Department of Veterans Affairs	REVIEW POST TRAUMATIC STRESS DISORDER (PTSD) DISABILITY BENEFITS QUESTIONNAIRE			
IMPORTANT - THE DEPARTMENT OF VETER PROCESS OF COMPLETING AND/OR SUBMIT BEFORE COMPLETING THIS FORM.	ANS AFFAIRS (VA) <i>WILL NOT PAY</i> OR <i>REIMBURSE</i> ANY EXPENSES OR COST INCURRED IN THE ING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION			
NAME OF PATIENT/VETERAN				
PATIENT/VETERAN'S SOCIAL SECURITY NUMBER				
consider the information you provide on this question disability evaluation, not for treatment purposes. VA	- Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will onnaire as part of their evaluation in processing the veteran's claim. Please note that this questionnaire is for a reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.			
	emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. 800-273-TALK (8255). Stay on the Crisis Line until help can link the Veteran to emergency care.			
The following health care providers can perform REVIEW examinations for PTSD: 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; a conseling 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; or a licensed clinical social worker (LCSW), a nurse practitioner, a clinical nurse specialist, or a physician assistant, under close supervision of a board-certified psychiatrist or licensed doctorate-level psychologist.				
	SECTION I - DIAGNOSTIC SUMMARY			
NOTE: This section should be completed based on	the current examination and clinical findings.			
	SECTION II - CURRENT DIAGNOSES			
2A. LIST CURRENT DIAGNOSES				
DIAGNOSIS #1:				
	INDICATE THE AXIS CATEGORY: AXIS I AXIS I			
COMMENTS, IF ANY:				
DIAGNOSIS #2:				
ICD CODE:				
COMMENTS, IF ANY:				
DIAGNOSIS #3:				
ICD CODE:	INDICATE THE AXIS CATEGORY: AXIS I AXIS I			
COMMENTS, IF ANY:				
DIAGNOSIS #4:				
	INDICATE THE AXIS CATEGORY: AXIS I AXIS I			
COMMENTS, IF ANY:				
IF ADDITIONAL DIAGNOSES, DESCRIBE USING AE	OVE FORMAT:			
2B. AXIS III - MEDICAL DIAGNOSES (to include TBI)):			
ICD CODE:				
COMMENTS, IF ANY:				

PATIENT/VETERAN'S SOCIAL SECURITY NO

SECTION II - CURRENT DIAGNOSES	10
SECTION IL CURRENT DIAGNOSES	ιι οππημρ

SECTION II - CURRENT DIAGNOSES (Continued)
2C. AXIS IV - PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS (describe, if any):
2D. AXIS V - CURRENT GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE:
COMMENTS, IF ANY:
SECTION III - 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?
(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):
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 EACH DIAGNOSIS?
YES NO NOT APPLICABLE
(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):
SECTION IV - 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 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 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):

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SECTION IV - OCCUPATIONAL AND SOCIAL IMPAIRMENT (Continued)
4C. 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):
SECTION V - CLINICAL FINDINGS
1. EVIDENCE REVIEW
5A. IF ANY RECORDS (EVIDENCE) WERE REVIEWED, PLEASE LIST:
2. RECENT HISTORY (SINCE PRIOR EXAM) 5B. RELEVANT SOCIAL/MARITAL/FAMILY HISTORY:
5C. RELEVANT OCCUPATIONAL AND EDUCATIONAL HISTORY:
5D. RELEVANT MENTAL HEALTH HISTORY, TO INCLUDE PRESCRIBED MEDICATIONS AND FAMILY MENTAL HEALTH:
5E. RELEVANT LEGAL AND BEHAVIORAL HISTORY:
5F. RELEVANT SUBSTANCE ABUSE HISTORY:
5G. SENTINEL EVENT(S) (OTHER THAN STRESSORS):
5H. OTHER (If any):

SECTION VI - PTSD DIAGNOSTIC CRITERIA
NOTE: 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.
CRITERION B: The traumatic event is persistently re-experienced 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 re-experienced.
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 affection (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.
Hypervigilence.
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.
Veteran does not meet full criteria for PTSD.
CRITERION F: Clinically significant distress or impairment:
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.

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7. FC	SECTION VII - SYMPTOMS
	OR 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
	SECTION VIII - OTHER SYMPTOMS
8. D0	
	OES THE VETERAN HAVE ANY OTHER SYMPTOMS ATTRIBUTABLE TO PTSD (AND OTHER MENTAL DISORDERS) THAT ARE NOT LISTED ABOVE?
	DESTHE VETERAN HAVE ANY OTHER SYMPTOMS ATTRIBUTABLE TO PTSD (AND OTHER MENTAL DISORDERS) THAT ARE NOT LISTED ABOVE? YES NO (If "Yes," describe):

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SECTION I)	(- COMPET	ENCY

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9. IS THE VETERAN CAPABLE OF MANAGING HIS OR HER FINANCIAL AFFAIRS?				
YES NO (If "No," explain):				
		SECTION X - REMARKS		
10. REMARKS (If any):				
SECTION XI - PSY	CHIATRIST	PSYCHOLOGIST CERTIFICATION	AND SIGNATURE	
CERTIFICATION - To the best of my knowledge				
10A. PSYCHIATRIST/PSYCHOLOGIST SIGNATURE AND		10B. PSYCHIATRIST/PSYCHOLOGIST	_	10C. DATE SIGNED
				ING. BATE GIGNED
10D. PSYCHIATRIST/PSYCHOLOGIST PHONE AND	10E. NATIO	DNAL PROVIDER IDENTIFIER (NPI)	10F. PSYCHIATRIST/PS	SYCHOLOGIST ADDRESS
FAX NUMBERS	NUM	BER		
NOTE - VA may request additional medical information,	including ad	ditional examinations, if necessary to cor	nplete VA's review of the	veteran's application.
IMPORTANT - PSYCHIATRIST/PSYCHOLOG	IST send the	e completed form to:		
		(VA R	egional Office FAX No.)	
NOTE - A list of VA Regional Office FAX Numbers can	be found at	www.benefits.va.gov/disabilityexams or	obtained by calling 1-800	-827-1000.
PRIVACY ACT NOTICE: VA will not disclose inform				
or Title 38, Code of Federal Regulations 1.576 for rout				
studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation,				
	Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses			
your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide				
his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is				
considered relevant and necessary to determine maximur submitted is subject to verification through computer mat			e considered confidential	(38 U.S.C. 5701). Information
		-		
RESPONDENT BURDEN: We need this information information. We estimate that you will need an average				
sponsor a collection of information unless a valid OMB c				
	ontrol numbe	er is displayed. You are not required to re	spond to a concetion of m	tormation if this number is not

get information on where to send comments or suggestions about this form.