

VFW Basic Training Appeals Writing Scenario

For this scenario, you will review a veteran's rating decision along with supporting evidence then create an appeal argument that adequately represents the veteran's contentions based on the facts of the case.

Your grade for this assignment will be based on the overall quality and accuracy of your argument, grammar, and spelling. A total of 15 points are possible. Once you complete the end of conference test, your score for this scenario will be added to your test score.

Please create your appeal argument as a **word document**; **DO NOT** use a VA Form for this assignment. When creating your argument include your name and department at the top of the page and limit your arguments to 1-2 paragraphs per issue.

Once you are finished with your assignment email it as an attachment to Keith Garrison, Assistant Director for Training at Kgarrison@vfw.org.

All assignments must be submitted by 11:59PM Eastern Standard Time on Friday, October 10th,

2025 to receive full credit. Late assignments will be penalized by 10%.

SCENARIO:

Robert Brownball is an Army veteran who is requesting your assistance with a recent decision he received from VA. Robert is lost; he doesn't understand how VA came to their decision and he's very frustrated. He specifically mentioned that he disagrees with the rating for PTSD and Diabetes. He thinks he should be rated higher for his PTSD.

Review the attached rating decision and evidence to determine how you can best assist Robert. After your review, create an appeals argument that adequately discusses the deficiencies in the decision.



DEPARTMENT OF VETERANS AFFAIRS

**Regional Office
100 N. Main ST
Springfield, USA**

Robert Brownball

**VA File Number
000 00 0003**

**Represented by:
VETERANS OF FOREIGN WARS OF THE US**

**Rating Decision
December 22, 2020**

INTRODUCTION

The records reflect that you are a veteran of the Vietnam Era. You served in the Army from October 26, 1970 to October 25, 1973. You filed a fully developed disability claim that was received on May 20, 2020. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Evaluation of posttraumatic stress disorder, which is currently 30 percent disabling, is increased to 50 percent effective May 20, 2020.
2. Service connection for type II diabetes mellitus is denied.

EVIDENCE

- VA Form 21-526EZ Veteran's Fully Developed Claim received May 20, 2020
- VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative received May 20, 2020
- DD Form 214, Certificate of Release or Discharge from Active Duty received May 20, 2020
- Service Treatment Records, from October 26, 1970 through October 25, 1973
- DBQ Diabetes Mellitus received on June 28, 2020
- DBQ Review Post Traumatic Stress Disorder (PTSD) received on June 15, 2020

REASONS FOR DECISION

1. Evaluation of posttraumatic stress disorder currently evaluated as 30% disabling

The evaluation of posttraumatic stress disorder is increased to 50% effective May 20, 2020.

The effective date of this increase is the date we received your claim.

We have assigned a 50 percent evaluation for your major depressive disorder based on:

- Occupational and social impairment with reduced reliability and productivity
- Depressed Mood
- Anxiety
- Suspiciousness
- Panic attacks more than once a week
- Chronic sleep impairment
- Flattened Effect
- Difficulty in understanding complex commands
- Impaired judgment
- Impaired abstract thinking
- Disturbances of motivation and mood
- Difficulty in establishing and maintaining effective work and social relationships
- Difficulty in adapting to stressful circumstances including work or a work like setting

The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 50 percent disability evaluation.

A higher evaluation of 70 percent is not warranted unless there is evidence of 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 work like setting); inability to establish and maintain effective relationships.

The medical evidence shows that you are competent to manage your financial affairs.

2. Service Connection for type II diabetes mellitus

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service.

Service connection for type II diabetes mellitus is denied since this condition neither occurred in nor was caused by service. We did not find a link between your medical condition and military service.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, www.va.gov.

Rating Decision	Regional Office VA Regional Office			Page 1 of 1 12/22/2020
Name of Veteran Robert Brownball	VA FILE NUMBER 000 00 0003	SSN 000 00 0003	POA VFW	COPY TO VFW

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
10/26/1970	10/25/1973	Army	Honorable

LEGACY CODES			
ADD'L SVC CODE	COMBAT CODE	SPECIAL PROV CDE	FUTURE EXAM DATE
	1		

JURISDICTION: Disability Claim 05/20/2020

ASSOCIATED CLAIM(s): 020; Claim for Increase; 05/20/2020

SUBJECT TO COMPENSATION (1.SC)

