



MENTAL HEALTH DBQ

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:

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:

**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:**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: