



VA INITIAL EVALUATION QUESTIONNAIRE

The information in this packet is confidential and protected under the privacy act of 1974.

Date: _____

I. DEMOGRAPHICS:

Name (First, Middle Initial, Last): _____

Gender: Male Female Birth Date: _____ Age: _____

Race / Ethnic Ancestry:
 Asian Black Caucasian / White Hispanic / Latino(a)
 Native American / Alaskan Pacific Islander Other _____

Indicate the component(s) and service branch(es) that applied to you:

- Active Duty National Guard Reserves
- Air Force Army Coast Guard Marines Navy

Enlistment / Commission date: _____ Discharge date: _____

Type of Discharge: Retired Honorable Discharge Administrative Discharge Medical Discharge

Job / Duty Title: _____ Duties: _____

Rank at Discharge: _____ Highest Rank: _____ Total Time in Service: _____

Phone number: (_____) _____ Type: Work Home Cell May we leave a message? Yes No

Alternate phone number: (_____) _____ Type: Work Home Cell May we leave a message? Yes No

Email Address: _____ May we email you? Yes No

Please note: Email correspondence is not considered to be a confidential means of communication.

II. SOCIAL/MARITAL/FAMILY HISTORY:

PRE-MILITARY HISTORY

Where were you born / raised? _____

Who raised you? Indicate one or more of the following:

- Married biological parents Single biological parent Biological & Stepparent Adoptive parent(s)
- Grandparent(s) Other Relative(s) Other: _____

Overall, how would you describe your childhood? Check all that apply:

- Happy Uneventful Unhappy Hard to remember Frightening Abusive
- Other: _____

Indicate if you experienced any of the following situations during childhood:

- Physical abuse Sexual abuse Verbal abuse Psychological / Emotional abuse
 Assaults Major accidents Death(s) in the family Divorce(s) in the family

Prior to your military service did you have any difficulties creating or maintaining friendships? Yes No

If yes, please explain: _____

Please list the dates of your marriages and divorces that occurred **prior to service**:

Marriage Date	Divorce Date	Number of Children	Reason for Divorce

Do you have any children from any non-marital relationship(s) **prior to** service? Yes No

DURING MILITARY SERVICE

During your military service:

Did you have any difficulties creating or maintaining relationships with leadership/co-workers/other military? Yes No

If yes, please explain: _____

Did you have any difficulties creating or maintaining relationships with non-military friends? Yes No

If yes, please explain: _____

Please list the dates of your marriages and divorces that occurred **during** your military service:

Marriage Date	Divorce Date	Number of Children	Reason for Divorce

Do you have any children from any non-marital relationship(s) **during** your military service? Yes No

AFTER MILITARY SERVICE

Since your discharge from military service:

Have you had any difficulties creating or maintaining relationships with leadership/co-workers / other? Yes No

If yes, please explain: _____

Have you had any difficulties creating or maintaining relationships with friends? Yes No

If yes, please explain: _____

How many close friends do you have now? _____

How many times per month do you socialize with your friends? _____

What do you do when you spend time with your friends? _____

Please list the dates of your marriages and divorces that occurred **since your discharge from** military service:

Marriage Date	Divorce Date	Number of Children	Reason for Divorce

How often do you argue with your current spouse / partner? _____

Overall, how would you describe your current marriage / romantic relationship? Check all that apply:

- Happy Supportive Loving Unhappy Hostile Frightening Abusive
 Other: _____

Do you have any children from any non-marital relationship(s) **since your discharge from** military service? Yes No

Describe your current relationship with your children? _____

III. OCCUPATIONAL AND EDUCATIONAL HISTORY

PRE-MILITARY HISTORY

What level of education did you achieve **prior to military service**?

- Obtained GED High school graduate Partial college Associates college degree
 College graduate Graduate degree

How would you describe your academic performance **prior to military service**?

- Excellent (A's and B's) Good (B's) High average (B's and C's) Average (C's) Poor (C's, D's, and F's)

Check all that applied to you during your schooling **prior to military service**:

- No problems Difficulty concentrating Difficulty with teachers/staff
 Academic problems Behavioral problems Learning disabilities

Were you employed **prior to military service**: Yes No

If yes, how many job(s) did you have: _____

Please briefly describe your job(s) / duties: _____

Check all that applied during your employment **prior to military service**. I had problems with:

- No problems With supervisors Difficulty following rules
 With coworkers With customers Difficulty controlling temper

DURING MILITARY SERVICE

What level of education did you achieve **during your military service**?

