



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.

# Symptoms Addendum

Our team needs more information to further assist with your claim. Please complete this addendum to the best of your ability so that we can better understand how to support your claim.

**Name:**

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**Email address (associated with Veterans Guardian):**

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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

**Section 10 - Select any of the following statements that you experience related to your PTSD or mental health.**

- I was personally injured
- I was exposed to the threat of death
- I was exposed to human remains
- I was exposed to injury of multiple people related to deployments
- I recall feeling hyperarousal in the form of poor sleep initiation, awakening at night
- I am experiencing poor concentration
- I have experienced panic attacks
- My PTSD results in avoidance behavior(s); people, crowds, not wanting to talk about experiences
- I forget details of past trauma or painful events
- I can be emotionally numb
- Isolation tendencies
- Triggers; not being in control of situations, crowds. Being lied to.