

VA DISABILITY CLAIM TRACKING SHEET

Post-Traumatic Stress Disorder (PTSD)

Rated under 38 CFR §4.130 | Diagnostic Code 9411

Part A — Veteran Information

Name:

VA file number:

Date of PTSD diagnosis:

Diagnosing provider:

Current treatment (therapy, medication, or both):

Date tracking started:

Part B — What the VA Uses to Rate This Condition

PTSD is rated under 38 CFR §4.130, Diagnostic Code 9411, using the General Rating Formula for Mental Disorders. The VA assigns one of six ratings based on how severely PTSD affects your ability to work and maintain social relationships. The symptom lists at each level are examples — not requirements. You do not need every listed symptom. The overall picture of impairment controls.

0% No impairment Formal diagnosis but symptoms not severe enough to interfere with work or social life and no continuous medication required.

10% Mild Mild or transient symptoms that decrease work efficiency only during periods of significant stress — OR — symptoms controlled by continuous medication.

30% Moderate Occasional decrease in work efficiency, intermittent inability to perform tasks. Examples: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less), chronic sleep impairment, mild memory loss (forgetting names, directions, recent events).

50% Significant Reduced reliability and productivity. Examples: flattened affect, panic attacks more than once a week, difficulty understanding complex commands, impaired short- and long-term memory (forgetting to complete tasks), impaired judgment, disturbances of motivation and mood, difficulty maintaining effective work and social relationships.

70% Severe Deficiencies in most areas — work, school, family, judgment, thinking, mood. Examples: suicidal ideation, obsessional rituals interfering with routine, near-continuous panic or depression, impaired impulse control, neglect of personal appearance and hygiene, difficulty adapting to stress, inability to establish and maintain effective relationships.

100% Total Total occupational and social impairment. Examples: gross impairment in thought processes or communication, persistent delusions or hallucinations, grossly inappropriate behavior, persistent danger to self or others, intermittent inability to perform activities of daily living, disorientation to time or place, memory loss for names of close relatives or own name.

Critical Rule — Medication: Under Bankhead v. Shulkin (2017), your PTSD is evaluated as it would present WITHOUT medication. If your symptoms are controlled by SSRIs or other medication, you must document how you function without them or during periods when medication is less effective. Do not let medication make your rating look lower than your actual impairment.

Critical Rule — Symptom Lists Are Examples: Under Mauerhan v. Principi (2002), you do not need every listed symptom to qualify for a rating level. The overall level of occupational and social impairment controls. If your symptoms produce 70% level impairment, you qualify for 70% even if the listed examples do not exactly match your experience.

Print Reminder: Print the official General Rating Formula from [ecfr.gov/current/title-38/chapter-I/part-4](https://www.ecfr.gov/current/title-38/chapter-I/part-4) and bring it to your mental health provider. Ask them to document your level of occupational and social impairment specifically in their report using the language at 38 CFR §4.130.

Part C — Service Connection and the Stressor

To establish service connection for PTSD you need three things: (1) a current PTSD diagnosis from a qualified mental health professional, (2) an in-service stressor, and (3) a nexus linking the diagnosis to the stressor. Check which evidentiary standard applies to your claim:

- ☐ Combat presumption — 38 U.S.C. §1154(b) and 38 CFR §3.304(f)(2): If you engaged in combat, your lay statement about the in-service stressor is accepted as sufficient proof of the stressor when consistent with your service records. A current diagnosis and nexus are still required.
- ☐ MST (Military Sexual Trauma) relaxed standard — 38 CFR §3.304(f)(5): No police report or contemporaneous medical record is required. Behavioral markers after the incident can serve as corroborating evidence — sudden performance decline, requests for transfer, increased substance use, unexplained injuries, behavioral health visits, buddy statements.
- ☐ Non-combat stressor — the stressor must be verified through service records, buddy statements, unit history, or other corroborating evidence.

In-Service Stressor Description

Describe the in-service event or events that caused your PTSD. Be specific — date, location, unit, what happened, and how it affected you:

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
-

Date(s) of stressor event(s):

Location / unit / deployment:

Witnesses or corroborating evidence available:

Service records that reference this event:

Part D — Current Symptoms

Check all symptoms you currently experience. Remember — these lists are examples, not requirements. What matters is the overall impact on your ability to work and maintain relationships.

