



SERVICE-CONNECTED (S/C) MENTAL INCREASE GUIDE

(Includes all mental disabilities such as PTSD, depression, anxiety, etc.)

You are already s/c for a mental condition and the VA does not grant more than one mental disability rating, meaning, you cannot get 30% for depression and 50% for PTSD. The VA considers all mental issues/disabilities as one rating. Therefore, if you do have PTSD and depression s/c; then your rating will look something like this: 50% for PTSD with depression.

- ***Since you are currently s/c for a mental condition, the exam is different than if you were trying to get a “new” mental condition established. Our services specialize in assisting Veterans get “increased” for their current s/c mental disability; which is the purpose of your upcoming assessment/evaluation.***

Therefore, best thing to do is study that list of symptoms attached below to determine which ones you can relate to and express to the examiner. The purpose of the exam/evaluation/assessment is to determine the current level of severity of your disability based on your symptoms. The VA determines what evaluation/rating to give you based on which of those symptoms are checked off – which is completed in the evaluation; *whether you go to a VA exam or find a doctor to do it.*

Shown below is a checklist (verbatim) of symptoms that the examiner will have to determine the CURRENT severity of your s/c mental disability. This checklist of symptoms is very important to be aware of and to study. You can see exactly how the VA breaks down the symptoms and values them.

- ***For example, many Veterans mistakenly discuss nightmares/sleeping difficulties for about 20 minutes in their assessment; however, when you review the checklist, nightmares are nowhere to be found. Matter of fact, the only symptom that mentions sleep is “chronic sleep impairment” which is found in the 30 percent threshold; HOWEVER, if that is the only symptom checked off, then it will be bumped down to 10% if the evaluation only reflects the main symptom is sleep-related.***

It will be up to you to make sure the examiner checks off all the symptoms you suffer from to ensure you get the percentage you deserve. The percentage or evaluation you end up with will be a direct result of which symptoms were checked off from that list.

- ***Please note – the examiner is checking off symptoms that you currently suffer from, so DO NOT spend too much time discussing how bad symptoms were 20 years ago or at the time of the stressful event; make sure you discuss how it is affecting you today, or over the past year. Talk about your symptoms at their worst over the past year.***

After reviewing the symptom checklist and knowing which ones you believe should be checked off, do not just mention the symptom as it is shown and move on to the next. You must express these symptoms in your own words with real examples.

- ***For example: Do NOT say, “I think I have ‘flattened affect,’ (which is in the 50 percent range of symptoms) – what you should say is, “I used to love to go hunting or fishing or sporting events, etc.; however, now I just don’t get the same joy or peace that I used to. I don’t look forward to it anymore, my happiness is not what it used to be.” THAT is how you get the examiner to check off “flattened affect” for 50%, by putting these symptoms in your own words.***

**General Rating Formula for Mental Disorders:****Rating*****Total occupational and social impairment, due to such symptoms as:***

gross impairment in thought processes or communication; persistent delusions or hallucinations;
grossly inappropriate behavior;
persistent danger of hurting self or others;
intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene);
disorientation to time or place; memory loss for names of close relatives, own occupation, or own name

100***Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as:***

suicidal ideation; obsessional rituals which interfere with routine activities;
speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively;
impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene;
difficulty in adapting to stressful circumstances (including work or a worklike setting);
inability to establish and maintain effective relationships

70***Occupational and social impairment with reduced reliability and productivity due to such symptoms as:***

flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week;
difficulty in understanding complex commands;
impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks);
impaired judgment; impaired abstract thinking;
disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships

50***Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as:***

depressed mood, anxiety,
suspiciousness,
panic attacks (weekly or less often), chronic
sleep impairment,
mild memory loss (such as forgetting names, directions, recent events)

30***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 continuous medication

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Veteran Benefits Advantage

Mini DBQ (Disability Benefits Questionnaire)

Mental Disabilities

Please answer the following questions as completely and accurately as possible. This information is used to provide the VA with situations in which your PTSD or mental condition symptoms are seen. Only include information about situations that occurred during or after your active duty military service. It is important that information prior to your active duty service be excluded:

RELEVANT SOCIAL/MARITAL/FAMILY HISTORY

(For example: Divorced, four children, two from ex-wife. Strained relationship with kids/ex-wife, not too involved in their lives, provide only financial support. Tend to isolate myself and don't go out with friends/family.)

SEPARATED FROM SPOUSE DUE TO ABUSIVE RELATIONSHIP WHERE HE FRACTURED MY NOSE AND EYE SOCKET. STRAINED RELATIONSHIP FROM FAMILY DUE TO THE DECISION I MADE TO WALK AWAY FROM MY MARRIAGE. FAMILY DOESNT BELIEVE IN DIVORCE OR SEPARATION. TEND TO ISOLATE MYSELF AND DONT GO OUT.

RELEVANT OCCUPATIONAL AND EDUCATIONAL HISTORY

(For example: Increased absenteeism due to mental symptoms. Decrease in work quality/productivity. Tension with coworkers/supervisor.)

INCREASED ABSENTEEISM DUE TO DEPRESSION. I HAVE LOW ENERGY AND CANT FIND THE MOTIVATION TO WORK OUT, FIND NEW FRIENDS, AND GO TO WORK MOST TIMES.

RELEVANT MENTAL HEALTH HISTORY

(For example: Currently attending counseling and therapy with VA once every 6 months with little improvement. Prescribed Lorazepam and Citalopram)

CURRENTLY BEING SEEN AT GRAYSON COUNTY AND NEWBURG VA MENTAL HEALTH. MENTAL STATE HAS HAD NO IMPROVEMENT. PRESCRIBED

RELEVANT LEGAL AND BEHAVIORAL HISTORY

(For example: None reported -OR- DUI in 2013)

NONE REPORTED



RELEVANT SUBSTANCE ABUSE HISTORY

(For example: Denied -OR- None reported)

DENIED

SYMPTOMS

Think about the symptoms you've had over the past year, not just what you have today. The symptoms checked off below will determine which percentage the VA will assign to your mental disability. You will not have to have all symptoms checked off to get that percentage; however, the more the better.

(For example: You do not have to have all symptoms valued at 70% checked off in order to get awarded 70%, but the more symptoms you have valued at 70%, the better your chances. You will also need to have symptoms valued at 50% and 30% as well.)

Symptoms Valued at 100%

☒	Gross impairment in thought processes or communication
☐	Persistent delusions or hallucinations
☐	Grossly inappropriate behavior
☐	Persistent danger of hurting self or others
☐	Intermittent inability to perform activities of daily living, such as maintenance of minimal personal hygiene
☐	Disorientation to time or place
☐	Memory loss for names of close relatives, own occupation, or own name

Describe the symptoms you checked off:

I AM DEPRESSED MOST OF THE TIME AND ANXIOUS. I GO TO WORK AND SCHOOL BUT I AM HAVING A DIFFICULT TIME REMEMBERING THE TASKS I AM SUPPOSED TO COMPLETE. I CAN BE ON MY WAY TO THE COPIER AND FORGET WHERE I AM GOING AND GO BACK TO MY WORKSPACE. BECAUSE I AM NOW AWARE THAT I AM FORGETFUL I WRITE DOWN EVERYTHING MY SUPERVISOR GIVES ME TO DO. IN SCHOOL IT SEEMS AS I CAN RETAIN THE MATERIAL BUT AT WORK I FORGET TO COMPLETE TASKS.

Symptoms Valued at 70%

☐	Suicidal ideation
☒	Obsessional rituals which interfere with routine activities
☐	Speech intermittently illogical, obscure, or irrelevant
☐	Near continuous depression and/or panic affecting the ability to function independently, appropriately, and effectively
☒	Difficulty adapting to stressful circumstances, including work or work-like settings
☐	Impaired impulse control, such as unprovoked irritability with periods of violence
☐	Spatial disorientation



☐	Neglect of personal appearance and hygiene
☒	Inability to establish and maintain effective relationships

Describe the symptoms you checked off:

IT SEEMS AS THOUGH MY ARMY CAREER HAS CAUSED ME TO BE OBSESSED WITH HAVING THINGS DRESS RIGHT DRESS. IT BOTHERS ME TO HAVE ANYTHING OUT OF ORDER. BEFORE I GO TO WORK I HAVE TO VACUUM THE FLOOR ON MY WAY OUT THE DOOR. I DO THAT TO SEE WHEN I COME BACK HOME IF ANYONE HAS ENTERED MY HOME.

Symptoms Valued at 50%

☒	Flattened affect (<i>no enjoyment in doing things you used to enjoy doing</i>)
☐	Circumstantial, circumlocutory, or stereotyped speech
☐	Panic attacks more than once a week
☐	Difficulty in understanding complex commands
☐	Impairment of short- and long-term memory, retaining only highly learned material and forgetting to complete tasks
☐	Impaired judgement
☐	Impaired abstract thinking
☐	Disturbances of motivation and mood
☐	Difficulty in establishing and maintaining effective work and/or social relationships

Describe the symptoms you checked off:

I used to work out daily, participate in social media, talk on the phone, go out. I just want to be alone. i don't get the same enjoyment out of those things that I once loved to do.

Symptoms Valued at 30%

☐	Anxiety
☒	Chronic sleep impairment (<i>including nightmares</i>)
☐	Mild memory loss, to include forgetting directions, names, and/or recent events or activities
☒	Depressed mood
☐	Suspiciousness
☐	Panic attacks (<i>weekly or less often</i>)

Describe the symptoms you checked off:

I can never get enough sleep or i get too much. Sometimes I cant sleep and it can last up until three days and then i just crash. other times i can sleep through a weekend.



OCCUPATIONAL AND SOCIAL IMPAIRMENT

Please select the option that most accurately describes how the mental disability affects your work and social relationships:

☐	My mental disability only causes mild symptoms, which does not interfere with my work and/or social life – 10%
☒	My mental disability occasionally causes mild-to-moderate symptoms, which can interfere with my work and/or social life – 30%
☐	My mental disability causes moderate symptoms, which frequently interfere with my work and/or social life – 50%
☐	My mental disability causes moderate-to-severe symptoms, which consistently interfere and obstruct my work and/or social life – 70%
☐	My mental disability causes permanent interference in all areas of my life, which prevent me from living a normal life – 100%

I CERTIFY THAT the information on this form is true and correct to the best of my knowledge and belief.

PRINTED NAME:	Amber Rosario	SIGNATURE:	<i>Amber Rosario</i>
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