- Obtained GED High school graduate Partial college Associates college degree
 College graduate Graduate degree N/A

How would you describe your academic performance **during your military service**?

- Excellent (A's and B's) Good (B's) High average (B's and C's) Average (C's) Poor (C's, D's, and F's)

Check all that applied to your schooling **during your military service**:

- No problems Difficulty concentrating Difficulty with instructors/staff
 Academic problems Behavioral problems Diagnosed learning disabilities

Check all that applied during any off-duty / non-military employment **during your military service**:

- No problems With supervisors Difficulty following rules
 With coworkers With customers Difficulty controlling temper

Check all that apply to you with regard to your performance during your military duties:

- No problems Physical outbursts Negative counseling(s)
 Problems with Chain of Command Verbal disagreements Administrative action
 Difficulty following rules Difficulty controlling temper Problems with others in unit

Did you receive any of the following? [] Court Martial [] Article 15's [] UCMJ [] Other: _____

If so, please provide the date of disciplinary action, and briefly describe the circumstances: _____

AFTER MILITARY SERVICE

Since your discharge from military service:

What level of education did you achieve **since your discharge from** military service?

- Obtained GED High school graduate Partial college Associates college degree
 College graduate Graduate degree N/A

How would you describe your academic performance **since your discharge from** military service?

- Excellent (A's and B's) Good (B's) High average (B's and C's) Average (C's) Poor (C's, D's, and F's)

If you checked "Poor," please explain your difficulties: _____

Check all that applied to you during your schooling **since your discharge from** military service:

- No problems
- Difficulty concentrating
- Difficulty with instructors/staff
- Academic problems
- Behavioral problems
- Learning disabilities

Have you been employed **since your discharge from** military service: Yes No

If yes, how many job(s) did you have: _____

Please briefly describe your job(s) / duties: _____

Check all that applied during your employment **since your discharge from** military service:

- No problems
- With supervisors
- Difficulty following rules
- With coworkers
- With customers
- Difficulty controlling temper

IV. MENTAL HEALTH HISTORY:**PRE-MILITARY HISTORY**

Did you have any outpatient treatment or therapy **prior to military service**? Yes No

When were you treated and by whom: _____

What was the diagnosis? _____

Were you hospitalized in a psychiatric unit or psychiatric hospital **prior to military service**? Yes No

When and where: _____

Did you experience a head injury or traumatic brain injury **prior to military service**? Yes No

Describe: _____

Did you take psychiatric medications **prior to military service**? Yes No

Name or Type of Medication	Reason

Does anyone in your family-of-origin have any mental illness/emotional difficulty (including alcohol/drug problems)? Yes No

Please specify: _____

Did you ever intentionally harm yourself without suicidal intent (e.g. cutting, burning, etc.) **prior to military service**? Yes No

If yes, how? _____

Did you ever have thoughts of suicide or self-harm **prior to military service**? Yes No

Did you ever have a specific plan or intend to hurt yourself **prior to military service**? Yes No

Did you ever have suicidal thoughts or attempt suicide **prior to military service**? Yes No

If yes, when and by what means: _____

Did you have thoughts about homicide or hurting someone else **prior to military service**? Yes No

DURING MILITARY SERVICE

Did you have any outpatient treatment or therapy during your military service? Yes No

When were you treated and by whom: _____

What was the diagnosis? _____

Were you hospitalized in a psychiatric unit or psychiatric hospital during your military service? Yes No

When and where: _____

Did you take psychiatric medications during your military service? Yes No

Name or Type of Medication	Reason

Did you ever intentionally harm yourself without suicidal intent (e.g., cutting, etc.) during your military service? Yes No

If yes, how? _____

Did you ever have thoughts of suicide or self-harm during your military service? Yes No

Did you ever have a specific plan or intend to hurt yourself during your military service? Yes No

Did you ever have suicidal thoughts or attempt suicide during your military service? Yes No