9411 Post Traumatic Stress Disorder
 Service Connected, Gulf War, Incurred
 Static Disability
 30% from 08/20/2016
 50% from 05/20/2020

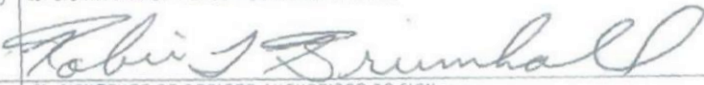

NOT SUBJECT TO COMPENSATION

7913 Diabetes Mellitus
 Not Service Connected

COMBINED EVALUATION FOR COMPENSATION:

30% from 08/20/2009
 50% from 05/20/2020

RVSR

1. LAST NAME-FIRST NAME-MIDDLE NAME BROWNBALL ROBERT		2. SEX M	3. SOCIAL SECURITY NUMBER 000 00 0003		4. DATE OF BIRTH YEAR 53 MONTH 08 DAY 17			
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA		6a. GRADE, RATE OR RANK SP4		6b. PAY GRADE E4		7. DATE OF RANK YEAR 71 MONTH 04 DAY 12		
8a. SELECTIVE SERVICE NUMBER DNA		8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE DNA		8c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) Los Angeles, California				
9a. TYPE OF SEPARATION Relief from Active Duty		9b. STATION OR INSTALLATION AT WHICH EFFECTED Redstone Arsenal, Alabama						
10. AUTHORITY AND REASON AR 635-200 SPD 201				11. EFFECTIVE DATE YEAR 73 MONTH 10 DAY 25				
12. CHARACTER OF SERVICE HONORABLE				13. TYPE OF CERTIFICATE ISSUED None		14. REENLISTMENT CODE RE-1		
15. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 4th ETC Sch Bde USAMMCS TRADOC				16. COMMAND TO WHICH TRANSFERRED USAR Control Group (Reinforcement) RCPAC 9700 Page Boulevard St Louis Missouri 63132				
17. TERMINAL DATE OF RESERVE/MSO OBLIGATION YEAR 76 MONTH 10 DAY 25		18. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Los Angeles, California 90211				19. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR 70 MONTH 10 DAY 26		
20a. PRIMARY SPECIALTY NUMBER AND TITLE 67N20 UH-1 Hel Rpmn 71/04/12 PMOS ES 7208 106		20b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Acft Mech & Rpmn 621.		21. RECORD OF SERVICE YEARS MONTHS DAYS (a) NET ACTIVE SERVICE THIS PERIOD 3 0 0 (b) PRIOR ACTIVE SERVICE 0 0 0 (c) TOTAL ACTIVE SERVICE (a + b) 3 0 0 (d) PRIOR INACTIVE SERVICE 0 0 0 (e) TOTAL SERVICE FOR PAY (c + d) 3 0 0 (f) FOREIGN AND/OR SEA SERVICE THIS PERIOD 0 8 25				
22a. SECONDARY SPECIALTY NUMBER AND TITLE None		22b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER None		23. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 GED YRS 11-12 grades COLLEGE 0 YRS				
24. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 28 May 72 - 22 Feb 73		25. TIME LOST (Preceding Two Yrs) None		26. DAYS ACCRUED LEAVE PAID 0		27. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		
28. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT		29. PERSONNEL SECURITY INVESTIGATION a. TYPE ENTNAC		b. DATE COMPLETED 79-12-07				
30. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal Marksman Badge (M-16) Vietnam Service Medal								
31. REMARKS Foreign Service: Vietnam In-Service Training: Acft Maint Appr PH-1 - USATSCH - 1971 UH-1 Heli Rpmn - USATSCH - 1971								
32. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) Los Angeles, CA 90211				33. SIGNATURE OF PERSON BEING SEPARATED 				
34. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER Beatrice A Promall Asst Admin Officer				35. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 				



Department of Veterans Affairs

INTERNAL VETERANS AFFAIRS USE REVIEW POST TRAUMATIC STRESS DISORDER (PTSD) DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) **WILL NOT PAY** OR **REIMBURSE** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING THIS FORM.

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. Please note that this questionnaire is for disability evaluation, not for treatment purposes. This evaluation should be based on DSM-5 diagnostic criteria.

NOTE: If the Veteran experiences a mental health emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. You may also contact the Veterans Crisis Line at 1-800-273-TALK (8255). Stay on the Crisis Line until help can link the Veteran to emergency care.

