

## **CLAIMANT'S FACTS ABOUT TRAUMATIC INCIDENT CAUSING PTSD**

These facts should be written in a narrative statement giving details about the following:

1. The nature of the trauma such as military combat, sexual assault, criminal act, disaster, family loss, or other traumatic incident.
2. Incident date and time.
3. Witnesses to the incident.
4. Incident location.
5. Time and circumstances afterwards of reporting the incident to authorities or others.
6. Official records of the incident including the record holder name and position.
7. News reports, video, or documentation including the media outlet reporting.
8. If with a group or organization, name the group or organization.
9. If with a military unit, name the unit and the chain of command. If in a supported military unit, name the supported unit and chain of command.
10. Names of other persons traumatized in the same incident.
11. Perpetrators of the incident.
12. Symptoms that started after the incident that were caused by the incident.
13. History of medical care after the incident if medical care was sought.
14. The amount of time that passed between the incident and the symptoms. This period of time can be years.
15. Any chronology of medical care not including a diagnosis of PTSD that may have been PTSD misdiagnosed such as stomach problems, headaches, or sleep problems.
16. Name of medical providers or physicians who support the current diagnosis of PTSD.
17. Name of medical providers or physicians who can give written opinion "connecting" the traumatic incident and the current diagnosis of PTSD.
18. Names of close friends or family members who can substantiate the symptoms of PTSD prior to the first diagnosis.
19. A job history that may show the symptoms of PTSD.
20. Any other information that can give important information about the incident.

**This narrative statement should be completed and provided prior to asking a medical expert to fill out this form.**

**PTSD DISABILITY WORK CAPACITY EVALUATION QUESTIONS FOR MEDICAL PROVIDER**

**Instructions to Client:** Take this questionnaire to your medical provider to be filled out and returned to your disability agency.

**Instructions to Physician:** Please submit the following information about the patient named above who has applied for a disability based on mental health problems or on PTSD disability before disability agency or for other medical reasons such as insurance. The form is designed to be a checklist evaluation to be used by that agency.

Patient Name:	SSN:
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Assessment is for:

<input type="checkbox"/> WORKERS COMPENSATION	<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> VETERANS BENEFITS
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Evaluator's Signature:
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Date:
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Evaluator's Printed Name:
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Evaluator's Printed Title (M.D., Ph.D.):
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Evaluator's Printed Address
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Evaluator's Printed City-State-Zip
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<p>1. State your <b>Medical Diagnosis</b> for the patient named above</p> <p style="padding-left: 40px;">Axis I</p>  <p style="padding-left: 40px;">Axis II</p>  <p style="padding-left: 40px;">Axis III</p>  <p style="padding-left: 40px;">Axis IV</p>  <p style="padding-left: 40px;">Axis VI</p>
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<p>2. Are any mental health problems of the patient named above service connected either by direct cause incurred by military service, aggravated by military service or secondary to military service?</p> <p style="padding-left: 40px;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>
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<p>3. If "YES" to above, what are these military service connected mental health problems?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Post Traumatic Stress Disorder</li> <li><input type="checkbox"/> Organic mental disorders</li> <li><input type="checkbox"/> Schizophrenic, paranoid, or other psychotic disorder</li> <li><input type="checkbox"/> Affective disorder</li> <li><input type="checkbox"/> Mental retardation/Autism</li> <li><input type="checkbox"/> Anxiety related disorder</li> <li><input type="checkbox"/> Somatoform disorders</li> <li><input type="checkbox"/> Personality disorders</li> <li><input type="checkbox"/> Substance addiction disorder</li> </ul>
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4. Are any mental health problems of the patient named above PTSD trauma connected either by direct cause incurred by a PTSD trauma event, aggravated by a PTSD trauma event or secondary to a PTSD trauma event (*and not connected to Military Service*)?

YES  NO

3. If "YES" to above, what are these PTSD trauma event mental health problems (*and not connected to Military Service*)?

- Post Traumatic Stress Disorder
- Organic mental disorders
- Schizophrenic, paranoid, or other psychotic disorder
- Affective disorder
- Mental retardation/Autism
- Anxiety related disorder
- Somatoform disorders
- Personality disorders
- Substance addiction disorder

4. Is the patient impaired or disabled from these mental health disorders?

YES  NO

5. If impaired or disabled from this mental health disorder, state the degree of such impairment or disability:

- Not Significantly Limited
- Moderately Limited
- Markedly Limited
- No Evidence of Limitation
- No Ratable Available Evidence

5. On what date did the patient become impaired or disabled from these mental health disorders?

Estimated Date:

6. Is the patient totally and permanently disabled from these service connected disabilities so as to prevent fully competitive work with regular pace and persistence on a regular 40 hour per week basis?

YES  NO

7. If the answer to the previous question is "YES", on what estimated date did the patient become totally and permanently disabled? Estimated Date:

***SYMPTOMS PRESENT AS SET FORTH IN DSM-IV:***  
**(CHECK THE BLANK IF THE CONDITION IS PRESENT)**

A. The person has been exposed to a traumatic event in which both of the following were present:  
(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others  
(2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

IDENTIFY THE STRESSORS WHICH CAUSED THIS PTSD CONDITION:  
 Military Combat Veteran  
 Body Collection Duties of Veteran  
 Combat or medical wounds or assaults  
 Victim of Crime  
 Victim of abuse  
 Other (Please describe)

Date(s) of PTSD event:

B. The traumatic event is persistently re-experienced in at least one of the following ways:  
 (1) recurrent and intrusive distressing recollections of the event (in young children, repetitive play in which themes or aspects of the trauma are expressed)  
 (2) recurrent distressing dreams of the event  
 (3) sudden acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative (flashback) episodes, even those that occur upon awakening or when intoxicated)  
 (4) intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event, including anniversaries of the trauma  
COMMENTS:

C. Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:  
 (1) efforts to avoid thoughts or feelings associated with the trauma  
 (2) efforts to avoid activities or situations that arouse recollections of the trauma  
 (3) inability to recall an important aspect of the trauma (psychogenic amnesia)  
 (4) markedly diminished interest in significant activities (in young children, loss of recently acquired developmental skills such as toilet training or language skills)  
 (5) feeling of detachment or estrangement from others  
 (6) restricted range of affect, e.g., unable to have loving feelings  
 (7) sense of a foreshortened future, e.g., does not expect to have a career, marriage, or children, or a long life  
COMMENTS:

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by at least two of the following:

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response
- (6) physiologic reactivity upon exposure to events that symbolize or resemble an aspect of the traumatic event (e.g., a woman who was raped in an elevator breaks out in a sweat when entering any elevator)

COMMENTS:

E. Duration of the disturbance (symptoms in B, C, and D) of at least one month.

COMMENTS:

Specify delayed onset if the onset of symptoms was at least six months after the trauma.

COMMENTS:

G. If the patient had pre-existing psychiatric problems before military service or the PTSD event (such as personality disorder or schizophrenia), state whether these pre-existing problems presented a significant impairment which would have prevented the patient from performing substantial gainful activity *or* regular employment *or* military service:  YES;  NO

H. If the patient had pre-existing psychiatric problems before military service or the PTSD event (such as personality disorder or schizophrenia), state whether these pre-existing problems were aggravated by military service or by the PTSD event:  YES;  NO

I. Are the patient's mental health problems *secondary* to military service or the PTSD event (such as substance abuse secondary to PTSD or depression secondary to chronic physical pain caused by military service or the PTSD event)?  YES;  NO



**B. Sustained Concentration and Persistence**

4. The ability to carry out very short and simple instructions.
  - Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence
5. The ability to carry out detailed instructions.
  - Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence
6. The ability to maintain attention and concentration for extended periods.
  - Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence
7. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.
  - Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence
8. The ability to sustain an ordinary routine without special supervision.
  - Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence
9. The ability to work in coordination with or proximity to others without being distracted by them.
  - Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence
10. The ability to make simple work-related decisions.
  - Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence

11. The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.

- Not Significantly Limited
- Moderately Limited
- Markedly Limited
- No Evidence of Limitation
- No Ratable Available Evidence

**C. Social Interaction**

12. The ability to interact appropriately with the general public.

- Not Significantly Limited
- Moderately Limited
- Markedly Limited
- No Evidence of Limitation
- No Ratable Available Evidence

13. The ability to ask simple questions or request assistance.

- Not Significantly Limited
- Moderately Limited
- Markedly Limited
- No Evidence of Limitation
- No Ratable Available Evidence

14. The ability to accept instructions and respond appropriately to criticism from supervisors.

- Not Significantly Limited
- Moderately Limited
- Markedly Limited
- No Evidence of Limitation
- No Ratable Available Evidence

15. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.

- Not Significantly Limited
- Moderately Limited
- Markedly Limited
- No Evidence of Limitation

16. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.

- Not Significantly Limited
- Moderately Limited
- Markedly Limited
- No Evidence of Limitation
- No Ratable Available Evidence

**D. Adaptation**

17. The ability to respond appropriately to changes in the work setting.

- Not Significantly Limited
- Moderately Limited
- Markedly Limited
- No Evidence of Limitation
- No Ratable Available Evidence

18. The ability to be aware of normal hazards and take appropriate precautions.
- Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence
19. The ability to travel in unfamiliar places or use public transportation.
- Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence
20. The ability to set realistic goals or make plans independently of others.
- Not Significantly Limited
  - Moderately Limited
  - Markedly Limited
  - No Evidence of Limitation
  - No Ratable Available Evidence