If yes, when and by what means: _____

Did you have thoughts about homicide or hurting someone else during your military service? Yes No

AFTER MILITARY SERVICE

Have you had any outpatient treatment or therapy since your discharge from military service? Yes No

When were you treated and by whom: _____

What was your diagnosis? _____

Were you hospitalized in a psychiatric unit or psychiatric hospital since your discharge from military service? Yes No

When and where: _____

Have you taken/been prescribed psychiatric medications since your discharge from military service? Yes No

Name of Medication	Reason	Dose

Have you intentionally harmed yourself without suicidal intent (e.g., cutting, etc.) since your discharge from military service? Yes No

If yes, how? _____

- Have you had thoughts of suicide or self-harm **since your discharge from** military service? Yes No
- Have you had a specific plan or intent to hurt yourself **since your discharge from** military service? Yes No
- Have you had suicidal thoughts or attempted suicide **since your discharge from** military service? Yes No

If yes, when and by what means: _____

Have you had thoughts about homicide or hurting someone else **since your discharge from** military service? Yes No

How would you describe your current mental health functioning:

- I'm doing very well
- Life's rough, but I get the job done
- Life is a strain and I'm making minor, but noticeable errors
- My mental health symptoms are preventing me from effectively working, socializing, or going to school, but I still try
- I cannot leave the house or take care of myself because my mental health symptoms are so bad

V. LEGAL AND BEHAVIORAL HISTORY:

PRE-MILITARY HISTORY

Were you ever arrested **prior to military service**? Yes No

Were you ever on probation or parole **prior to military service**? Yes No

Charges/arrests **prior to military service** (please list reasons and ages): _____

Did you have any behavioral problems that did not result in arrest **prior to military service**? Yes No

DURING MILITARY SERVICE

Were you ever arrested **during your military service**? Yes No

Were you ever on probation or parole **during your military service**? Yes No

Charges/arrests **during your military service** (please list reasons and ages): _____

Did you have any behavioral problems that did not result in arrest **during your military service**? Yes No

AFTER MILITARY SERVICE

Have you been arrested **since your discharge from** military service? Yes No

Have you been on probation or parole **since your discharge from** military service? Yes No

Charges/arrests **since your discharge from** military service (please list reasons and ages): _____

Have you had any behavioral problems that did not result in arrest since your discharge from military service? Yes No

VI. SUBSTANCE USE HISTORY

PRE-MILITARY HISTORY

Did you use alcohol prior to military service? Yes No

On average, how often did you use alcohol prior to military service? _____

On average, how much did you drink at one time prior to military service? _____

What was your drink of choice when you drank prior to military service? _____

Did you use illicit / illegal drugs or misuse prescription medications prior to military service? Yes No

If yes, what type, how often, and how much did you use? _____

Did you receive substance abuse treatment prior to military service? Yes No

If yes, please list where you received treatment and when this occurred: _____

Did you use tobacco products prior to military service? Yes No

If yes, what type, how often, and how much did you use? _____

DURING MILITARY SERVICE

Did you use alcohol during your military service? Yes No

On average, how often did you use alcohol during your military service? _____

On average, how much did you drink at one time during your military service? _____

What was your drink of choice when you drank during your military service? _____

Did you use illicit / illegal drugs or misuse prescription medications during your military service? Yes No

If yes, what type, how often, and how much did you use? _____

Did you receive substance abuse treatment during your military service? Yes No

If so, please list where you received treatment and when this occurred: _____

Did you use tobacco products during your military service? Yes No

If yes, what type, how often, and how much did you use? _____

AFTER MILITARY SERVICE

Have you consumed alcohol since your discharge from military service? Yes No

On average, how often do you use alcohol **since your discharge from** military service? _____

On average, how much do you drink at one time **since your discharge from** military service? _____

What is your drink of choice when you drink? _____

Did you use illicit / illegal drugs or misuse prescription medications **since your discharge from** military service? Yes No

If yes, what type, how often, and how much did you use? _____

Have you received substance abuse treatment **since your discharge from** military service? Yes No

If so, please list where you received treatment and when this occurred: _____

Have you used tobacco products **since your discharge from** military service? Yes No