Mental Health professionals with the following credentials are qualified to perform review C&P examinations for mental disorders. They are: a Board Certified psychiatrist; psychiatrist who have successfully completed an accredited psychiatry residency and who are appropriately credential and privileged; licensed doctorate-level psychologist; non-licensed doctorate level psychologists working toward licensure under close supervision by a board certified or board eligible psychiatrist or licensed doctoral level psychologist; psychiatry resident under close supervision by a board-certified or board eligible psychiatrist or licensed doctoral level psychologist; psychology residents under close supervision by a board eligible psychiatrist or a licensed doctoral level psychologist.

Note: Close supervision means that the supervising psychiatrist or psychologist met with the Veteran and conferred with the examining mental health professional in providing the diagnosis and the final assessment. The supervising psychiatrist or psychologist co-signs the examination report.

IS THIS QUESTIONNAIRE BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&P EXAMINATION REQUEST?

☐ YES ☐ NO

How was the examination completed (check all that apply)?

- ☐ In-person examination
☐ Examination via approved video telehealth
☐ Other, please specify in comments box:

Comments:

SECTION I - DIAGNOSTIC SUMMARY

1. DIAGNOSTIC SUMMARY

NOTE: This section should be completed based on the current examination and clinical findings.

DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER BEEN DIAGNOSED WITH PTSD?

☐ YES ☐ NO

ICD CODE: _____

If yes, continue to complete this Questionnaire.

If no diagnosis of PTSD, and the Veteran has another mental disorder diagnosis, then continue to complete this Questionnaire and/or the Eating Disorders Questionnaire

2. CURRENT DIAGNOSES

2A. Mental Disorders Diagnosis #1: _____

ICD CODE: _____

COMMENTS, IF ANY: _____

Mental Disorders Diagnosis #2: _____

ICD CODE: _____

COMMENTS, IF ANY: _____

Mental Disorders Diagnosis #3: _____

ICD CODE: _____

COMMENTS, IF ANY: _____

Mental Disorders Diagnosis #4: _____

ICD CODE: _____

COMMENTS, IF ANY: _____

IF ADDITIONAL DIAGNOSES, DESCRIBE USING ABOVE FORMAT:

2B. MEDICAL DIAGNOSES RELEVANT TO THE UNDERSTANDING OR MANAGEMENT OF THE MENTAL HEALTH DISORDER (to include TBI):

ICD CODE: _____

COMMENTS, IF ANY:

3. DIFFERENTIATION OF SYMPTOMS

3A. DOES THE VETERAN HAVE MORE THAN ONE MENTAL DISORDER DIAGNOSED?

☐ YES ☐ NO (If "Yes," complete Item 3B)

3B. IS IT POSSIBLE TO DIFFERENTIATE WHAT SYMPTOM(S) IS/ARE ATTRIBUTABLE TO EACH DIAGNOSIS?

☐ YES ☐ NO ☐ NOT APPLICABLE

(If "No," provide reason):

(If "Yes," list which symptoms are attributable to each diagnosis and discuss whether there is any clinical association between these diagnoses):

3C. DOES THE VETERAN HAVE A DIAGNOSED TRAUMATIC BRAIN INJURY (TBI)?

☐ YES ☐ NO ☐ NOT SHOWN IN RECORDS REVIEWED (If "Yes," complete Item 3D)

(Comments, if any):

3D. IS IT POSSIBLE TO DIFFERENTIATE WHAT SYMPTOM(S) IS/ARE ATTRIBUTABLE TO TBI AND ANY NON-TBI MENTAL HEALTH DIAGNOSIS?

☐ YES ☐ NO ☐ NOT APPLICABLE

(If "No," provide reason):

(If "Yes," list which symptoms are attributable to TBI and which symptoms are attributable to a non-TBI mental health diagnosis):

4. OCCUPATIONAL AND SOCIAL IMPAIRMENT

4A. WHICH OF THE FOLLOWING BEST SUMMARIZES THE VETERAN'S LEVEL OF OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH REGARDS TO ALL MENTAL DIAGNOSES? (Check only one)

