

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

Name of Patient/Veteran	Patient/Veteran's Social Security Number	Date of examination:
_____	_____	_____

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 completed questionnaires. **It is intended that this questionnaire will be completed by the Veteran's healthcare provider.**

Note: If the Veteran experiences a mental health emergency during the interview, please discontinue the interview and obtain help, using local resources as appropriate. You may also contact the Veterans Crisis Line by dialing 988 and pressing 1. Stay on the Crisis Line until the Veteran is linked to emergency care.

Note: Initial Mental Disorders examinations must be conducted by (1) a board-certified or board-eligible psychiatrist; (2) a licensed doctorate-level psychologist; (3) a non-licensed doctorate-level psychologist working toward licensure under close supervision; (4) a psychiatry resident under close supervision; or (5) a VHA psychology trainee, under close supervision, who is completing an internship or residency for the purposes of completing a doctorate-level degree program.

Mental Disorders review examinations must be conducted by (1) an individual eligible to conduct an initial Mental Disorders examination; (2) a licensed clinical social worker (LCSW) under close supervision; or (3) a nurse practitioner, clinical nurse specialist, or physician assistant, if that individual is under close supervision and is clinically privileged by VHA to perform activities required for C&P Mental Disorders examinations.

"Under close supervision" means that the individual is supervised by a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist who must meet with the Veteran, confer with the supervised individual in providing the diagnosis and the final assessment, and co-sign the examination report.

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

Veteran/Claimant

Third party (please list name(s) of organization(s) or individual(s))

Other: please describe

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?

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 the above format:

1B. Medical diagnosis 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 applicable (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. Occupation 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

1. Evidence Review

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.

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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)

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2B. Relevant occupational and educational history (pre-military, military, and post-military)

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2C. Relevant mental health history, to include prescribed medications and family mental health (pre-military, military, and postmilitary)

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2D. Relevant legal and behavioral history (pre-military, military, and post-military)

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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

4A. Behavioral observations

SECTION V: OTHER SYMPTOMS

5A. 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.

6A. 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

7A. 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.

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

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: _____ _____		