If yes, what type, how often, and how much did you use? _____

VII. MEDICAL HISTORY:

Current medical problems, surgeries, or illnesses and date of onset: _____

Do you have chronic pain? Yes No

Did you experience a head injury or traumatic brain injury **during your military service**? Yes No

Describe: _____

Were you diagnosed with Traumatic Brain Injury **during your military service**? Yes No

VIII. CURRENT SYMPTOMS / PROBLEMS:

Check all that have applied to you in **the past 30 days**:

<input type="checkbox"/> Depressed mood <input type="checkbox"/> Loss of interest in activities <input type="checkbox"/> Feelings of guilt <input type="checkbox"/> Low energy, tiredness <input type="checkbox"/> Poor concentration <input type="checkbox"/> Changes in appetite <input type="checkbox"/> Weight gain (____ lbs) <input type="checkbox"/> Weight loss (____ lbs) <input type="checkbox"/> Difficulty falling asleep <input type="checkbox"/> Difficulty staying asleep <input type="checkbox"/> Unable to return to sleep <input type="checkbox"/> Decreased interest in sex <input type="checkbox"/> Increased interest in sex <input type="checkbox"/> Grief/sense of loss <input type="checkbox"/> Excessive worry <input type="checkbox"/> Rapid mood swings <input type="checkbox"/> Irritability <input type="checkbox"/> Frequent anger outbursts <input type="checkbox"/> Racing thoughts	<input type="checkbox"/> Risky behaviors <input type="checkbox"/> Gambling <input type="checkbox"/> Increased self-esteem <input type="checkbox"/> Decreased need for sleep / staying awake for several days <input type="checkbox"/> Unusual increase in energy / activity <input type="checkbox"/> Trauma <input type="checkbox"/> Avoiding others <input type="checkbox"/> Repeated, unwanted thoughts / images <input type="checkbox"/> Flashbacks: _____ per week / month <input type="checkbox"/> Nightmares: _____ per week / month <input type="checkbox"/> Memory problems <input type="checkbox"/> Panic or anxiety attacks: _____ per week <input type="checkbox"/> Anxiety in social or performance situations <input type="checkbox"/> Uncontrollable impulses <input type="checkbox"/> Repetitive behaviors / rituals <input type="checkbox"/> Health problems <input type="checkbox"/> Chronic pain <input type="checkbox"/> Repeated rituals (such as checking locks many times)	<input type="checkbox"/> Abuse: Physical, Emotional, or Sexual <input type="checkbox"/> Suspiciousness <input type="checkbox"/> Seeing people, animals, or things that others cannot see or say are not there <input type="checkbox"/> Hearing voices or noises that others cannot hear or say are not there <input type="checkbox"/> Feeling as if people are following you or watching you <input type="checkbox"/> Paranoid thoughts <input type="checkbox"/> Problems in school or work <input type="checkbox"/> Problems with relationships <input type="checkbox"/> Pending divorce or separation <input type="checkbox"/> Financial problems <input type="checkbox"/> Extreme calorie restriction / counting <input type="checkbox"/> Self-induced vomiting <input type="checkbox"/> Using laxatives to control weight <input type="checkbox"/> Weighing yourself daily <input type="checkbox"/> Troubles eating or swallowing <input type="checkbox"/> Fear of gaining weight
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XV. MILITARY SERVICE

Were you ever sexually assaulted **during your military service**? Yes No

Were you ever deployed to a combat zone? Yes No

Please provide date(s) of deployment(s), duration of tour (e.g., 12 months), and location below:

Start Date	End Date	Duration	Location

Did you receive incoming fire from small arms, mortars, or bombs? Yes No

At any point in your military service, did you experience anything that continues to cause nightmares / intrusive thoughts? Yes No

If yes, **BRIEFLY** describe the disturbing thing(s) that happened to you during your military service that still bother(s) you:

During the event(s):

- Were you physically injured? Yes No
- Was someone else physically injured? Yes No
- Did you think your life was in danger? Yes No
- Did you think that someone else's life was in danger? Yes No

How did you respond emotionally DURING or AFTER the disturbing event(s)? Please circle all that apply.

Horror Excited Terror Confused Helpless Shame
Fear Sadness Grief Guilt Other feelings: _____