- ☐ NO MENTAL DISORDER DIAGNOSIS
- ☐ A MENTAL CONDITION HAS BEEN FORMALLY DIAGNOSED, BUT SYMPTOMS ARE NOT SEVERE ENOUGH EITHER TO INTERFERE WITH OCCUPATIONAL AND SOCIAL FUNCTIONING OR TO REQUIRE CONTINUOUS MEDICATION
- ☐ 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 MEDICATION
- ☐ OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH OCCASIONAL DECREASE IN WORK EFFICIENCY AND INTERMITTENT PERIODS OF INABILITY TO PERFORM OCCUPATIONAL TASKS, ALTHOUGH GENERALLY FUNCTIONING SATISFACTORILY, WITH NORMAL ROUTINE BEHAVIOR, SELF-CARE AND CONVERSATION
- ☐ OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH REDUCED RELIABILITY AND PRODUCTIVITY
- ☐ OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH DEFICIENCIES IN MOST AREAS, SUCH AS WORK, SCHOOL, FAMILY RELATIONS, JUDGMENT, THINKING AND/OR MOOD
- ☐ TOTAL OCCUPATIONAL AND SOCIAL IMPAIRMENT

4B. FOR THE INDICATED OCCUPATIONAL AND SOCIAL IMPAIRMENT, IS IT POSSIBLE TO DIFFERENTIATE WHICH IMPAIRMENT IS CAUSED BY EACH MENTAL DISORDER?

☐ YES ☐ NO ☐ NOT APPLICABLE

(If "No," provide reason):

(If "Yes," list which occupational and social impairment is attributable to each diagnosis):

4C. IF A DIAGNOSIS OF TBI EXISTS, IS IT POSSIBLE TO DIFFERENTIATE WHICH OCCUPATIONAL AND SOCIAL IMPAIRMENT INDICATED ABOVE IS CAUSED BY THE TBI?

☐ YES ☐ NO ☐ NOT APPLICABLE

(If "No," provide reason):

(If "Yes," list which impairment is attributable to TBI and which is attributable to any non-TBI mental health diagnosis):

SECTION II - CLINICAL FINDINGS

1. EVIDENCE REVIEW

In order to provide an accurate medical opinion, the Veteran's claims folder must be reviewed.

Evidence reviewed (check all that apply):

- ☐ Not requested ☐ No records were reviewed
- ☐ VA claims file (hard copy paper C-file)
- ☐ VA e-folder
- ☐ CPRS
- ☐ Other (please identify other evidence reviewed):

Evidence Comments:

2. RECENT HISTORY (since prior exam)

2A. RELEVANT SOCIAL/MARITAL/FAMILY HISTORY:

2B. RELEVANT OCCUPATIONAL AND EDUCATIONAL HISTORY:

2C. RELEVANT MENTAL HEALTH HISTORY, TO INCLUDE PRESCRIBED MEDICATIONS AND FAMILY MENTAL HEALTH:

2D. RELEVANT LEGAL AND BEHAVIORAL HISTORY:

2E. RELEVANT SUBSTANCE ABUSE HISTORY:

2F. OTHER, IF ANY:

3. PTSD DIAGNOSTIC CRITERIA

Please check criteria used for establishing the current PTSD diagnosis. The diagnostic criteria for PTSD, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. (DSM-5). The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors). Do NOT mark symptoms below that are clearly not attributable to the Criterion A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #6- "Other symptoms".

Criterion A: Exposure to actual or threatened a) death, b) serious injury, c) sexual violation, in one or more of the following ways:

- ☐ Directly experiencing the traumatic event(s)
- ☐ Witnessing, in person, the traumatic event(s) as they occurred to others
- ☐ Learning that the traumatic event(s) occurred to a close family member or close friend; cases of actual or threatened death must have been violent or accidental; or, experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related
- ☐ No criterion in this section met.

Criterion B: Presence of (one or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred

- ☐ Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- ☐ Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
- ☐ Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
- ☐ Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- ☐ Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- ☐ No criterion in this section met.

Criterion C: Persistent avoidance of stimuli associated with the event(s), beginning after traumatic event(s) occurred, as evidence of one or both of the following:

- ☐ Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- ☐ Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- ☐ No criterion in this section met.

Criterion D: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- ☐ Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
- ☐ Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
- ☐ Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.
- ☐ Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
- ☐ Markedly diminished interest or participation in significant activities.
- ☐ Feelings of detachment or estrangement from others.
- ☐ Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings.)
- ☐ No criterion in this section met.

Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- ☐ Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
- ☐ Reckless or self-destructive behavior.
- ☐ Hypervigilance.
- ☐ Exaggerated startle response.
- ☐ Problems with concentration.
- ☐ Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- ☐ No criterion in this section met.

Criterion F:

- ☐ Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
- ☐ Veteran does not meet full criteria for PTSD

Criterion G:

- ☐ The PTSD symptoms described above cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- ☐ The PTSD symptoms described above do NOT cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- ☐ Veteran does not meet full criteria for PTSD

3. PTSD DIAGNOSTIC CRITERIA (Continued)

Criterion H:

- ☐ The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.
- ☐ No criterion in this section met.

4. SYMPTOMS

FOR VA RATING PURPOSES, CHECK ALL SYMPTOMS THAT APPLY TO THE VETERAN'S DIAGNOSES:

- ☐ Depressed mood
- ☐ Anxiety
- ☐ Suspiciousness
- ☐ Panic attacks that occur weekly or less often
- ☐ Panic attacks 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
- ☐ Disturbances of motivation and mood
- ☐ Difficulty in 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 of 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 to time or place

5. BEHAVIORAL OBSERVATIONS

6. OTHER SYMPTOMS

DOES THE VETERAN HAVE ANY OTHER SYMPTOMS ATTRIBUTABLE TO PTSD (AND OTHER MENTAL DISORDERS) THAT ARE NOT LISTED ABOVE?

☐ YES ☐ NO (If "Yes," describe):

7. COMPETENCY

NOTE: For VA purposes, a mentally incompetent person is one who because of injury or disease lacks the mental capacity to contract or to manage his or her own affairs, including disbursement of funds without limitation.

IS THE VETERAN CAPABLE OF MANAGING HIS OR HER FINANCIAL AFFAIRS?

☐ YES ☐ NO (If "No," specify each injury or disease resulting in incompetency and provide a rationale to support this finding):

8. REMARKS, (including any testing results) IF ANY:**SECTION III - PSYCHIATRIST/PSYCHOLOGIST CERTIFICATION AND SIGNATURE**

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

10A. PSYCHIATRIST/PSYCHOLOGIST SIGNATURE AND TITLE

10B. PSYCHIATRIST/PSYCHOLOGIST PRINTED NAME

10C. DATE SIGNED

10D. PSYCHIATRIST/PSYCHOLOGIST PHONE AND
FAX NUMBERS

10E. PSYCHIATRIST/PSYCHOLOGIST NATIONAL
PROVIDER IDENTIFIER (NPI) NUMBER

10F. MEDICAL LICENSE NUMBER AND STATE

10G. PSYCHIATRIST/PSYCHOLOGIST ADDRESS



DIABETES MELLITUS DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) **WILL NOT PAY OR REIMBURSE** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
--

NOTE TO PHYSICIAN - Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the veteran's claim.

☐ Yes ☐ No

How was the examination completed? Check all that apply:

☐ In-person examination

☐ Records reviewed

Comments:

☐ Other, please specify in comments box:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW	
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EVIDENCE REVIEWED (check all that apply):

☐ Not requested☐ No records were reviewed

☐ VA claims file (hard copy paper C-file)

☐ VA e-folder (VBMS or Virtual VA)

 CPRS

☐ Other (please identify other evidence reviewed):

EVIDENCE COMMENTS:

SECTION I - DIAGNOSIS

1A. SELECT THE VETERAN'S CONDITION:

IS THERE AN OFFICIAL DIAGNOSIS OF DIABETES MELLITUS TYPE I? ICD CODE -

DATE OF DIAGNOSIS -

☐ YES ☐ NO

IS THERE AN OFFICIAL DIAGNOSIS OF DIABETES MELLITUS TYPE II? ICD CODE -

DATE OF DIAGNOSIS -

☐ YES ☐ NO☐ IMPAIRED FASTING GLUCOSE☐ DOES NOT MEET CRITERIA FOR DIAGNOSIS OF DIABETES☐ OTHER (Specify below, providing only diagnoses that pertain to Diabetes Mellitus or its complications)

DIAGNOSIS # 1 -

ICD CODE -

DATE OF DIAGNOSIS -

DIAGNOSIS # 2 -

ICD CODE -

DATE OF DIAGNOSIS -

DIAGNOSIS # 3 -

ICD CODE -

DATE OF DIAGNOSIS -

1B. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO DIABETES MELLITUS LIST USING ABOVE FORMAT

SECTION II - MEDICAL HISTORY

2A. TREATMENT (Check all that apply)

