

INITIAL POST TRAUMATIC STRESS (PTSD) DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT: This form is only for use by VHA and VBA staff and contract psychiatrists or psychologists.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
-------------------------	--

IMPORTANT - 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 VA Suicide Prevention Hotline at 1-800-273-TALK. Stay on the Hotline until help can link the veteran to emergency care.

NOTE - 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.

CRITERIA INFORMATION FOR PTSD EXAMINER

IMPORTANT: In order to conduct an initial examination for PTSD, the examiner must meet one of the following criteria: (1) be a board-certified or board-eligible psychiatrist; (2) a licensed doctorate-level psychologist; (3) a doctorate-level mental health provider under the close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; (4) a psychiatry resident under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; (5) 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 - DIAGNOSIS

1A. DOES THE VETERAN HAVE A DIAGNOSIS OF PTSD THAT CONFORMS TO DSM IV CRITERIA?

YES NO *(If "Yes," complete Item 1B) (If "No," complete Item 1C)*

1B. PROVIDE THE DATE OF DIAGNOSIS, ICD CODE, & FACILITY

ICD CODE-	DATE OF DIAGNOSIS	NAME OF DIAGNOSING FACILITY OR CLINICIAN
-----------	-------------------	--

1C. PTSD NOT DIAGNOSED *(Check all that apply)*

- VETERAN'S SYMPTOMS DO NOT MEET THE DIAGNOSTIC CRITERIA FOR PTSD UNDER DSM IV CRITERIA
- VETERAN HAS ANOTHER AXIS I-IV DIAGNOSIS *(If checked, list the Axis I-IV diagnosis and then complete the VA Form 21-0960P-2, Mental Health Disorder Disability Benefits Questionnaire and/or the VA Form 21-0960P-1, Eating Disorder Disability Benefits Questionnaire in lieu of this questionnaire):*
- OTHER TRAUMA SPECTRUM DISORDER _____
- VETERAN DOES NOT HAVE A MENTAL DISORDER THAT CONFORMS WITH DSM IV CRITERIA
- OTHER *(Describe)* _____

1D. IF THERE IS A DIAGNOSIS OF PTSD, DOES THE VETERAN ALSO HAVE A NY OTHER AXIS I-IV DIAGNOSES?

YES NO

(If "Yes," indicate additional diagnoses below)

MENTAL HEALTH DISORDER #1

(If checked, provide the ICD code _____, the date of the diagnosis _____ and the name of the diagnosing facility or clinician _____).

(If checked, indicate the Axis category): AXIS I AXIS II AXIS III AXIS IV

(If checked, describe the condition and its relationship to PTSD): _____

MENTAL HEALTH DISORDER #2

(If checked, provide the ICD code _____, the date of the diagnosis _____ and the name of the diagnosing facility or clinician _____).

(If checked, indicate the Axis category): AXIS I AXIS II AXIS III AXIS IV

(If checked, describe the condition and its relationship to PTSD): _____

MENTAL HEALTH DISORDER #3

(If checked, provide the ICD code _____, the date of the diagnosis _____ and the name of the diagnosing facility or clinician _____).

(If checked, indicate the Axis category): AXIS I AXIS II AXIS III AXIS IV

(If checked, describe the condition and its relationship to PTSD): _____

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

SECTION II - DIAGNOSTIC CRITERIA

2. 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*) (Check boxes next to symptoms below)

CRITERION A: The Veteran has been exposed to a traumatic event where both A and B were present

- 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
- Veteran's response involved intense fear, helplessness or horror
- No exposure to a traumatic event

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: Duration of symptoms

- The duration of the symptoms described in Criteria B, C and D is more than 1 month
- The duration of the symptoms described in Criteria B, C and D is less than 1 month
- No symptoms

CRITERION F: Clinically significant distress or impairment

- The symptoms described above in Criteria B, C and D cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The symptoms described above in Criteria B, C and D do NOT cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- No symptoms

SECTION III - EVIDENCE REVIEW

NOTE: In order to provide an accurate medical opinion, the veteran's records should be reviewed (if available).

3A. WAS THE VETERAN'S VA CLAIMS FILE REVIEWED?

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

3B. CHECK ALL RECORDS THAT WERE REVIEWED AS PART OF THIS EXAMINATION:

- Military service treatment records
- Military service personnel records
- Military enlistment examination
- Military separation examination
- Military post-deployment questionnaire
- Department of Defense Form DD214, Separation Documents
- Veterans Health Administration medical records (VA treatment records)
- Civilian medical records
- Interviews with collateral witnesses (family and others who have known the veteran before and after military service)
- No records were reviewed
- Other: _____

SECTION IV - 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.

