section met.

Criterion C: Persistent avoidance of stimuli associated with the event(s), beginning after traumatic event(s) occurred, as evidence of one or both of the following:

- Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- No criterion in this section met.

Criterion D: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
- Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
- Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.
- Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
- Markedly diminished interest or participation in significant activities.
- Feelings of detachment or estrangement from others.
- Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings.)
- No criterion in this section met.

Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
- Reckless or self-destructive behavior.
- Hypervigilance.
- Exaggerated startle response.
- Problems with concentration.
- Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- No criterion in this section met.

Criterion F:

- Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
- Veteran does not meet full criteria for PTSD

Criterion G:

- The PTSD symptoms described above cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The PTSD symptoms described above do NOT cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Veteran does not meet full criteria for PTSD

3. PTSD DIAGNOSTIC CRITERIA (Continued)

Criterion H:

- The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.
- No criterion in this section met.

4. SYMPTOMS

FOR VA RATING PURPOSES, CHECK ALL SYMPTOMS THAT APPLY TO THE VETERAN'S DIAGNOSES:

- Depressed mood
- Anxiety
- Suspiciousness
- Panic attacks that occur weekly or less often
- Panic attacks more than once a week
- Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
- Chronic sleep impairment
- Mild memory loss, such as forgetting names, directions or recent events
- Impairment of short and long term memory, for example, retention of only highly learned material, while forgetting to complete tasks
- Memory loss for names of close relatives, own occupation, or own name
- Flattened affect
- Circumstantial, circumlocutory or stereotyped speech
- Speech intermittently illogical, obscure, or irrelevant
- Difficulty in understanding complex commands
- Impaired judgment
- Impaired abstract thinking
- Gross impairment in thought processes or communication
- Disturbances of motivation and mood
- Difficulty in establishing and maintaining effective work and social relationships
- Difficulty adapting to stressful circumstances, including work or a work like setting
- Inability to establish and maintain effective relationships
- Suicidal ideation
- Obsessional rituals which interfere with routine activities
- Impaired impulse control, such as unprovoked irritability with periods of violence
- Spatial disorientation
- Persistent delusions or hallucinations
- Grossly inappropriate behavior
- Persistent danger of hurting self or others
- Neglect of personal appearance and hygiene
- Intermittent inability to perform activities of daily living, including maintenance of minimal personal hygiene
- Disorientation to time or place

5. BEHAVIORAL OBSERVATIONS

Empty box for behavioral observations.

6. OTHER SYMPTOMS

DOES THE VETERAN HAVE ANY OTHER SYMPTOMS ATTRIBUTABLE TO PTSD (AND OTHER MENTAL DISORDERS) THAT ARE NOT LISTED ABOVE?

YES NO (If "Yes," describe):

7. COMPETENCY

IS THE VETERAN CAPABLE OF MANAGING HIS OR HER FINANCIAL AFFAIRS?

YES NO (If "No," explain):

8. REMARKS, (including any testing results) IF ANY:

SECTION III - PSYCHIATRIST/PSYCHOLOGIST CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

10A. PSYCHIATRIST/PSYCHOLOGIST SIGNATURE AND TITLE

10B. PSYCHIATRIST/PSYCHOLOGIST PRINTED NAME

10C. DATE SIGNED

10D. PSYCHIATRIST/PSYCHOLOGIST PHONE AND FAX NUMBERS

10E. PSYCHIATRIST/PSYCHOLOGIST NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

10F. MEDICAL LICENSE NUMBER AND STATE

10G. PSYCHIATRIST/PSYCHOLOGIST ADDRESS