Section 5 – Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

Mental health treatment and counseling, in and of itself, is not a reason to revoke or deny eligibility for access to classified information or for

federally contro	olled facilities or informa	or fitness to obtain or retain Federal or contract en ation systems. Seeking or receiving mental health								
-	cisions about your eligib	√		TTTG	No.		44.4			
5A) Has a cour incompetent?	rt or administrative agen	cy EVER issued an order declaring you mentally		YES	NO (R	equired to	validate)			
incompetent:	Vou responded 'Ves' t	to having a court or administrative agency EVER	issuing an orde	r declarin	o vou me	ntally inco	omnetent			
	Provide the date this o	<u> </u>	issuing an orde			Year) (Est				
		ne court or administrative agency that declared you	ı mentally		ne (Free T	/ (imated)			
Branch	incompetent.									
If Yes to	Provide the address of the court or administrative agency.									
Being	Street address and city State and Zip Code or Country									
Declared	Was this matter appealed to a higher court or administrative agency? YES NO (Required to validate)									
Incompetent (Multiple	Branch You responded 'Yes' to appealed to a higher court or administrative agency.									
Entries	If Yes to Appealed to	es to Appealed to Provide the name of the court or administrative agency. Name (Free Text)								
Allowed)	a Higher Court or	Provide the address of the court or administration								
² Hiowed)	Administrative (Multiple	Street address and city		and Zip C		<mark>ountry</mark>				
	Agency. (Multiple Entries Allowed)	Provide the final disposition.	Dispo	sition (Fr	ee Text)					
	Do you have an additional instance where this matter was appealed to a higher court or administrative agency?			YES NO						
				(Yes adds another entry) (Re						
	8				<i>J</i> /		validate)			
	Do you have an additional instance where a court or administrative agency EVER issued an order declaring you mentally incompetent?			(Yes adds another entry)			NO			
							(Required to			
				val						
		cy EVER ordered you to consult with a mental he				YES	NO (Required			
		ical social worker, etc.)? (An order to a military n					to validate)			
		nd therefore would not require an affirmative response.)	onse. An order i	by a milita	ary court					
Branch			ordered you to	consult w	zith a men	tal health	nrofessional			
If Yes to	Provide the date this o		ministrative agency EVER ordered you to consult with a mental health professional. Date (Month/Year) (Estimated)							
Court or		ume of the court or administrative agency that declared you mentally Name (Free Text)		<u> </u>						
<mark>Administrati</mark>	incompetent.									
<mark>ve agency</mark>	Provide the address of	Provide the address of the court or administrative agency.								
EVER	Street address and city	State and Zip Code or Country								
ordered you to consult	Provide the final dispo		Disposition (Free Text)							
with a mental		led to a higher court or administrative agency?				NO (Requi	red to validate)			
health	Branch		Disposition (Free Text) administrative agency? YES NO (Required to validate) to appealed to a higher court or administrative agency.							
professional	If Yes to Appealed to a Higher Court or	Provide the name of the court or administrative	0 ,		ſ	Name (Fre	e Text)			
(Multiple	Administrative	Provide the address of the court or administrative Street address and city		nd Zip Co	do on Cor	tur.				
Entries	Agency. (Multiple	Provide the final disposition.		ition (Free		mury				
Allowed)	Entries Allowed)	Frovide the final disposition.	Dispos	mon (Fied	e rext)					
	Do you have an addition	onal instance where this matter was appealed to a	YES		NO					
	higher court or admini	strative agency?	(Yes ac	dds anothe	er (Re	quired to	validate)			
				entry)						
		onal instance where a court or administrative ager		11	NO		414			
		consult with a mental health professional (for		lds anothe	er (Re	quired to	validate)			
		t, psychologist, licensed clinical social worker, etc member by a superior officer is not within the sc								
	· ·	nerefore would not require an affirmative response	1							
		art would be within the scope of the question and								
	would require an affirm									
5C) Have you		for a mental health condition?	•	YES	NO	(Required	l to validate)			
Branch	You responded 'Yes'	to EVER been hospitalized for a mental health co	ndition.							
If Yes to	Was the admission vol	luntary or involuntary?	oluntary (Provi	de explan	<mark>ation)</mark>	Expla	<mark>anation</mark>			

tovide the dates of treatment.		m) (E	note 1)	tion)	T. D	oto		
	Provide the dates of treatment. From Date (Month/Ye				To Date (Month/Year) (Estimated/Present)			
Provide the name and address of the facility where treatment was provided.				Name (Free Text)				
Provide the address of the facility where treatment was provided.								
Street address and city			State and Zip Code or Country					
Do you have an additional instance where you have EVER been hospitalized for a						d to validate)		
mental health condition?			adds another					
				if untreated impact				
inbility, or trustworthiness. If you answer in the affirmation as well as any applicable course of treatment. It is deny eligibility/or access to classified information or for temployment, or eligibility for physical or logical access. ER been diagnosed by a physician or other health professiologist, licensed clinical social worker, or nurse practition izoaffective disorder, delusional disorder, bipolar mood der, or antisocial personality disorder? ou responded 'Yes' to having EVER been diagnosed by a physician or other health professional disorder.	ve, we will seek additions is important to note that r holding a sensitive post to federally controlled fesional (for example, a ner) with psychotic disordisorder, borderline	al inform any succeition, suitable facilities der, th profes	nation ab th diagno itability of or inform YES	pout the s sis, in an or fitness mation sy	eriousn d of itse to obta stems. NO (valid	ess and elf, <u>is not a</u> in or retain Required to ate)		
		<u> </u>			dition (Free Text)			
rovide the dates of diagnosis.		From Date			To Date			
*		(Month/Year)			(Month/Year)			
		_	ated)		(Estimated/Present)			
ho diagnosed you, or is currently treating you for such di						hone Number Text)		
Provide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition.			Street address and city			State and Zip Code or Country		
Provide the name, address, and telephone number of any agency/organization/facility			Name or same as above (Free Text)			Telephone Number or same as above (Free Text)		
Provide the address of any agency/organization/facility where counseling/treatment was provided			Street address and city or same as above			State and Zip Code or Country or same		
Was the counseling/treatment effective in managing your symptoms? Provide explanation.			explan (Requi		e ation) red to	Explanation (Free Text)		
Do you have an additional instance where you EVER had been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?			YES (Yes adds another entry)			NO (Required to validate)		
In the last seven years, have there been any occasions when you did not consult with a medical professional before altering or discontinuing, or failing to start a prescribed course of treatment for any of the listed diagnoses?			YES		NO (Required to validate)			
re you currently in treatment?		YES		NO (Require	ed to validate)		
rovide the name, address, and telephone number of the ealthcare professional providing such treatment.	Name (Free Text)	Telephone Number		mber (Free				
Provide the address of the healthcare professional providing such treatment. Street address			and city State a Countr			and Zip Code or ry		
	idability, or trustworthiness. If you answer in the affirmation indition, as well as any applicable course of treatment. It is referred eligibility/or access to classified information or for the employment, or eligibility for physical or logical access. ER been diagnosed by a physician or other health profess ologist, licensed clinical social worker, or nurse practition izoaffective disorder, delusional disorder, bipolar mood distractive disorder, delusional disorder, bipolar mood distractive disorder in the professional disorder in the professional disorder. The provide the diagnosis or health condition, rovide the dates of diagnosis. The provide the name, address, and telephone number of the health diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. The provide the address of the health care professional who diagreently treating you for such diagnosis, or with whom you modition. The provide the name, address, and telephone number of any gency/organization/facility there counseling/treatment was provided to the address of any agency/organization/facility there counseling/treatment was provided to you have an additional instance where you EVER had be hysician or other health professional (for example, a psycoensed clinical social worker, or nurse practitioner) with physician or other health professional (for example, a psycoensed clinical social worker, or nurse practitioner) with the last seven years, have there been any occasions whe with a medical professional before altering or discontinuin rescribed course of treatment for any of the listed diagnost the you currently in treatment?	inability, or trustworthiness. If you answer in the affirmative, we will seek addition indition, as well as any applicable course of treatment. It is important to note that it deny eligibility/or access to classified information or for holding a sensitive post temployment, or eligibility for physical or logical access to federally controlled ER been diagnosed by a physician or other health professional (for example, a cologist, licensed clinical social worker, or nurse practitioner) with psychotic disordizantificative disorder, delusional disorder, bipolar mood disorder, borderline er, or antisocial personality disorder? ou responded 'Yes' to having EVER been diagnosed by a physician or other heal lentify the diagnosis or health condition. rovide the name, address, and telephone number of the health care professional tho diagnosed you, or is currently treating you for such diagnosis, or with thom you have discussed such condition. rovide the address of the health care professional who diagnosed you, or is urrently treating you for such diagnosis, or with whom you have discussed such condition. rovide the name, address, and telephone number of any gency/organization/facility here counseling/treatment was provided rovide the address of any agency/organization/facility; here counseling/treatment was provided rovide the address of any agency/organization/facility; here counseling/treatment was provided rovide the address of any agency/organization/facility; here counseling/treatment was provided rovide the address of any agency/organization/facility; here counseling/treatment was provided rovide the address of any agency/organization/facility; here counseling/treatment was provided rovide the address of any agency/organization/facility here counseling/treatment was provided rovide the address of any agency/organization/facility here counseling/treatment was provided rovide the address of any agency/organization/facility here counseling/treatment was provided rovide the address of any agency/organization/facilit	ition asks whether you have been diagnosed with a specified mental health condition that riability, or trustworthiness. If you answer in the affirmative, we will seek additional information, as well as any applicable course of treatment. It is important to note that any such reference of the properties of the additional information or for holding a sensitive position, such temployment, or eligibility for physical or logical access to federally controlled facilities. ER been diagnosed by a physician or other health professional (for example, a loojogist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, izoaffective disorder, delusional disorder, bipolar mood disorder, borderline er, or antisocial personality disorder? Our responded 'Yes' to having EVER been diagnosed by a physician or other health professional from the dates of diagnosis. From I (Month the diagnosis or health condition. To vide the dates of diagnosis. From I (Month the diagnosis or the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with hom you have discussed such condition. To vide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such ondition. To vide the name, address, and telephone number of any gency/organization/facility there counseling/treatment was provided to with the professional discorder, delusional discorder, delusional discorder, bipolar mood above (where counseling/treatment effective in managing your symptoms? Provide the address of any agency/organization/facility there counseling/treatment effective in managing your symptoms? Provide (which is a particular of the professional disorder, bipolar mood isorder, borderline personality disorder?) To you have an additional instance where you EVER had been diagnosed by a constant of the last seven years, have there been any occasions when you did not consult in the last seven years, have there been any oc	idability, or trustworthiness. If you answer in the affirmative, we will seek additional information al multion, as well as any applicable course of treatment. It is important to note that any such diagnose or deny eligibility/or access to classified information or for holding a sensitive position, suitability or deep eligibility for physical or logical access to federally controlled facilities or information or deny eligibility for physical or other health professional (for example, a clogical fictive disorder, delusional disorder, bipolar mood disorder, borderline er, or antisocial personality disorder? our responded 'Yes' to having EVER been diagnosed by a physician or other health professional. lentify the diagnosis or health condition. The provide the dates of diagnosis. From Date (Month/Year) (Estimated) To vide the name, address, and telephone number of the health care professional end to diagnosed you, or is currently treating you for such diagnosis, or with thom you have discussed such condition. To vide the address of the health care professional who diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently reading you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosed yo	tion asks whether you have been diagnosed with a specified mental health condition that may, particularly itability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the s mandition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in an or deny eligibility or access to classified information or for holding a sensitive position, suitability or fitness to employment, or eligibility for physical or logical access to federally controlled facilities or information sy to the physician or other health professional (for example, a ologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, izoaffective disorder, delusional disorder, bipolar mood disorder, borderline er, or antisocial personality disorder? The provide the dates of diagnosis or health condition. To the diagnosis or health condition. To the diagnosis or health condition. To the diagnosed you, or is currently treating you for such diagnosis, or with hom you have discussed such condition. To the diagnosed you, or is currently treating you for such diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. To rovide the name, address, and telephone number of any gency/organization/facility there counseling/treatment was provided To the telephone number of any gency/organization/facility there counseling/treatment effective in managing your symptoms? Provide As the counseling/treatment effective in managing your symptoms? Provide As the counseling/treatment effective in managing your symptoms? Provide As the counseling/treatment effective in managing your symptoms? Provide As the counseling/treatment effective in managing your symptoms? Provide As the counseling/treatment effective in managing your symptoms? Provide As the counseling/treatment effective in managing your symptoms? Provide As the counseling/treatment effective in managing your symptoms? Provide As the c	into asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousm diation, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of its r deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain the proposition of the propo		

having a	trustworthiness. Did you ever receive or are you currently receiving counseling YES NO Explanation I decline to							
mental health	or treatment for that condi	tion? (You may choose not to answer	1 Lo	(Provide	(Free Text)	answer (Require		
condition		ch consultation or treatment will not		explanation)	(Tree Text)	to validate)		
hat		dered to be a positive action.)		(Required to		to variatio)		
<mark>dversely</mark>			validate)					
affects your judgment,		Provide the following about your counseling or treatment.						
		Provide the dates of counseling			To Date (N	To Date (Month/Year) (Estimated/Present)		
<mark>eliability, or</mark>	Branch	or treatment.			(Estimated			
rustworthine	If Yes to you ever	Provide the name, address, and	Name (Free Text)		Telephone 1	Telephone Number (Free Text		
S.	received or are you	telephone number of the health						
Multiple Entries	currently receiving	care professional.						
Allowed)	counseling or treatment for that condition.	Provide the address of the health	Street address and city		State and Z	State and Zip Code or Country		
Allowed)	(Multiple Entries	care professional.				<u> </u>		
	Allowed)	Provide the name, address, and	Name or same as above (Free Text)			Telephone Number or same as above (Free Text)		
	Allowed	telephone number of the agency/organization/facility			above (Free			
		where counseling/treatment was						
		provided						
		Provide the address of the	Street address and city or same		e State and Z	State and Zip Code or Country		
		agency/organization/facility	as above			or same as above		
		where counseling/treatment was						
		provided						
	Do you have an additional instance where you ever received or are you currently receiving counseling or treatment for that condition? (You may choose not to answer this question. However, such consultation or treatment will not disqualify		YES (Yes	s adds another entry		I decline to		
					(Required	answer		
					to	(Required to		
					validate)	validate)		
	you and is considered to be		TATE OF	B 1 2 (B	NO (D	1. 1.1		
	Have you ever chosen not to follow a prescribed course of treatment for any of these conditions?		YES	Explanation (Free	NO (Requi	red to validate)		