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AHRC-DZB

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MEMORANDUM FOR Presidents, U.S. Army Physical Evaluation Boards

Subject: General Rating Formula for Mental Disorders Application of §4.7, Higher of Two Evaluations to Ratings

**Background**

The General Rating Formula for Mental Disorders for the 30% evaluation and 10% evaluation is as follows:

Occupational and social impairment with occasional decrease in work efficiency *and* intermittent periods of inability to perform occupational tasks (although generally function satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events.)	<b>30%</b>
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 continuous medication.	<b>10%</b>

VASRD §4.7, higher of two evaluations provides, "Where there is a question as to which of two evaluations shall be applied, the higher evaluation will be assigned if the disability picture more nearly approximates the criteria required for that rating. Otherwise, the lower rating will be assigned."

The 14 OCT 2008 DTM requires the MEB to prepare psychiatry reports IAW the (minimum requirements of the) applicable VA worksheet. Accordingly, when examining a Soldier for a mental disorder, the examiner must follow the applicable VA worksheet and must describe symptoms of the mental disorder (i.e., due to symptoms of the mental disorder vs. due to another condition) and the examiner must support the occupational/social impairment with examples.

The VA worksheet provides choices of occupational and social impairment to the examiner and asks the examiner to choose one. One choice reads as follows:

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There is occasional decrease in work efficiency "**or**" there are intermittent periods of inability to perform occupational tasks due to signs and symptoms, but generally satisfactory functioning (routine behavior, self-care, and conversation normal). (Italics supplied.)

Note: The rating formula requires "and"; the VA worksheet asks for "or."

When the MEB examiner follows the VA worksheet and chooses the above evaluation of occupational and social functioning and provides examples and pertinent symptoms (due to PTSD or other mental disorder being described, as requested on the VA worksheet), the rating formula does not appear to support a 30% rating because the 30% description indicates *\*both\** occasional decrease in work efficiency *\*and\** intermittent periods of inability to perform occupational tasks are required.

### **Comparison between the 10% and 30% Evaluation**

There are two aspects of the disability picture at both the 10 and 30% evaluation: (1) occupational and social impairment, (2) and the nature of the symptoms.

1. The **occupational and social impairment** at the 10% evaluation is less pervasive than that at the 30% evaluation. At the **10% evaluation**, the occupational and social impairment is *only during periods of significant stress or there is no occupational and social impairment because symptoms controlled by continuous medication*. NOTE: The Soldier qualifies for the 10% rating *because they require continuous medications for control of symptoms*. Compare with 0% evaluation: 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*. At the **30% evaluation**, the occupation and social impairment is associated with *occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks*.

2. The **nature of the symptoms** causing the requisite occupational and social impairment (if any) at the 10% evaluation is less severe than that at the 30% evaluation. The nature of the symptoms (*if any*) at the 10% evaluation is *mild or transient*. (The Soldier may have no symptoms because the symptoms are controlled by medication). The nature of the symptoms associated with the 30% evaluation is more severe, i.e., symptoms such as *depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment and mild memory loss (such as forgetting names, directions, recent events)*.

NOTE: The psychiatrist is free to indicate the Soldier has both occasional decrease in work efficiency *and* intermittent periods of inability to perform occupational tasks.

However, when the psychiatrist indicates a Soldier has *either* occasional decrease in work efficiency *or* intermittent periods of inability to perform occupational tasks (and symptoms such

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as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events)), the PEB must consider 4.7, Higher of two evaluations. When the psychiatrist indicates the decrease in work efficiency occurs occasionally and/or there are now intermittent periods where the Soldier cannot perform in their job, it is clear that the problems are occurring more than only when there is significant stress.

### **Application of §4.7, Higher of Two Evaluations**

In this situation, the **disability picture** more nearly approximates the criteria required for the 30% evaluation for the following reasons.

- a. The **occupational and social impairment** is much greater than that in the 10% evaluation, i.e., this Soldier has either an *occasional decrease in work efficiency or intermittent periods of inability to perform occupational tasks* vs. (only) a decrease in work efficiency and ability to perform occupational tasks only during period of significant stress *or no decrease in work efficiency or no decreased ability to perform occupational tasks* because symptoms are controlled by continuous medication;
- b. The Soldier has the very same symptoms as required to support a 30% evaluation when associated with both occasional decrease in work efficiency *and* intermittent periods of inability to perform occupational tasks are required.

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