INITIAL POST TRAUMATIC STRESS DISORDER (PTSD) DISABILITY BENEFITS QUESTIONNAIRE

Name of Claimant/Veteran:	Claimant/Veteran's Social Security Number:	Date of Examination:
[redacted]	[redacted]	1/15/2025

Note to examiner – The Veteran 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 are to perform review C&P examinations for mental disorders. They are a Board Certified psychiatrist; psychiatrists who have successfully completed an accredited psychiatry residency and who are appropriately credentialed 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 a licensed doctoral level psychologist; psychiatry residents under close supervision by a board-certified, or board eligible psychiatrist or a 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 questionnaire being completed in conjunction with a VA C&P examination request?

☒ Yes ☐ No

How was the examination completed? (check all that apply)

☐ In-person examination
☒ Examination via approved video telehealth
☐ Other, please specify in comments box:

Comments:

SECTION I - DIAGNOSTIC SUMMARY

1. Diagnostic Summary

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

Does the Veteran have a diagnosis of PTSD that conforms to DSM-5 criteria based on today's evaluation?

☒ Yes ☐ No ICD Code: F43.10

If no diagnosis of PTSD, check all that apply:

☐ Veteran's symptoms do not meet the diagnostic criteria for PTSD under DSM-5 criteria
☐ Veteran does not have a mental disorder that conforms with DSM-5 criteria

☐Veteran has another mental disorder diagnosis. Continue to complete this Questionnaire and/or the Eating Disorders Questionnaire

2. Current Diagnosis

2A. Mental Disorders Diagnosis #1:

PTSD

ICD Code: F43.10

Comments, if any:

Mental Disorders Diagnosis #2:

ICD Code:

Comments, if any:

Mental Disorders Diagnosis #3:

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 electronic health record
- ☒ VA e-folder
- ☐ Other, please specify in comments box

Evidence comments:

DBQ was completed via telehealth using HIPAA-compliant video conferencing. Informed consent was verbally given, and claimant confirmed having a private area for the exam. Claimant reported being at home (Cibolo, TX) at the time of the exam. Identity was verified by government-issued ID card. Protocols for dropped connection and wellness check were explained.

2. History

NOTE: Initial examinations require pre-military, military, and post-military history. If this is a review examination, only indicate any relevant history since prior exam.

2A. Relevant social/marital/family history (pre-military, military, and post-military):

Childhood/pre-military traumas:
Information under History is per SM report: No childhood abuse or trauma.

Childhood/pre-military family and peer relationships/social functioning:
He grew up in Ohio. He was raised by his mother and his father. He grew up with two brothers and two sisters. Overall, his childhood was "good."

Social/marital issues during military service:
He's had "strained" relationships with military peers, which he attributes to his "leadership style" and having to provide difficult feedback to others. ***SM had one earlier marriage. He has married to his current spouse for almost 11 years. He has two children. Due to his military duties, and events that occurred in the military, he feels distanced from his family. His wife is a current source of emotional support.

Veteran's current psychosocial and marital functioning:
See Military History: SM is still in the military.

2B. Relevant occupational and educational history (pre-military, military, and post-military):

Occupational History PRIOR to Service:
Past jobs include newspaper delivery, restaurant work, and work at his uncle's gas station.

Educational History PRIOR to Service:
He completed high school.

Occupational History DURING Service:
He's had several roles in the military. His current role is finance officer.

Education History DURING Service:
He earned a bachelor's degree in finance, an MBA degree, and a master's degree in military operational studies.

Occupational History AFTER Service:
See Military History: SM is still in the military.

Education History AFTER Service:
See Military History: SM is still in the military.

2C. Relevant mental health history, to include prescribed medications and family mental health (pre-military, military, and post-military):

Veteran's childhood/pre-military mental health issues, if any, including ADD, dyslexia, any other MH diagnosis:
No childhood MH concerns that he recalls.

Family of origin mental health issues, including alcoholism/addiction, psychiatric diagnoses/hospitalizations:
No known family MH concerns.

Veteran's mental health issues during military service:
He's had problems in his interpersonal relationships. He has been isolating from others. He has trouble sleeping; he averages 3-4 hours of sleep per night. When he is in public, he needs to sit facing the door. ***He has experienced distressing/traumatic events during service (e.g., deployment to Desert Storm/Desert Shield, where an "enemy" was launching missiles while he was alone at the time; losing a fellow servicemember to suicide in Texas in 2024; feeling anxious about being forced to shave in basic training, because of bumps on his face that were embarrassing for him). He is still affected by these events (e.g., feelings such as fear or anger when reminded of it; avoiding certain reminders of it, such as certain people). He's had anxious mood recently. He has panic attacks several times per month. He's had depressed mood recently; he continues to think about his fellow servicemember who died by suicide. He does not believe that he is the same person who he was before the trauma, and "I'm trying to get back to that person." ***MH symptoms have affected his relationships (e.g., due to stigma in the military regarding displays of emotions, he now has difficulty showing affection to his family). MH symptoms have also affected his daily activities (e.g., at work, he's had challenges staying "on task"

due to concentration problems). ***He sees a psychiatrist monthly. He is prescribed Topamax, fluoxetine, quetiapine, and hydroxyzine; however, he has not seen an improvement in his mood on the medication. He is currently in therapy at Endeavors; he is doing cognitive processing therapy, which has helped him to identify "stuck points." No history of MH hospitalizations; no history of suicide attempts. No S/I in the last month. No history of S/I. No H/I in the last month. To help his mental health, he makes efforts to exercise; he also makes efforts to spend more time with family, being "attentive" and "present" with them.

Veteran's current mental health problems, treatment, medications, hospitalizations, suicide attempts:
See Military History: SM is still in the military.

2D. Relevant legal and behavioral history (pre-military, military, and post-military):

Childhood/pre-military legal or behavioral problems the Veteran experienced:
No serious legal issues.

[redacted].

Post-military/current legal issues, problems with violence:
See Military History: SM is still in the military.

2E. Relevant substance abuse history (pre-military, military, and post-military):

Veteran's adolescent/pre-military use of substance/alcohol:
Occasional alcohol use.

Veteran's use of alcohol/drugs, rehabilitation, etc. during military service:
Current alcohol use is on weekends, usually 1-2 drinks per occasion. No significant problems with alcohol use in his lifetime. No significant substance use history in his lifetime.

Veteran's post-military use of substances/alcohol and consequences:
See Military History: SM is still in the military.

2F. Other (If any):

3. Stressors

The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors).

NOTE**:** For VA purposes, "fear of hostile military or terrorist activity" means that a Veteran experienced, witnessed, or was confronted with an event or circumstance that involved actual or threatened death or serious injury, or a threat to the physical integrity of the Veteran or others, such as from an actual or potential improvised explosive device; vehicle-imbedded explosive device; incoming artillery, rocket, or mortar fire; grenade; small arms fire, including suspected sniper fire; or attack upon friendly military aircraft.

Describe one or more specific stressor event(s) the Veteran considers traumatic (may be pre-military, military, or post-military).

3A. Stressor #1

Per SM: He experienced trauma due to deployment to Desert Storm/Desert Shield, which includes an "enemy" launching missiles while he was alone at the time.

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?

☒ Yes ☐ No

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?

☒ Yes ☐ No

If no, explain:

Is the stressor related to in-service personal assault, e.g. military sexual trauma?

☐ Yes ☒ No

If yes, please describe the markers that may substantiate the stressor.

3B. Stressor #2

Per SM: While he was stationed in Texas (2024), he experienced the death of a fellow servicemember to suicide.

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?

☒ Yes ☐ No

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?

☐ Yes ☒ No

If no, explain:

No, the stressor is not related to fear of hostile military or terrorist activity.

Is the stressor related to in-service personal assault, e.g. military sexual trauma?

☐ Yes ☒ No

If yes, please describe the markers that may substantiate the stressor.

3C. Stressor #3

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?

☐ Yes ☐ No

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?

☐ Yes ☐ No

If no, explain:

Is the stressor related to in-service personal assault, e.g. military sexual trauma?

☐ Yes ☐ No

If yes, please describe the markers that may substantiate the stressor.

3D. Additional Stressors: If additional stressors, describe (list using above sequential format)

4. PTSD Diagnostic Criteria

NOTE: Please check criteria used for establishing the current PTSD diagnosis. Do NOT mark symptoms below that are clearly not attributable to the Criteria A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #7 – Other symptoms. The diagnostic criteria for PTSD, referred to as Criteria A-H, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5).

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 effect 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 traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced 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.
☒ Hyper-vigilance
☒ 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:

☒ The duration of the symptoms described in Criteria B, C, D and E is more than 1 month.
☐ Veteran does not meet full criteria for PTSD.

Criterion G:

☒ The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
☐ Veteran does not meet full criteria for PTSD.

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.

Criterion I: Which stressor(s) contributed to the Veteran's PTSD diagnosis?

☒ Stressor #1

☒ Stressor #2

☐ Stressor #3

☐ Other, please indicate stressor number (i.e., stressor #5, #6, etc.) as indicated above:

☐ No criterion in this section met.

5. 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

6. Behavioral Observations

SM was oriented and engaged. He was polite. No unusual appearance, thought process, or thought content noted.

7. 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):

8. Competency

Is the Veteran capable of managing his or her financial affairs?

☒ Yes ☐ No (If "No," explain):

9. Remarks, (including any testing results) if any

Examination via approved video telehealth

Symptoms of Diagnosis #1:
Depressed mood, Anxiety, Suspiciousness, Panic attacks that occur weekly or less often, Chronic sleep impairment, Disturbances of motivation and mood, Difficulty in establishing and maintaining effective work and social relationships, Difficulty in adapting to stressful circumstances, including work or a work-like setting
Obsessional rituals which interfere with routine activities

SM is being diagnosed with PTSD. SM is not being diagnosed with other conditions; the reported symptoms appear to be better accounted for by a diagnosis of PTSD. ***SM reported his service as Air Force 1989-1995; Air Force Reserve 2004-2010; Army Reserve 2010-present, with retirement date 6/1/25. ***E-FOLDER: ARMY/USAR/FI 2013-2014. FINANCIAL MANAGER O02. ***Additional DD214 in file. ***REPORT OF MEDICAL HISTORY 1989. No MH items endorsed. ***STATEMENT IN SUPPORT OF CLAIM. I have served in the military for over 28 years, with my first experience of shaving dating back to 1987 during basic training at Fort Knox, KY. We were awakened at zero dark thirty and given only a few minutes to perform personal hygiene, during which I had to shave with a razor without knowing the proper technique. Almost immediately, I developed shaving bumps. As an officer, I am required to shave daily, as it is an unwritten rule that Army officers must remain 'clean-shaven.' This has led to chronic pain, itching, and frequent bouts of painful inflammation, often resulting in scarring. The pressure to conform to this expectation has created feelings of shame, guilt, and anxiety. I've briefed numerous leaders, from a 4-star General to Lieutenant Colonels, and the overwhelming anxiety I feel before each briefing — fearing another episode of inflammation or keloid formation prior to the meeting — is compounded by the discomfort of having them stare at my face while I speak. These painful experiences have not only affected me in my military career but have also carried over into my civilian life. Where I tend to shun away from participating in many activities my family likes to do for not wanting to experience increased anxiety and shame of people staring. Despite being prescribed various topical treatments, including Desonide, tretinoin, and duac, none have alleviated the persistent pain, itching, inflammation, or anxiety of facing leaders and co-workers. ***PSYCHOLOGY CLINIC 4/26/21. Overall Pt. feels the sources of his symptoms are related to his past traumatic

experiences during deployments and increased occupational demands. Overall Pt. has made significant improvements toward treatment goals. MHP will continue to work with Pt. to restore restful sleep patterns, healthy strategies to manage stress, and process intrusive thoughts related to past deployment experiences. DSM-5 Diagnosis: Other Specified Trauma & Stressor-Related Disorder. ***Additional MH notes in file documenting similar concerns. ***LAY/WITNESS STATEMENT. I am the spouse of MAJ Anthony Ezell, who served in the United States Air Force and Army Reserves. Anthony served in both Desert Storm/Shield (Gulf War) and Operation Enduring Freedom (Afghanistan). I have interacted on a daily basis with him for the past 15+ years. Since my husband returned from his deployment to Afghanistan, I have observed several concerning changes in his sleep patterns. He has struggled with severe snoring, which has progressively worsened over the years. In addition to the snoring, he often experiences periods of insomnia where he is unable to fall asleep or stay asleep for extended periods. These sleep disturbances have affected his overall physical and mental health. On numerous occasions, I have witnessed him waking up in the middle of the night gasping for air, which causes him to become agitated and disoriented. This has become a routine occurrence, and it greatly disturbs not only his sleep but mine as well. As a result of these symptoms, my husband was diagnosed with obstructive sleep apnea and has been prescribed a CPAP (Continuous Positive Airway Pressure) machine to use while sleeping. Although the CPAP machine has provided some relief, he still experiences frequent awakenings and discomfort, and at times, he struggles to adjust to the mask and machine. The lack of restful sleep due to OSA has compounded his PTSD symptoms, creating a cycle of sleep deprivation, irritability, and heightened anxiety. The sleep disturbances also contribute to his ongoing fatigue during the day, making it difficult for him to function normally in his daily activities. The sleep deprivation caused by both PTSD and obstructive sleep apnea has taken a toll on our family life. My husband's inability to get a full, restorative night's sleep leaves him physically exhausted, which affects his ability to engage with our children and fully participate in family activities. He often avoids social interactions or any event that requires him to be away from home due to fear of becoming too tired or irritable. While he continues to use the CPAP machine as prescribed, the sleep disturbances, nightmares, and anxiety continue to have a significant impact on his ability to function during the day. I am concerned for his long-term health and the continued strain on our relationship and family life. Please consider this statement as part of the evidence in support of my husband's PTSD and obstructive sleep apnea claims. I am hopeful that with the proper treatment and acknowledgment of his conditions, he will have the opportunity to heal and reclaim a better quality of life.

Is there a need for the Veteran/Service Member to follow up with his or her primary care provider regarding any findings in this examination (not limited to claimed condition(s))? No

Is the Veteran homeless? No

Veteran was instructed to send all personal medical records to the VA Evidence Intake Center if applicable, for proper submission into VBMS.

SECTION III – EXAMINER'S CERTIFICATION AND SIGNATURE

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

3A. Examiner's signature:	3B. Examiner's printed name:	3C. Date signed:
[redacted] Digitally Signed 01/16/2025 01:03:42 PM PsyD	[redacted] Psychology	1/16/2025
3D. Examiner's phone/fax numbers:	**3E. National Provider Identifier (NPI) number:**	**3F. Medical license number and state:**
[redacted]	[redacted]	38844, TX

3G. Examiner's address:

3801 B Constitution Drive Suite 100 El Paso TX 79922