☐ NONE☐ MANAGED BY RESTRICTED DIET☐ PRESCRIBED ORAL HYPOGLYCEMIC AGENT(S)☐ INSULIN REQUIRED☐ 1 INJECTION PER DAY☐ MORE THAN 1 INJECTION PER DAY☐ OTHER (Describe)

2B. REGULATION OF ACTIVITIES

DOES THE VETERAN REQUIRE REGULATION OF ACTIVITIES AS PART OF MEDICAL MANAGEMENT OF DIABETES MELLITUS?

☐ YES ☐ NO (If "Yes," provide one or more examples of how the Veteran must regulate his or her activities):**NOTE** - For VA purposes, regulation of activities can be defined as avoidance of strenuous occupational and recreational activities with the intention of avoiding hypoglycemic episodes.

2C. FREQUENCY OF DIABETIC CARE

HOW FREQUENTLY DOES THE VETERAN VISIT HIS OR HER DIABETIC CARE PROVIDER FOR EPISODES OF KETOACIDOSIS?

☐ LESS THAN 2 TIMES PER MONTH ☐ 2 TIMES PER MONTH ☐ WEEKLY

HOW FREQUENTLY DOES THE VETERAN VISIT HIS OR HER DIABETIC CARE PROVIDER FOR EPISODES OF HYPOGLYCEMIA?

☐ LESS THAN 2 TIMES PER MONTH ☐ 2 TIMES PER MONTH ☐ WEEKLY

2D. HOSPITALIZATION FOR EPISODES OF KETOACIDOSIS OR HYPOGLYCEMIC REACTIONS

HOW MANY EPISODES OF KETOACIDOSIS REQUIRED HOSPITALIZATION OVER THE PAST 12 MONTHS?

☐ 0 ☐ 1 ☐ 2 ☐ 3 OR MORE

2E. HOW MANY EPISODES OF HYPOGLYCEMIC REACTIONS REQUIRED HOSPITALIZATION OVER THE PAST 12 MONTHS?

☐ 0 ☐ 1 ☐ 2 ☐ 3 OR MORE

2E. LOSS OF STRENGTH AND WEIGHT

HAS THE VETERAN HAD PROGRESSIVE UNINTENTIONAL WEIGHT LOSS AND LOSS OF STRENGTH ATTRIBUTABLE TO DIABETES MELLITUS?

☐ YES ☐ NO (If "Yes," provide percent of loss of individual's baseline weight): _____ %**NOTE** - For VA purposes, "baseline weight" means the average weight for the two-year period preceding the onset of the disease.

SECTION III - COMPLICATIONS OF DIABETES MELLITUS

3A. DOES THE VETERAN HAVE ANY OF THE FOLLOWING RECOGNIZED COMPLICATIONS OF DIABETES MELLITUS?

☐ YES ☐ NO

(If "Yes," indicate the conditions below) (Check all that apply)

- ☐ DIABETIC PERIPHERAL NEUROPATHY
- ☐ DIABETIC NEPHROPATHY OR RENAL DYSFUNCTION CAUSED BY DIABETES MELLITUS
- ☐ DIABETIC RETINOPATHY

NOTE - For all checked boxes, also complete appropriate Questionnaire(s). (Eye Questionnaire must be completed by an ophthalmologist or optometrist)

3B. DOES THE VETERAN HAVE ANY OF THE FOLLOWING CONDITIONS THAT ARE AT LEAST AS LIKELY AS NOT (at least a 50% probability) DUE TO DIABETES MELLITUS?

☐ YES ☐ NO

(If "Yes," indicate the conditions below) (Check all that apply)

- ☐ ERECTILE DYSFUNCTION (If checked also complete the Male Reproductive System Questionnaire)
- ☐ CARDIAC CONDITION(S) (If checked also complete appropriate cardiac Questionnaires (IHD or other cardiac Questionnaire))
- ☐ HYPERTENSION (in the presence of diabetic renal disease) (If checked also complete Hypertension Questionnaire)
- ☐ PERIPHERAL VASCULAR DISEASE (If checked also complete Arteries and Veins Questionnaire)
- ☐ STROKE (If checked also complete appropriate neurological Questionnaire(s) Central Nervous System, Cranial Nerves, etc.)
- ☐ SKIN CONDITIONS (If checked also complete Skin Conditions Questionnaire)
- ☐ EYE CONDITIONS OTHER THAN DIABETIC RETINOPATHY (If checked also complete Eye Questionnaire. Eye Questionnaire must be completed by an ophthalmologist or optometrist)
- ☐ OTHER COMPLICATION(S) (Describe)

3C. HAS THE VETERAN'S DIABETES MELLITUS AT LEAST AS LIKELY AS NOT (at least 50% probability) PERMANENTLY AGGRAVATED (meaning that any worsening of the condition is not due to natural progress) ANY OF THE FOLLOWING CONDITIONS?

(If "Yes," indicate the conditions below) (Check all that apply)

- ☐ CARDIAC CONDITIONS(S) (If checked also complete appropriate cardiac Questionnaires (IHD or other Questionnaire))
- ☐ HYPERTENSION (If checked also complete Hypertension Questionnaire)
- ☐ RENAL DISEASE (If checked also complete Kidney Questionnaire)
- ☐ PERIPHERAL VASCULAR DISEASE (If checked also complete Artery and Vein Questionnaire)
- ☐ EYE CONDITION(S) OTHER THAN DIABETIC RETINOPATHY (If checked also complete Eye Questionnaire. Eye Questionnaire must be completed by an ophthalmologist or optometrist)
- ☐ OTHER PERMANENTLY AGGRAVATED CONDITION(S) (Describe)

☐ NONE**SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS**

4A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

(If "Yes," describe (brief summary)).

4B. DOES THE VETERAN HAVE ANY SCARS (SURGICAL OR OTHERWISE) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

IF YES, IS THERE OBJECTIVE EVIDENCE THAT ANY OF THESE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM (6 square inches); OR ARE LOCATED ON THE HEAD, FACE OR NECK? An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

☐ YES ☐ NO

IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION: _____ MEASUREMENTS: length _____ cm X width _____ cm.

SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS (CONT.)

4C. COMMENTS, IF ANY:

SECTION V - DIAGNOSTIC TESTING

5A. TEST RESULTS USED TO MAKE THE DIAGNOSIS OF DIABETES MELLITUS (If known) (Check all that apply)

NOTE: If laboratory test results are in the medical record, repeat testing is not required. A glucose tolerance test is not required for VA purposes; report this test only if already completed.

- ☐ FASTING PLASMA GLUCOSE TEST (FPG) OF >126 MG/DL ON 2 OR MORE OCCASIONS (Dates: _____)
- ☐ A1C OF 6.5% OR GREATER ON 2 OR MORE OCCASIONS (Dates: _____)
- ☐ 2-HR PLASMA GLUCOSE OF > 200 MG/DL ON GLUCOSE TOLERANCE TEST (Date: _____)
- ☐ RANDOM PLASMA GLUCOSE OF > 200 MG/DL WITH CLASSIC SYMPTOMS OF HYPERGLYCEMIA (Date: _____)
- ☐ OTHER (Describe): _____

5B. CURRENT TEST RESULTS

MOST RECENT A1C, IF AVAILABLE: _____ (Date: _____)

MOST RECENT FASTING PLASMA GLUCOSE, IF AVAILABLE: _____ (Date: _____)

SECTION VI - FUNCTIONAL IMPACT

6. DOES THE VETERAN'S DIABETES MELLITUS CONDITION (and complications of Diabetes Mellitus if present) IMPACT HIS OR HER ABILITY TO WORK? (Impact on ability to work may also be addressed on the individual Questionnaire(s) for other diabetes-associated conditions and/or complications, if completed)

☐ YES ☐ NO

(If Yes, "separately describe impact of each of the Veteran's Diabetes Mellitus, diabetes-associated conditions, and complications, if present, providing one or more examples)

SECTION VII - REMARKS

7. REMARKS (If any)

SECTION VIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE**CERTIFICATION** - To the best of my knowledge, the information contained herein is accurate, complete and current.

8A. PHYSICIAN'S SIGNATURE

8B. PHYSICIAN'S PRINTED NAME

8C. DATE SIGNED

8D. PHYSICIAN'S PHONE AND FAX NUMBERS

8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

8F. PHYSICIAN'S ADDRESS