RATEMYVSO VISUAL GUIDE

HOLISTIC MENTAL-HEALTH REVIEW | 38 C.F.R. § 4.130

WHOLE-SYMPTOM EVALUATION GUIDE

VA must evaluate the complete disability picture, not match a short symptom checklist.

THE THREE-PART REVIEW

EVERY SYMPTOM NEEDS CONTEXT

1 IDENTIFY THE MANIFESTATION

WHAT HAPPENS?

Consider listed and unlisted manifestations supported by medical or competent lay evidence.

The regulation's examples are not exhaustive

2 MEASURE THE PATTERN

HOW OFTEN, HOW SEVERE, HOW LONG?

Evaluate frequency, severity, duration, triggers, improvement, and periods of worsening.

A single appointment is rarely the whole story

3 TRACE THE EFFECT

WHAT FUNCTION CHANGES?

Connect each manifestation to occupational and social functioning, self-care, safety, judgment, thinking, and mood.

Functional impact drives the rating analysis

THE HOLISTIC ANALYSIS

READ THE RECORD AS ONE CONTINUING STORY

01 GATHER ALL RELEVANT EVIDENCE
Treatment records, examinations, hospital care, medication history, work evidence, and lay observations each show a different part of the disability picture.

02 RECONCILE GOOD AND BAD PERIODS
Explain temporary improvement, episodic worsening, treatment response, and whether a calm appointment reflects ordinary functioning.

03 ADDRESS FAVORABLE AND UNFAVORABLE FACTS
A complete analysis discusses evidence supporting the assigned level and material evidence pointing higher or lower.

04 MATCH THE OVERALL IMPAIRMENT
Select the level that most closely approximates the combined occupational and social effect of all manifestations.

MAUERHAN, VAZQUEZ-CLAUDIO, AND BANKHEAD

The listed symptoms are examples. VA must perform a holistic analysis of all manifestations, their severity, frequency, and duration, and the resulting level of occupational and social impairment.

DO NOT LEAVE OUT UNLISTED MANIFESTATIONS

THE FORMULA CAN REACH SIMILAR FUNCTIONAL EFFECTS

1. Anger episodes, emotional numbness, avoidance, hypervigilance, or exaggerated startle
2. Compulsive behavior, racing thoughts, dissociation, trauma responses, or mood cycling
3. Medication sedation, cognitive slowing, appetite changes, or other treatment effects
4. Missed appointments, withdrawal, inability to leave home, or dependence on another person
5. Periods of crisis, hospitalization, emergency care, safety planning, or increased supervision
6. Any other manifestation producing impairment similar to the regulatory examples

BUILD A COMPLETE RECORD

WHAT EACH SOURCE CAN ADD

1 TREATMENT NOTES
Clinical observations, reported symptoms, medication, therapy, and longitudinal change.

2 C&P EXAMINATION
Diagnosis, observations, manifestations, impairment selection, and medical rationale.

3 PERSONAL STATEMENT
Specific episodes, triggers, recovery time, functioning, and effects that may not appear in appointments.

4 FAMILY OR FRIENDS
Changes in behavior, relationships, self-care, safety, sleep, isolation, and daily routine.

5 WORK OR SCHOOL
Attendance, accommodations, conflict, performance, discipline, withdrawal, and lost opportunities.

6 CRISIS RECORDS
Emergency visits, hospitalization, safety plans, hotline use, and changes in supervision.

QUALITY CONTROL

WHOLE-RECORD REVIEW VERSUS CHECKLIST REVIEW

HOLISTIC REVIEW

- Considers listed and unlisted manifestations
- Evaluates frequency, severity, and duration
- Uses evidence across the entire period
- Explains treatment effects and fluctuations
- Connects manifestations to functional impairment

CHECKLIST REVIEW

- Looks only for exact regulatory words
- Requires every example at one level
- