



VA TBI Claims Guide: Summary and Worksheets

Your own working pages. These are your notes in your own words. They are not a VA form, they are not sent to the VA, and nothing here is a medical finding or a prediction about your claim.

Start with the essentials

- 1 Separate each diagnosis and affected function**
Record the diagnosed condition, side or functional area, onset, testing, and treatment without combining distinct residuals.
- 2 Describe symptoms and practical effects**
Note frequency, duration, sensory or cognitive changes, communication, safety, and what the condition interrupts.
- 3 Use objective testing and your account together**
Keep test findings and clinician conclusions distinct from your own description. Do not assign yourself a severity category.

How to use this packet

Complete only what helps you prepare. Use approximate dates when exact dates are unavailable. Mark records as missing or unverified instead of guessing.

The full guide, research, charts, rating discussion, sources, and current information remain online at:

<https://ratemyvso.net/dc/tbi-claims-guide>



WORKSHEET 1 OF 5

Symptoms and functional effects

Optional working notes for TBI. Write only what you know. Leave anything blank that does not apply.

Symptoms, side or affected function, frequency, and duration

Effects on communication, concentration, movement, balance, safety, work, or ordinary tasks

Flares, triggers, recovery, and changes over time

Your notes stay yours. This blank PDF is not submitted to the VA. Saving answers through the website requires your RateMyVSO account.



WORKSHEET 2 OF 5

Testing, diagnosis, and treatment

Optional working notes for TBI. Write only what you know. Leave anything blank that does not apply.

Diagnoses, identified residuals, clinicians, and dates

Hearing, neurological, cognitive, imaging, or other test results, if available

Treatment, devices, therapy, medicines, and response

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WORKSHEET 3 OF 5

Connection and examination questions

Optional working notes for TBI. Write only what you know. Leave anything blank that does not apply.

In-service event, onset, continuity, or secondary-condition history

Service, treatment, testing, and statement evidence that may apply

Questions about diagnosis, separate residuals, cause, worsening, or examination findings

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WORKSHEET 4 OF 5

Records and unanswered questions

Optional working notes for TBI. Write only what you know. Leave anything blank that does not apply.

Record, date, source, and page if known

Do I have my own copy?

- | | |
|---|---|
| ☐ Not sure | ☐ I have a copy |
| ☐ Requested, still waiting | ☐ I do not have a copy |

Do I know whether the VA has it?

- | | |
|---|---|
| ☐ Unknown or not verified | ☐ Submission receipt available |
| ☐ Listed in my decision letter | ☐ Not submitted by me |

Missing records, request dates, and questions to follow up

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WORKSHEET 5 OF 5

Decision-letter reading sheet

Optional working notes for TBI. Write only what you know. Leave anything blank that does not apply.

Letter date, condition, and what the VA decided

Reasons and evidence listed, with page numbers

Dates and instructions in the letter; questions for a representative

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