Re-Experiencing Symptoms

- ☐ Intrusive memories or flashbacks of the traumatic event
- ☐ Nightmares related to the traumatic event
- ☐ Emotional distress when reminded of the event
- ☐ Physical reactions (sweating, heart racing) when triggered

Avoidance Symptoms

- ☐ Avoiding thoughts or feelings related to the trauma
- ☐ Avoiding people, places, or situations that are reminders
- ☐ Difficulty remembering important aspects of the traumatic event

Mood and Thinking Symptoms

- ☐ Persistent negative beliefs about yourself, others, or the world
- ☐ Feelings of guilt or blame about the traumatic event
- ☐ Persistent negative emotions — fear, horror, anger, guilt, shame
- ☐ Loss of interest in activities you used to enjoy
- ☐ Feeling detached or estranged from others
- ☐ Inability to experience positive emotions (emotional numbness, flattened affect)
- ☐ Suicidal thoughts or ideation

Arousal and Reactivity Symptoms

- ☐ Irritable behavior or angry outbursts
- ☐ Reckless or self-destructive behavior
- ☐ Hypervigilance — being constantly on alert or watchful
- ☐ Exaggerated startle response

- ☐ Difficulty concentrating
- ☐ Chronic sleep problems — difficulty falling or staying asleep

Occupational Impact — Document Specifically

The VA rates PTSD primarily on how it affects your ability to work. Describe specifically:

- ☐ Missed work days due to PTSD symptoms
- ☐ Difficulty concentrating or completing tasks at work
- ☐ Conflicts with supervisors or coworkers
- ☐ Inability to work in crowds, confined spaces, or stressful environments
- ☐ Job loss or demotion related to PTSD symptoms
- ☐ Reduced productivity or reliability at work
- ☐ Inability to maintain employment

Describe how PTSD affects your work on your worst days:

- 1.
 - 2.
 - 3.
-

Social and Relationship Impact — Document Specifically

- ☐ Difficulty maintaining relationships with family members
- ☐ Social isolation — avoiding friends, family, or social situations
- ☐ Failed relationships or marriages related to PTSD
- ☐ Inability to form or maintain new relationships
- ☐ Conflict with family members due to anger or irritability
- ☐ Neglect of personal hygiene or appearance

Describe how PTSD affects your relationships and social life on your worst days:

- 1.
 - 2.
 - 3.
-

Worst-Day Description

Write out your worst-day description before your C&P exam. Include frequency, duration, what triggers your symptoms, and the specific impact on work and relationships:

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
-

Part E — Evidence Checklist

Check off each item as you gather it. Do not file until your evidence is as complete as possible.

- ☐ Current PTSD diagnosis from a qualified mental health professional (psychiatrist, psychologist, LCSW)
- ☐ Stressor statement — written description of the in-service event in your own words
- ☐ Service Treatment Records (STRs) referencing the stressor or mental health treatment
- ☐ DD-214 / separation documents
- ☐ Deployment records and unit history (for combat claims)
- ☐ Nexus letter from mental health provider connecting PTSD to in-service stressor
- ☐ Private mental health records and treatment history
- ☐ VA mental health records
- ☐ Buddy statements from service members who witnessed the stressor or your symptoms
- ☐ Personal statement describing symptoms and their impact on work and relationships
- ☐ Behavioral markers documentation (for MST claims) — performance records, transfer requests, behavioral health visits
- ☐ Medication records showing current and past psychiatric medications

What Your Mental Health Provider Must Document

Ask your mental health provider to specifically address the following in their report:

- ☐ Formal PTSD diagnosis using DSM-5 criteria
- ☐ Level of occupational impairment — using the language "mild," "moderate," "reduced reliability," or "total" impairment
- ☐ Level of social impairment — relationships, isolation, family functioning
- ☐ Frequency, duration, and severity of symptoms
- ☐ How symptoms present WITHOUT medication — this is critical under *Bankhead v. Shulkin*
- ☐ Nexus opinion: "at least as likely as not" caused by in-service stressor
- ☐ Specific examples of work and social limitations

Part F — C&P Exam Preparation

Exam date and time:

Exam location:

Examiner name (if known):

The C&P examiner for PTSD will be a licensed psychologist or psychiatrist. They typically use DSM-5 criteria and the CAPS-5 (Clinician-Administered PTSD Scale). They will ask about your stressor, your current symptoms, how you function at work and in relationships, your treatment history, and current medication.

Day-of Reminders — check these off the morning of your exam:

- ☐ I have written out my worst-day descriptions and am ready to describe them honestly and specifically
- ☐ I will describe my BAD days — not how I function when I am doing well or when medication is working
- ☐ I will describe how I function WITHOUT medication or during periods when medication is less effective
- ☐ I will give specific examples of work problems, missed days, conflicts, and relationship failures
- ☐ I will not minimize symptoms to seem strong — "I manage" and "I push through it" hurt my claim
- ☐ I will be honest about suicidal thoughts if they are present — this is evidence, not something to hide
- ☐ I will describe the frequency and duration of panic attacks, nightmares, and flashbacks
- ☐ I brought my printout of the General Rating Formula from ecfr.gov

Part G — Claim Status and Decision

Date claim filed:

Claim number:

Status — circle current stage:

Gathering evidence → Evidence complete → C&P scheduled → C&P completed → Filed → Decision pending → Decision received

Decision Received

Rating assigned:

Effective date:

Back pay / retro amount:

TDIU considered? (Total Disability Individual Unemployability) Yes / No

Part H — If You Need to Appeal

If your rating is lower than your symptoms warrant, check the most likely reason and the correct response:

- ☐ Rating is too low for your level of occupational and social impairment → File Supplemental Claim with new mental health evaluation specifically documenting impairment level using 38 CFR §4.130 language
- ☐ Examiner evaluated medicated symptoms instead of baseline → File Higher-Level Review citing Bankhead v. Shulkin error; submit documentation of un-medicated symptom severity
- ☐ Stressor not verified → File Supplemental Claim with buddy statements, unit history, or other corroborating evidence
- ☐ Inadequate C&P exam → File Supplemental Claim requesting a new adequate examination
- ☐ Should qualify for TDIU (cannot maintain substantially gainful employment due to PTSD) → File VA Form 21-8940 for Individual Unemployability

Appeal lane selected (HLR / Supplemental / BVA):

Date appeal filed:

Additional evidence submitted:

Outcome:

Part I — Secondary Conditions to Consider

PTSD commonly causes secondary conditions that may each qualify for a separate rating under 38 CFR §3.310. Check any that apply to you:

- ☐ Sleep apnea (DC 6847) — Strong secondary. PTSD-related sleep disruption and weight gain from medications are established nexus pathways. Requires a sleep study. Common ratings: 30%, 50%.
- ☐ Erectile dysfunction + SMC-K (DC 7522) — Strong secondary. SSRIs and SNRIs prescribed for PTSD have well-documented sexual side effects. Qualifies for SMC-K (\$139.87/month extra).
- ☐ Hypertension (DC 7101) — Chronic stress response elevates blood pressure. Multiple peer-reviewed studies support the PTSD-hypertension nexus.
- ☐ GERD / acid reflux (DC 7206) — Stress-related acid production and psychotropic medication side effects.
- ☐ Migraines (DC 8100) — Stress, sleep disruption, and medication side effects can trigger headaches.
- ☐ Bruxism / TMJ (DC 9905) — Stress-related jaw clenching causing temporomandibular joint dysfunction.
- ☐ IBS / functional GI disorder (DC 7319) — Gut-brain-axis dysfunction from chronic stress.

- ☐ Substance use disorder (DC 9440) — Under *Allen v. Principi* (2001), substance use proximately caused by a service-connected mental disorder may be service-connected.
- ☐ Depression or anxiety as a separate secondary condition — Note: the VA cannot pyramid (rate the same symptoms twice). All mental health symptoms are rated together under one code unless clearly distinct and separately documented.

Secondary conditions I plan to claim:

- 1.
 - 2.
 - 3.
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The criteria in this sheet are plain-English summaries of 38 CFR §4.130, Diagnostic Code 9411, and the General Rating Formula for Mental Disorders. Always verify current criteria at ecfr.gov before filing. This sheet does not constitute legal or medical advice. If you are in crisis, call 988 and press 1. — The Complete VA Disability Claim Playbook · completevaplaybook.com