



Thank you for entrusting our team to assist you with your VA Claim. Please follow the instructions on completing the survey and/or addendum on the following page(s). Once finished, place the filled-out survey and/or addendum in the prepaid envelope included in this packet. Send the new packet so our team can continue processing your claim. We will contact you after receiving and reviewing your survey and/or addendum. We appreciate your cooperation.

Mental Health Increase Survey

Please complete this survey to the best of your ability so that we can better understand how to support your claim.

Name:

Email address (associated with Veterans Guardian):

Years of service:

Social Security Number:

Date of birth:

What is your height:

How much did you weigh when you joined the military:

How much do you weigh now:

The following questions are in regard to your symptoms. Please check off all that apply.

Section 7 - Self Assessment - Your mental health symptoms; check all that apply.

- Depressed mood
- Anxiety
- Suspiciousness
- Panic attacks that occur weekly or less frequently
- Panic attacks that occur 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
- Disturbance in motivation or mood
- Difficulty 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 or 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 of time and/or place

Section 8 - Other symptoms associated with your PTSD or other mental health impacting your life; check all that apply.

- Reduced activity
- Social withdrawal
- Irritability
- Fatigue
- Memory & cognitive impairment
- Poor self-esteem
- Relationship problems
- Hopelessness
- Guilt
- Anxiety
- Loss of employment opportunities
- Kinesiophobia (avoidance of certain movements or activities due to fear of re-injury or re-experiencing the pain)
- Impaired sleep
- Pain behaviors
- Less interest in sex

The following questions are in regard to your history. Please provide as much detail as you can when answering.

2A.1 - Describe a time where you couldn't perform your job due to your mental health symptoms.

2A.2 - *What happens when you start experiencing your mental health symptoms while at work?*

2A.3 - *Are you afraid of not being able to work? If so, how does this make you feel?*

2A.4 - *Describe a time where your mental health symptoms have kept you from seeking employment or applying for a promotion due to fear of limitations.*

2A.5 - Describe a time where your mental health symptoms have caused you to miss work or leave early?

2A.6 - What activities are you no longer able to enjoy due to your mental health symptoms?

2A.7 - Do your friends and family understand the limitations due to your mental health symptoms? What are their reactions to said limitations?

2A.8 - Describe what happens at home when you experience your mental health symptoms. Do you get angry, isolate yourself, or something else?

2A.9 - Is there anything you do that helps your mental health symptoms?

2A.10 - What do you think causes your mental health symptoms to increase?

2B.1 - *Describe your occupation and education history.*

2C.1 - *Describe your past mental health history.*

2D - *Describe your legal and behavior history.*

2E - *Describe your substance abuse history.*

2F - *Sentinel event(s):*

Rx Prescriptions / Over the counter drugs

Please read each of the following items carefully and select the appropriate level of discomfort you experience with that symptom.

Numbness or tingling

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Feeling hot

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Wobbliness in legs

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Unable to relax

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Fear of worst happening

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Dizzy or lightheaded

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Heart pounding or racing

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Unsteady

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Terrified or afraid

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Nervous

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Feeling of choking

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Hands trembling

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Shaky or unsteady

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Fear of losing control

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Difficulty in breathing

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Fear of Dying

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Scared

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Indigestion

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Faint or lightheaded

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Face flushed

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

Hot or cold sweats

- 0 - Not at all
- 1 - Mildly, but it didn't bother me much.
- 2 - Moderately, it wasn't pleasant at times.
- 3 - Severely, it bothered me alot.

This self-reported questionnaire, the Beck Depression Inventory (BDI), evaluates your severity of depression.

Beck 1

- 0 - I do not feel sad.
- 1 - I feel sad much of the time.
- 2 - I am sad all the time.
- 3 - I am so sad and unhappy that I can't stand it.

Beck 2

- 0 - I am not discouraged about my future.
- 1 - I feel more discouraged about my future than I used to be.
- 2 - I do not expect things to work out for me.
- 3 - I feel my future is hopeless and will only get worse.

Beck 3

- 0 - I do not feel like a failure.
- 1 - I have failed more than I should have.
- 2 - As I look back, I see a lot of failures.
- 3 - I feel I am a total failure as a person.

Beck 4

- 0 - I get as much pleasure as I ever did from the things I enjoy.
- 1 - I don't enjoy things as much as I used to.
- 2 - I get very little pleasure from the things I used to enjoy.
- 3 - I can't get any pleasure from the things I used to enjoy.

Beck 5

- 0 - I don't feel particularly guilty.
- 1 - I feel guilty over many things I have done or should have done.
- 2 - I feel quite guilty most of the time.
- 3 - I feel guilty all of the time.

Beck 6

- 0 - I don't feel I am being punished.
- 1 - I feel I may be punished.
- 2 - I expect to be punished.
- 3 - I feel I am being punished.

Beck 7

- 0 - I feel the same about myself as ever.
- 1 - I have lost confidence in myself.
- 2 - I am disappointed in myself.
- 3 - I dislike myself.

Beck 8

- 0 - I don't criticize or blame myself more than usual.
- 1 - I am more critical of myself than I used to be.
- 2 - I criticize myself for all of my faults.
- 3 - I blame myself for everything bad that happens.

Beck 9

- 0 - I don't have any thoughts of killing myself.
- 1 - I have thoughts of killing myself, but I would not carry them out.
- 2 - I would like to kill myself.
- 3 - I would kill myself if I had the chance.

Beck 10

- 0 - I don't cry any more than I used to.
- 1 - I cry more now than I used to.
- 2 - I cry over every little thing.
- 3 - I feel like crying, but I can't.

Beck 11

- 0 - I am no more restless or wound up than usual.
- 1 - I feel more restless or wound up than usual.
- 2 - I am so restless or agitated that it's hard to stay still.
- 3 - I am so restless or agitated that I have to keep moving or doing something.

Beck 12

- 0 - I have not lost interest in other people or activities.
- 1 - I am less interested in other people or things than before.
- 2 - I have lost most of my interest in other people or things.
- 3 - It's hard to get interested in anything.

Beck 13

- 0 - I make decisions about as well as ever.
- 1 - I find it more difficult to make decisions than usual.
- 2 - I have much greater difficulty in making decisions than I used to.
- 3 - I have trouble making decisions.

Beck 14

- 0 - I don't feel I am worthless.
- 1 - I don't consider myself as worthwhile and useful as I used to.
- 2 - I feel more worthless as compared to other people.
- 3 - I feel utterly worthless.

Beck 15

- 0 - I have as much energy as ever.
- 1 - I have less energy than I used to have.
- 2 - I don't have enough energy to do very much.
- 3 - I don't have enough energy to do anything.

Beck 16

- 0 - I have not experienced any change in my sleeping pattern.
- 1a - I sleep somewhat more than usual.
- 1b - I sleep somewhat less than usual.
- 2a - I sleep a lot more than usual.
- 2b - I sleep a lot less than usual.
- 3a - I sleep most of the day.
- 3b - I wake up 1 - 2 hours early and can't get back to sleep.

Beck 17

- 0 - I am no more irritable than usual.
- 1 - I am more irritable than usual.
- 2 - I am much more irritable than usual.
- 3 - I am irritable all the time.

Beck 18

- 0 - I have not experienced any changes in my appetite.
- 1a - My appetite is somewhat less than usual.
- 1a - My appetite is somewhat greater than usual.
- 2a - My appetite is much less than before.
- 2b - My appetite is much greater than before.
- 3a - I have no appetite at all.
- 3b - I crave food all the time.