4. STRESSORS

A. STRESSOR # 1: _____

Describe the circumstance of stressor # 1 _____

Are the veteran's symptoms related to this stressor?
 YES NO (If "No," explain) _____

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
 YES NO

Is this stressor related to the veteran's fear of hostile military or terrorist activity?
 YES NO (If "No," explain) _____

B. STRESSOR # 2: _____

Describe the circumstance of stressor # 2 _____

Are the veteran's symptoms related to this stressor?
 YES NO (If "No," explain) _____

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
 YES NO

Is this stressor related to the veteran's fear of hostile military or terrorist activity?
 YES NO (If "No," explain) _____

C. STRESSOR # 3: _____

Describe the circumstance of stressor # 3 _____

Are the veteran's symptoms related to this stressor?
 YES NO (If "No," explain) _____

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
 YES NO

Is this 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):

SECTION V - SYMPTOMS

5. SYMPTOMS - FOR EACH LEVEL BELOW, CHECK ALL SYMPTOMS THAT APPLY. CONSIDER THE CUMULATIVE IMPACT OF ALL DIAGNOSED MENTAL DISORDERS THAT THE EXAMINER JUDGES RELATED TO MILITARY SERVICE, WITHOUT ATTEMPTING TO DIFFERENTIATE WHICH SYMPTOMS ARE SPECIFICALLY CAUSED BY WHICH MENTAL DISORDER

A. LEVEL I -

Has the veteran been diagnosed with PTSD (and/or other mental disorder), but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medications?

YES NO

B. LEVEL II -

Does the veteran have 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 are the veteran's symptoms controlled by continuous medication?

YES NO

C. LEVEL III -

Does the veteran have any symptoms from the list below?

YES NO (If "Yes," check all that apply)

- Depressed mood
- Anxiety
- Suspiciousness
- Panic attacks that occur weekly or less often
- Chronic sleep impairment
- Mild memory loss, such as forgetting names, directions or recent events

D. LEVEL IV -

Does the veteran have any symptoms from the list below?

YES NO (If "Yes," check all that apply)

- Flattened affect
- Circumstantial, circumlocutory or stereotyped speech
- Panic attacks more than once a week
- Difficulty in understanding complex commands
- Impairment of short - and long - term memory, for example, retention of only highly learned material, while forgetting to complete tasks
- Impaired judgment
- Impaired abstract thinking
- Disturbances of motivation and mood
- Difficulty in establishing and maintaining effective work and social relationships

E. LEVEL V -

Does the veteran have any symptoms from the list below?

YES NO (If "Yes," check all that apply)

- Suicidal ideation
- Obsessional rituals which interfere with routine activities
- Speech intermittently illogical, obscure, or irrelevant
- Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
- Impaired impulse control, such as unprovoked irritability with periods of violence
- Spatial disorientation
- Neglect of personal appearance and hygiene
- Difficulty in adapting to stressful circumstances, including work or a worklike setting
- Inability to establish and maintain effective relationships

F. LEVEL VI -

Does the veteran have any symptoms from the list below?

YES NO (If "Yes," check all that apply)

- Gross impairment in thought processes or communication
- Persistent delusions or hallucinations
- Grossly inappropriate behavior
- Persistent danger of hurting self or others
- Intermittent inability to perform activities of daily living, including maintenance of minimal personal hygiene
- Disorientation to time or place
- Memory loss for names of close relatives, own occupation, or own name

SECTION V - SYMPTOMS (Continued)

5G. DOES THE VETERAN HAVE ANY OTHER SYMPTOMS ATTRIBUTABLE TO PTSD (and/or other mental disorder) THAT ARE NOT LISTED ON PAGE 4?

YES NO (If "Yes," describe):

SECTION VI - OCCUPATIONAL AND SOCIAL IMPAIRMENT

6. WHICH OF THE FOLLOWING BEST REPRESENTS THE VETERAN'S LEVEL OF OCCUPATIONAL AND SOCIAL IMPAIRMENT?

- 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

SECTION VII - GLOBAL ASSESSMENT OF FUNCTIONING (GAF)

7. PROVIDE THE CURRENT GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE

SECTION VIII - COMPETENCY

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

YES NO (If "No," explain):

SECTION IX - DIAGNOSTIC TESTING

9. HAS ANY MENTAL HEALTH TESTING BEEN PERFORMED?

YES NO (If "Yes," provide dates, types of testing and results):

SECTION X - FUNCTIONAL IMPACT AND REMARKS

10. DOES THE VETERAN'S PTSD AND/OR OTHER MENTAL DISORDER(S) IMPACT HIS OR HER ABILITY TO WORK?

YES NO (If "Yes," describe impact, providing one or more examples)

11. REMARKS (If any)

SECTION XI - PSYCHIATRIST/PSYCHOLOGIST CERTIFICATION AND SIGNATURE

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

12A. PSYCHIATRIST/PSYCHOLOGIST SIGNATURE AND TITLE	12B. PSYCHIATRIST/PSYCHOLOGIST PRINTED NAME	12C. DATE SIGNED
12D. PSYCHIATRIST/PSYCHOLOGIST PHONE NUMBER	12E. PSYCHIATRIST/PSYCHOLOGIST LICENSE NUMBER	12F. PSYCHIATRIST/PSYCHOLOGIST ADDRESS

NOTE - VA may obtain additional medical information, including an examination, if necessary to complete VA's review of the veteran's application.

IMPORTANT - PSYCHIATRIST/PSYCHOLOGIST send the completed form to _____
(VA Regional Office FAX No.)

NOTE - A list of VA Regional Office FAX Numbers can be found at www.vba.va.gov/disabilityexams or obtained by calling 1-800-827-1000.