



MENTAL DISORDERS (OTHER THAN PTSD AND EATING DISORDERS)
DISABILITY BENEFITS QUESTIONNAIRE

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL NOT PAY OR REIMBURSE ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM.

Note - 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. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the veteran's application. VA reserves the right to confirm the authenticity of ALL questionnaires completed by providers. It is intended that this questionnaire will be completed by the Veteran's provider. 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.

NOTE: In order to conduct an initial examination for mental disorders, 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.

In order to conduct a review examination for mental disorders, the examiner must meet one of the criteria from above, OR be a licensed clinical social worker (LCSW), a nurse practitioner, a clinical nurse specialist, or a physician assistant, under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist.

This Questionnaire is to be completed for both initial and review mental disorder(s) claims.

Are you completing this Disability Benefits Questionnaire at the request of:

[ ] Veteran/Claimant

[ ] Other: please describe

[Empty text box for describing other requestor]

Are you a VA Healthcare provider? [ ] Yes [ ] No

Is the Veteran regularly seen as a patient in your clinic? [ ] Yes [ ] No

Was the Veteran examined in person? [ ] Yes [ ] No

If no, how was the examination conducted?

[Empty text box for describing examination method]

SECTION I: DIAGNOSIS

1. DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A MENTAL DISORDER(S)?

[ ] YES [ ] NO

ICD CODE:

NOTE: If the Veteran has a diagnosis of an eating disorder, complete the Eating Disorders Questionnaire, in lieu of this questionnaire.

NOTE: If the Veteran has a diagnosis of PTSD, the Initial PTSD Questionnaire must be completed by a VHA staff or contract examiner in lieu of this questionnaire.

If the Veteran currently has one or more mental disorders that conform to DSM-5 criteria, provide all diagnoses:

MENTAL DISORDER DIAGNOSIS #1

ICD CODE:

COMMENTS, IF ANY:

MENTAL DISORDER DIAGNOSIS #2

ICD CODE:

COMMENTS, IF ANY:

MENTAL DISORDER DIAGNOSIS #3

ICD CODE:

COMMENTS, IF ANY:

IF ADDITIONAL DIAGNOSES, LIST USING ABOVE FORMAT:

1B. MEDICAL DIAGNOSES RELEVANT TO THE UNDERSTANDING OR MANAGEMENT OF THE MENTAL HEALTH DISORDER (to include TBI):

ICD CODE:

COMMENTS, IF ANY:

## 2. DIFFERENTIATION OF SYMPTOMS

2A. DOES THE VETERAN HAVE MORE THAN ONE MENTAL DISORDER DIAGNOSED?

YES  NO (If "Yes," complete the following question 2B)

2B. 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):

2C. DOES THE VETERAN HAVE A DIAGNOSED TRAUMATIC BRAIN INJURY (TBI)?

YES  NO  NOT SHOWN IN RECORDS REVIEWED (If "Yes," complete the following question, 2D)

Comments, if any:

2D. 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):

## 3. OCCUPATIONAL AND SOCIAL IMPAIRMENT

3A. WHICH OF THE FOLLOWING BEST SUMMARIZES THE VETERAN'S LEVEL OF OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH REGARD 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

3B. 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):

3C. 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:**

Evidence reviewed:

- No records were reviewed
- Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

**2. HISTORY**

**NOTE:** Initial examination 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*)

2B. RELEVANT OCCUPATIONAL AND EDUCATIONAL HISTORY (*PRE-MILITARY, MILITARY, AND POST-MILITARY*)

2C. RELEVANT MENTAL HEALTH HISTORY, TO INCLUDE PRESCRIBED MEDICATIONS AND FAMILY MENTAL HEALTH (*PRE-MILITARY, MILITARY, AND POST-MILITARY*)

2D. RELEVANT LEGAL AND BEHAVIORAL HISTORY (*PRE-MILITARY, MILITARY, AND POST-MILITARY*)

2E. RELEVANT SUBSTANCE ABUSE HISTORY (*PRE-MILITARY, MILITARY, AND POST-MILITARY*)

2F. OTHER, if any:

**SECTION III: 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

**SECTION IV: BEHAVIORAL OBSERVATIONS**

**SECTION V: OTHER SYMPTOMS**

4. DOES THE VETERAN HAVE ANY OTHER SYMPTOMS ATTRIBUTABLE TO MENTAL DISORDERS THAT ARE NOT LISTED ABOVE?

- YES  NO (If "Yes," describe)

**SECTION VI: COMPETENCY**

NOTE: For VA purposes, a mentally incompetent person is one who because of injury or disease lacks the mental capacity to contract or to manage his or her own affairs, including disbursement of funds without limitation.

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

YES  NO (If "No," specify each injury or disease resulting in incompetency and provide a rationale to support this finding):

**SECTION VII: REMARKS**

REMARKS (Including any testing results), if any:

**SECTION VIII - EXAMINER'S CERTIFICATION AND SIGNATURE**

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

8A. Examiner's signature:

8B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

8C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

8D. Date Signed:

8E. Examiner's phone/fax numbers:

8F. National Provider Identifier (NPI) number:

8G. Medical license number and state:

8H. Examiner's address: