

**Department of Veterans Affairs**

OMB Approved No. 2900-0659
Respondent Burden: 1 hour 10
minutes Expiration Date: 8/31/2017

**POST TRAUMATIC STRESS DISORDER (PTSD)
INCIDENT CLAIMS FORM**

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

1. NAME OF VETERAN (*Last, First, Middle*)

2. VA FILE NO. / SSN

3. STRESS ORIGIN (*Check applicable box or boxes*)

- ☐ Combat / Theatre of Operations (specify name): _____
- ☐ Military sexual trauma / personal assault ☐ Non-combat

INSTRUCTIONS FOR COMPLETING VA FORM 21-0781a

If claiming PTSD related to incident during combat or theatre operations, you do not need to complete VA Form 21- 0781a. Simply sign and submit this form.

If claiming PTSD related to non-combat, military sexual trauma and/or personal assault please proceed with completion of VA Form 21-0781a.

If your traumatic event went unreported, the following may be considered and/or used to support your claim.

- Visits to a medical or counseling or dispensary without a specific diagnosis or specific ailment or rape crisis center
- Substance abuse such as alcohol or drugs
- Sudden requests for a change in occupational series or duty assignment
- Increased disregard for military or civilian authority
- Increased use of leave without an apparent reason
- Obsessive behavior such as overeating or undereating
- Changes in performance and performance evaluations
- Pregnancy tests around the time of the incident
- Episodes of depression, panic attacks, or anxiety without an identifiable cause
- Tests for HIV or sexually transmitted diseases
- Increased or decreased use of prescription medications
- Unexplained economic or social behavior changes
- Increased use of over-the-counter medications
- Breakup of a primary relationship

Identify any other sources that may provide information concerning incident. You may provide buddy statements in support of your claim as well. Complete VA Form 21-4142 for each medical treatment provider

Need help completing your claim? We encourage you to get help by finding a Veterans Service Organization (VSO) representative, accredited attorney, or claims agent.

I certify that the foregoing statement(s) are true and correct to the best of my knowledge and belief.

10. SIGNATURE

11. DATE

12. TELEPHONE NUMBERS (*Include Area Code*)

DAYTIME

EVENING

PENALTY - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is necessary to obtain supporting evidence of stressful incidents in service. If the information is not furnished completely or accurately, VA will not be able to thoroughly research your military records for supporting evidence. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: We need this information in order to assist you in supporting your claim for post-traumatic stress disorder (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.