Initial Post Traumatic Stress Disorder (PTSD)
Disability Benefits Questionnaire

NAME OF CLAIMANT/VETERAN:	CLAIMANT/VETERAN'S SOCIAL SECURITY NUMBER:	DATE OF EXAMINATION:
JUBAR RAMSEY D	220-27-1013	12/10/2025
HOME ADDRESS: 4020 MINNESOTA AVE NE, APT 666 WASHINGTON, DC 20019	**EXAMINING LOCATION AND ADDRESS:** VES	
HOME TELEPHONE: 2025102187		
CONTRACTOR: VES	**VES NUMBER:** 227253654866	

Note to examiner - The Veteran 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; psychiatrists who have successfully completed an accredited psychiatry residency and who are appropriately credentialed 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 VA C&P examination request?
[X] Yes [] No

How was the examination completed? (check all that apply)
[] In-person examination
[X] Examination via approved video telehealth
[] Other, please specify in comments box

Comments:

SECTION I - DIAGNOSTIC SUMMARY

1. DIAGNOSTIC SUMMARY

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

Does the Veteran have a diagnosis of PTSD that conforms to DSM-5 criteria based on today's evaluation?
[] Yes [X] No

ICD Code: _____

If no diagnosis of PTSD, check all that apply:
[X] Veteran's symptoms do not meet the diagnostic criteria for PTSD under DSM-5 criteria
[] Veteran does not have a mental disorder that conforms with DSM-5 criteria
[X] Veteran has another mental disorder diagnosis. Continue to complete this Questionnaire and/or the Eating Disorders Questionnaire

2. CURRENT DIAGNOSIS

2A. Mental Disorders Diagnosis #1:

Major depressive disorder, recurrent, moderate

ICD Code: F32.1

Comments, if any:

Mental Disorders Diagnosis #2:

Alcohol use disorder, severe

ICD Code: F10.20

Comments, if any:

Mental Disorders Diagnosis #3:

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):

Migraines and headaches

ICD Code: defer

Comments, if any:

3. DIFFERENTIATION OF SYMPTOMS

3A. Does the Veteran have more than one mental disorder diagnosed?
[X] Yes [] No

(If "Yes," complete Item 3B)

3B. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?
[] Yes [X] No [] Not applicable

(If "No," provide reason):

Provide reason differentiation is not possible: Symptoms of each disorder worsen symptoms of other disorder
Discuss any clinical association and/or relationship between the multiple diagnoses: Clinical association between disorders with overlapping symptoms and symptoms of each disorder worsen symptoms of other disorder

(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 [X] 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
[X] 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 [X] No [] Not applicable

(If "No," provide reason):

Each disorder is socially and occupationally impairing

(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 [X] 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
[] VA claims file (hard copy paper C-file)
[X] VA e-folder
[] No records were reviewed
[] VA electronic health record
[] Other, please specify in comments box:

Evidence comments:

All available records were reviewed and findings considered when completing this DBQ.

2. HISTORY

NOTE: Initial examinations require pre-military, military, and post-military history. If this is a review examination, only indicate any relevant history since prior exam.

2A. Relevant social/marital/family history (pre-military, military, and post-military):

Pre-military: Denied issues

Military: Exam 10/9/2015

Married with no children.

Post-military: Veteran stated he was divorced around 2021. He is not currently married and does not have children. He reported he has family that lives close by. Veteran stated he has friends and he has a few hobbies. He said he stays home a lot.

2B. Relevant occupational and educational history (pre-military, military, and post-military):

Pre-military: Veteran graduated high school

Military: Exam 10/9/2025

Was in the Marine Corps for nearly 4 years. He was not deployed to the war zone.

Post-military: Veteran reported he has been working in IT as a developer. He said he has never stayed with a company long and recently just left a company. He stated it never feels like he belongs anywhere too long. He said his current apartment is the longest he has stayed, has been there about a year. He said the longest employment he has had has been the military. Veteran said he generally gets annoyed with the people and environment and tries to go somewhere new. He reported he has tried college and never finished, he switched colleges a lot.

2C. Relevant mental health history, to include prescribed medications and family mental health (pre-military, military, and post-military):

Pre-military: No relevant history based on current exam and review of any available medical records.

Military: Exam 10/9/2015:
No prior Military mental health history. No Military mental health history. His family are concerned about his irritability, sometimes bad mood, and argumentativeness with increased drinking. He takes no mediations, and does not endorse any symtpoms of anxiety or depression. He feels that his family do not understand what it is like to be a Marine. He also reports difficulty sleeping and when awakening, he feels disoriented. He was evaluated by medical in the marines and no acute pathology was found.

Post-military: Veteran reported he stays home and watches TV, he doesn't want to be around anyone. Veteran stated he wakes up panicked, every noise will wake him up, but he can't go back to sleep. He said he drinks to sleep and stay asleep. He said in stressful situations he freezes and doesn't know how to respond. Veteran reported he has trouble being vulnerable, it is hard for him to show emotions, and this has impacted his relationships. Veteran reported he tends to get irritated easily with people.

Veteran stated he is not currently in therapy or on mental health medication.

Additional symptoms checked below.

2D. Relevant legal and behavioral history (pre-military, military, and post-military):

Pre-military: No relevant history based on current exam and review of any available medical records.

Military: No relevant history based on current exam and review of any available medical records.

Post-military: He said he has had a few DUI's.

2E. Relevant substance abuse history (pre-military, military, and post-military):

Pre-military: No relevant history based on current exam and review of any available medical records.

Military: No relevant history based on current exam and review of any available medical records.

Post-military: Veteran reported he does recognize and his friends and family have told him that he does drink a lot. He stated he didn't drink before the military, he was overseas, and didn't have his family to support him. Veteran stated he started to cope by drinking. He said there was a point he was spiraling. He stated he is drinking 2-3 days per week, if he is home has 3-4 drinks, if he is out maybe a little bit less. He said he smokes marijuana on occasion.

2F. Other (If any):

3. STRESSORS

The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors).

NOTE: For VA purposes, "fear of hostile military or terrorist activity" means that a veteran experienced, witnessed, or was confronted with an event or circumstance that involved actual or threatened death or serious injury, or a threat to the physical integrity of the

Veteran or others, such as from an actual or potential improvised explosive device; vehicle-imbedded explosive device; incoming artillery, rocket, or mortar fire; grenade; small arms fire, including suspected sniper fire; or attack upon friendly military aircraft.

Describe one or more specific stressor event(s) the Veteran considers traumatic (may be pre-military, military, or post-military):

3A. Stressor #1

He said he was in a psychological unit at Quantico and they had to do a wartime simulation. Veteran reported they had a while area setup like they were in Somalia. He stated their objective was to get people to tell them if there were any terrorist activity. He indicated they had them going into a simulated village, there was fighting, bombs going off. He was told he needed to react quicker and anlyze quicker. He stated he was always in a mental pause like he didn't know what to do, he wasn't able to quickly gather his thoughts.

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
[] Yes [X] No

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
[] Yes [X] No

If no, explain:
Non combat

Is the stressor related to in-service personal assault, e.g. military sexual trauma?
[] Yes [X] No

If yes, please describe the markers that may substantiate the stressor.

3B. Stressor #2

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
[] Yes [] No

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
[] Yes [] No

If no, explain:

Is the stressor related to in-service personal assault, e.g. military sexual trauma?
[] Yes [] No

If yes, please describe the markers that may substantiate the stressor.

3C. Stressor #3

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
[] Yes [] No

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
[] Yes [] No

If no, explain:

Is the stressor related to in-service personal assault, e.g. military sexual trauma?
[] Yes [] No

If yes, please describe the markers that may substantiate the stressor.

3D. Additional Stressors: If additional stressors, describe (list using above sequential format)

4. PTSD DIAGNOSTIC CRITERIA

NOTE: Please check criteria used for establishing the current PTSD diagnosis**.** Do NOT mark symptoms below that are clearly not attributable to the Criteria A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #7 - Other symptoms. The diagnostic criteria for PTSD, referred to as Criteria A-H, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5).

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
[X] 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).
[X] No criterion in this section met.

Criterion C: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the 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).
[X] 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).
[X] 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).
[X] Markedly diminished interest or participation in significant activities.
[X] 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.
[X] Problems with concentration.
[X] 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.
[X] No criterion in this section met.

Criterion G:

[] The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
[X] No criterion in this section met.

Criterion H:

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

Criterion I: Which stressor(s) contributed to the Veteran's PTSD diagnosis?:

[] Stressor #1
[] Stressor #2
[] Stressor #3
[] Other, please indicate stressor number (i.e. stressor #5, #6, etc.) as indicated above:

[X] No criterion in this section met.

5. SYMPTOMS

For VA rating purposes, check all symptoms that apply to the Veteran's diagnoses:

[X] Depressed mood
[X] Anxiety
[] Suspiciousness
[X] 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
[X] Chronic sleep impairment
[X] 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
[X] Disturbances of motivation and mood
[X] Difficulty in establishing and maintaining effective work and social relationships
[X] 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

6. BEHAVIORAL OBSERVATIONS

Appearance: Casually and appropriately dressed

Speech: Normal

Attitude: Cooperative

Mood: Dysthymic

Affect: Mood congruent

Thought Processes and Content: Logical, No delusions or Hallucinations, No SI/HI

Orientation: x4

Insight: Good

7. OTHER SYMPTOMS

Does the Veteran have any other symptoms attributable to PTSD (and other mental disorders) that are not listed above?
[] Yes [X] No

(If "Yes," describe):

8. 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?
[X] Yes [] No

(If "No," explain):

9. REMARKS (including any testing results), IF ANY

No PTSD diagnosis

Is there a need for the Veteran to follow up with his/her primary care provider regarding any life threatening or abnormal findings in this examination (not limited to claimed condition(s))? No

Does the Veteran or Service Member identify as homeless? No

SECTION III - EXAMINER'S CERTIFICATION AND SIGNATURE

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

3A. Examiner's signature:	Alexandra Hershberger, PhD Alexandra Hershberger, PhD (Dec 15, 2025 11:50:44 PST)
3B. Examiner's printed name:	ALEXANDRA R. HERSHBERGER, Ph.D.
3C. Date signed:	See date in digital signature above.
3D. Examiner's phone/fax numbers:	1-877-637-8387 Fax: 1-800-320-3908
3E. National Provider Identifier (NPI) number:	1699236364
3F. Medical license number and state:	265972 KY
3G. Examiner's address:	VA-TELE-C&P KENTUCKY 123 TELE-C&P, TELE-C&P, KY 40003
3H. Examiner's specialty:	Psychologist