



Mental Disorders (other than PTSD and Eating Disorders) Disability Benefits Questionnaire

FIRST NAME, LAST NAME, MIDDLE NAME (SUFFIX):	SOCIAL SECURITY	TODAY'S DATE:

CONTRACTOR: VES	VES NUMBER: 22622611685	VA CLAIM NUMBER:
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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.

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. 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.
For the Claimed Compensation Condition of - MAJOR DEPRESSIVE DISORDER

Is this questionnaire being completed in conjunction with a VA21-2507, C&P examination request?
 Yes No

How was the examination completed (check all that apply)?
 In-person examination
 Examination via approved video telehealth
 Other, please specify in comments box:

Comments:

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: F32.2

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 VA 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:

Major Depressive Disorder, Single episode, Severe, Not in remission, With anxious distress

ICD code: F32.2

Comments, if any:

Veteran's symptoms of anxiety, and insomnia (what is not related to OSA) are most consistent with being related to the diagnosis of MDD rather than being separate clinical diagnoses based on the DSM-5, the review of records, and the current evaluation.

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:

None

1B. Medical diagnoses relevant to the understanding or management of the Mental Health Disorder (to include TBI):

Bilateral Retinal Detachment

ICD code: Deferred

Comments, if any:

None

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 (N/A)

(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

Comments, if any:

None

(If "Yes," complete the following question 2D)

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 *NSC*
- 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 *0*
- 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 *10*
- 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 *30*
- Occupational and social impairment with reduced reliability and productivity *50*
- Occupational and social impairment with deficiencies in most areas, such as work, school, family relations, judgment, thinking and/or mood *70*
- Total occupational and social impairment *100*

3B. For the indicated level of 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 (check all that apply):

Not requested

No records were reviewed

VA claims file (hard copy paper C-file)

VA e-folder

CPRS

Other (please identify other evidence reviewed):

Evidence Comments:

All available records were reviewed and findings considered when completing this DBQ.

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*):

Pre-military

Social: Veteran reported that he had a few friends growing up and that they went fishing, camping, that he was in Little League, slow pitch, and the Peninsula Athletic Association. He stated that he did not play sports for his school teams. He stated that he graduated high school at age 18 in 1969.

Marital: None reported for this period.

Family: He reported that he was born in Tacoma, WA and grew up in Vaugh, WA and that his parents were married to each other. He stated that he had 2 brothers and that he is the middle child. His mother and siblings were all living during this period but he reported that his father died of an aneurysm in 05/1970. He stated that the relationship with his parents and siblings was good. He reported no abuse growing up.

Military

Social: Veteran reported that he entered the military at 19-years-old 06/03/1970. He stated that he had a few friends while in the military and that they played cards and drank together to interact socially.

Marital: None reported for this period.

Family: He stated that his mother and siblings were all living during this period and that the relationship with them remained good.

Post-military

Veteran separated from the Army 12/06/1971.

Social: He stated that he is in touch with a few friends from his military service in person and that he has a few other friends that he plays cards with to socialize and that he goes camping on his brother's property "a couple times a year.

Marital: Veteran reported that he got married in 1973 and is still married to his first and only wife and that they have a son 40 and a daughter 42. He reported that the relationship with his wife and children is good.

Family: He reported that his mother died in 2019 of a stroke and that his brother had to have bypass surgery but survived and is doing well. His other brother is in good health also and that the relationship with his siblings remains good.

2B. Relevant Occupational and Educational history (*pre-military, military, and post-military*):

Pre-military

He stated that he worked mowing lawns ages 10-12; picking oysters 16-18; at a gas station 17-18; steel mill 18/19; joined the military.

Education: None reported for this period.

Military

In the military his Primary Specialty was General Construction Machine Operator (Heavy Equipment).

Education: None reported for this period.

Post-military

Veteran reported that he worked in back at the steel mill for a couple of months after the military in 1971; he did seasonal commercial fishing 1971-1976; worked for a construction company 1972-2017.

Education: None reported for this period.

2C. Relevant Mental Health history, to include prescribed medications and family mental health (*pre-military, military, and post-military*):

Pre-military

No relevant history based on current exam and review of any available medical records.

Military

No relevant history based on current exam and review of any available medical records.

Post-military

Veteran reported that he had a VA intake a couple of months ago because he was having depression and suicidal thoughts. He has not had any follow through on that.

Veteran endorsed current symptoms of anxiety of restlessness, feeling keyed up and on edge, being easily fatigued, difficulty concentrating and his mind going blank, irritability with anger, with no physical aggression towards others, muscle tension in his head, neck, and shoulders, sleep disturbance (difficulty falling asleep sometimes and staying asleep, and restless, unsatisfying sleep) and that he has been diagnosed through the VA with OSA and uses a CPAP machine. He reported that he is not having panic attacks.

Veteran endorsed current symptoms of depression of depressed mood most of the day, markedly diminished interest, and pleasure in things he used to enjoy, insomnia, fatigue and loss of energy, feelings of worthlessness, diminished ability to think, concentrate, and indecisiveness.

He reported no active suicidal ideation and no homicidal ideation and that he has never made any suicide attempts and has no plans or intent to kill himself or anyone else. He reported having passive/fleeting escape themed suicidal thoughts weekly or monthly for sure. Veteran reported that he has access to the VA Crisis Line number should he need it.

He reported that he gets 6 hours on average per night of sleep. He reported no military related nightmares, no hallucinations, but that he is having flashbacks in the form of vivid memories. He reported no family mental health history. He reported that he has never been on psychiatric medication.

2D. Relevant Legal and Behavioral history (*pre-military, military, and post-military*):

Pre-military

No relevant history based on current exam and review of any available medical records.

Military

No relevant history based on current exam and review of any available medical records.

Post-military

No relevant history based on current exam and review of any available medical records.

2E. Relevant Substance Abuse history (*pre-military, military, and post-military*):

Pre-military

No relevant history based on current exam and review of any available medical records.

Military

No relevant history based on current exam and review of any available medical records.

Post-military

No relevant history based on current exam and review of any available medical records.

2F. Other, if any:

Impact of his condition: Veteran reported that he was productive, was an equipment operator, had his own tools, would do remodeling of his house, minor repairs, had his CDL license, and that now he cannot work, can no longer drive, cannot use his tools, cannot do any repairs or remodeling of his or anyone else's home, cannot watch television, cannot see the cards on the table when playing with friends and must use a magnifying glass to see his own cards in his hands. He no longer can fall back on being an equipment operator since he cannot drive or see. He must depend on his wife to help him with some basic ADLs. He stated that he mostly stays to himself now.

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 in 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

3.352(A)
3351(C)(3)

SECTION IV: BEHAVIORAL OBSERVATIONS

Veteran is a 71-year-old Caucasian male. He was dressed appropriately for the weather and task and hygiene appeared to be good. Memory was mildly impaired for names, dates, and chronology while attention and concentration also appeared mildly impaired during the evaluation. Motor behavior during the evaluation is best described as mildly restless with no outward appearance of physical agitation.

He was alert and oriented to person, place, time, and circumstance. He did not appear to be under the effects or influence of medications, alcohol, or drugs. He had fair eye contact and was cooperative with the evaluation. His thought processes were linear, logical, and goal directed. Speech quantity and quality was normal. Mood appeared depressed and affect was congruent with mood.

His insight and judgment appeared good. There was no evidence of hallucinations and no delusional material was evident. He reported no active suicidal ideation and no homicidal ideation.

SECTION V: OTHER SYMPTOMS

5. 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:

This DBQ was completed via Telehealth through the use of HIPAA-compliant video conferencing.

Veteran's call-back telephone number: 3602753238

Veteran's physical location/address at the time of the exam:
4240 E State Rock Route 302
Belfair, WA 98528

Additional comments regarding suicidal ideation, if any:

In the section below, please provide your assessment of risk for the Veteran/Service Member.

High Acute Risk

Intermediate Acute Risk

Low Acute Risk

Not at Elevated Acute Risk

For High, Intermediate, or Low Acute risk of suicide, document all steps taken:

Is there a need for the Veteran to follow up with his/her primary care provider regarding any life threatening findings in this examination (not limited to claimed condition(s))?

Yes No

SECTION VIII: PSYCHIATRIST/PSYCHOLOGIST/EXAMINER CERTIFICATION AND SIGNATURE

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

8A. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER
SIGNATURE: [REDACTED]

8B. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER
PRINTED NAME: [REDACTED]

8C. DATE SIGNED: See date in digital signature above.

8D. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER
PHONE NUMBER: [REDACTED]

8E/8F. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER
NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER
AND MEDICAL LICENSE NUMBER AND STATE: 1982877981 / PY00003778 WA

8G. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER
ADDRESS: VA-TELE-C&P WASHINGTON 123 TELE-C&P, TELE-C&P, WA
99999

8H. EXAMINER'S SPECIALTY: Psychologist
