

Disability Benefits Questionnaire Initial Post Traumatic Stress Disorder (PTSD)

** Internal VA or DoD Use Only**

Name of patient/Veteran: _____ SSN: _____

This form is for use only by VHA, DoD, and VBA staff and contract psychiatrists or psychologists who have been certified to perform Initial PTSD Evaluations. **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.**

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.

In order to conduct an initial examination for PTSD, the examiner must meet one of the following criteria: a board-certified or board-eligible psychiatrist; a licensed doctorate-level psychologist; a doctorate-level mental health provider under the close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; a psychiatry resident under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; or a clinical or counseling psychologist completing a one-year internship or residency (for purposes of a doctorate-level degree) under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist.

SECTION I:

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-IV criteria based on today's evaluation?

Yes No

ICD code: _____

If no diagnosis of PTSD, check all that apply:

Veteran's symptoms do not meet the diagnostic criteria for PTSD under DSM-IV criteria

Veteran does not have a mental disorder that conforms with DSM-IV criteria

Veteran has another Axis I and/or II diagnosis. Continue to complete this Questionnaire and/or the Eating Disorder Questionnaire: _____

2. Current Diagnoses

a. Diagnosis #1: _____

ICD code: _____

Indicate the Axis category:

Axis I Axis II

Comments, if any: _____

Diagnosis #2: _____

ICD code: _____

Indicate the Axis category:

Axis I Axis II

Comments, if any: _____

Disability Benefits Questionnaire
Initial Post Traumatic Stress Disorder (PTSD)

** Internal VA or DoD Use Only**

Diagnosis #3: _____

ICD code: _____

Indicate the Axis category:

Axis I Axis II

Comments, if any: _____

Diagnosis #4: _____

ICD code: _____

Indicate the Axis category:

Axis I Axis II

Comments, if any: _____

If additional diagnoses, describe (using above format): _____

b. Axis III - medical diagnoses (to include TBI): _____

ICD code: _____

Comments, if any: _____

c. Axis IV – Psychosocial and Environmental Problems_(describe, if any): _____

d. Axis V - Current global assessment of functioning (GAF) score: _____

Comments, if any: _____

3. Differentiation of symptoms

a. Does the Veteran have more than one Mental disorder diagnosed?

Yes No

If yes, complete the following question:

b. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?

Yes No Not applicable (N/A)

If no, provide reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis: _____

If yes, list which symptoms are attributable to each diagnosis: _____

c. Does the Veteran have a diagnosed traumatic brain injury (TBI)?

Yes No Not shown in records reviewed Comments, if any: _____

If yes, complete the following question:

d. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?

Yes No Not applicable (N/A)

If no, provide reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis: _____

If yes, list which symptoms are attributable to each diagnosis: _____

Disability Benefits Questionnaire Initial Post Traumatic Stress Disorder (PTSD)

** Internal VA or DoD Use Only**

4. Occupational and social impairment

a. 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

b. For the indicated level of occupational and social impairment, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by each mental disorder?

Yes No no other mental disorder has been diagnosed

If no, provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis: _____

If yes, list which portion of the indicated level of occupational and social impairment is attributable to each diagnosis: _____

c. If a diagnosis of TBI exists, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by the TBI?

Yes No no diagnosis of TBI

If no, provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis: _____

If yes, list which portion of the indicated level of occupational and social impairment is attributable to each diagnosis: _____

Disability Benefits Questionnaire Initial Post Traumatic Stress Disorder (PTSD)

** Internal VA or DoD Use Only**

SECTION II:

Clinical Findings:

1. Evidence review

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

a. Records reviewed (check all that apply):

Claims folder (C-file):

Yes

No

If no, provide reason C-file was not reviewed: _____

Other, please describe: _____

No records were reviewed

b. Was pertinent information from collateral sources reviewed?

Yes No

If yes, describe: _____

2. History

a. Relevant Social/Marital/Family history (pre-military, military, and post-military): _____

b. Relevant Occupational and Educational history (pre-military, military, and post-military): _____

c. Relevant Mental Health history, to include prescribed medications and family mental health (pre-military, military, and post-military): _____

d. Relevant Legal and Behavioral history (pre-military, military, and post-military): _____

e. Relevant Substance abuse history (pre-military, military, and post-military): _____

f. Sentinel Event(s) (other than stressors): _____

g. Other, if any: _____

Disability Benefits Questionnaire Initial Post Traumatic Stress Disorder (PTSD)

** Internal VA or DoD Use Only**

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, and the veteran's response to the event or circumstance involved a psychological or psycho-physiological state of fear, helplessness, or horror.

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

a. Stressor #1: _____

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: _____

b. Stressor #2: _____

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: _____

c. 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: _____

d. Additional stressors: If additional stressors, describe (list using the above sequential format): _____

4. PTSD Diagnostic Criteria

a. **Please check criteria used for establishing the current PTSD diagnosis.** The diagnostic criteria for PTSD, referred to as Criteria A-F, are from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV).

Criterion A: The Veteran has been exposed to a traumatic event where both of the following were present

The Veteran experienced, witnessed or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

The Veteran's response involved intense fear, helplessness or horror.

No exposure to a traumatic event.

Disability Benefits Questionnaire Initial Post Traumatic Stress Disorder (PTSD)

** Internal VA or DoD Use Only**

Criterion B: The traumatic event is persistently reexperienced in 1 or more of the following ways:

- Recurrent and distressing recollections of the event, including images, thoughts or perceptions
- Recurrent distressing dreams of the event
- Acting or feeling as if the traumatic event were recurring; this includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- The traumatic event is not persistently reexperienced

Criterion C: Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by 3 or more of the following:

- Efforts to avoid thoughts, feelings or conversations associated with the trauma
- Efforts to avoid activities, places or people that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Restricted range of affect (e.g., unable to have loving feelings)
- Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children or a normal life span)
- No persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness

Criterion D: Persistent symptoms of increased arousal, not present before the trauma, as indicated by 2 or more of the following:

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response
- No persistent symptoms of increased arousal

Criterion E:

- The duration of the symptoms described above in Criteria B, C and D are more than 1 month.
- The duration of the symptoms described above in Criteria B, C and D are less than 1 month.
- Veteran does not meet full criteria for PTSD

Criterion F:

- 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

b. Which stressor(s) contributed to the Veterans PTSD diagnosis?:

- Stressor #1
- Stressor #2
- Stressor #3
- Other, please indicate stressor number (i.e. stressor #4, #5, etc.) as indicated above): _____

Disability Benefits Questionnaire Initial Post Traumatic Stress Disorder (PTSD)

** Internal VA or DoD Use Only**

5. Symptoms

For VA rating purposes, check all symptoms that apply to the Veterans 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 in adapting to stressful circumstances, including work or a worklike 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. 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, if any

Psychiatrist/Psychologist signature & title: _____ Date: _____

Psychiatrist/Psychologist printed name: _____ Phone: _____

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.