



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

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. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
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PSYCHIATRIST/PSYCHOLOGIST/EXAMINER - 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. Please note that this questionnaire is for disability evaluation, not for treatment purposes.

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.

SECTION I: DIAGNOSIS

1. DIAGNOSIS

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

YES NO

NOTE: If the veteran has a diagnosis of an eating disorder, complete VA Form 21-0960P-1, Eating Disorders Disability Benefits Questionnaire, in lieu of this questionnaire.

NOTE: If the veteran has a diagnosis of PTSD, VA Form 21-0960P-4, Initial PTSD Disability Benefits 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-IV criteria, provide all diagnoses:

DIAGNOSIS #1

ICD CODE: _____ INDICATE THE AXIS CATEGORY: AXIS I AXIS II

COMMENTS, IF ANY: _____

DIAGNOSIS #2

ICD CODE: _____ INDICATE THE AXIS CATEGORY: AXIS I AXIS II

COMMENTS, IF ANY: _____

DIAGNOSIS #3

ICD CODE: _____ INDICATE THE AXIS CATEGORY: AXIS I AXIS II

COMMENTS, IF ANY: _____

IF ADDITIONAL DIAGNOSES THAT PERTAIN TO MENTAL HEALTH DISORDERS, LIST USING ABOVE FORMAT:

1B. AXIS III - MEDICAL DIAGNOSES (TO INCLUDE TBI):

ICD CODE: _____ COMMENTS, IF ANY: _____

1C. AXIS IV - PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS_(DESCRIBE, IF ANY):

1D. AXIS V - CURRENT GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE: _____

COMMENTS, IF ANY: _____

2. DIFFERENTIATION OF SYMPTOMS

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

YES NO (If "Yes," complete Item 2B)

2B. 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)

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

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

Comments, if any:

2D. 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)

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 LEVEL OF OCCUPATIONAL AND SOCIAL IMPAIRMENT, IS IT POSSIBLE TO DIFFERENTIATE WHAT PORTION OF THE OCCUPATIONAL AND SOCIAL IMPAIRMENT INDICATED IN ITEM 3A 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)

3C. IF A DIAGNOSIS OF TBI EXISTS, IS IT POSSIBLE TO DIFFERENTIATE WHAT PORTION OF THE OCCUPATIONAL AND SOCIAL IMPAIRMENT INDICATED IN ITEM 3A 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 II: CLINICAL FINDINGS:

1. EVIDENCE REVIEW

IF ANY RECORDS (EVIDENCE) WERE REVIEWED, PLEASE LIST

2. HISTORY

NOTE: Initial examinations 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. SENTINEL EVENT(S) (OTHER THAN STRESSORS)

2G. OTHER (*If any*)

3. 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

4. OTHER SYMPTOMS

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

- YES NO (If "Yes," describe)

5. COMPETENCY

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

 YES NO (If "No," explain)**6. REMARKS (If any)****7. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER CERTIFICATION AND SIGNATURE****CERTIFICATION** - To the best of my knowledge, the information contained herein is accurate, complete and current.

7A. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER SIGNATURE & TITLE	7B. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER PRINTED NAME
7C. DATE SIGNED	7D. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER PHONE AND FAX NUMBER
7E. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER MEDICAL LICENSE NUMBER	7F. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER/ ADDRESS

NOTE - VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.**IMPORTANT** - Psychiatrist/psychologist please fax 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.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research 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 maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.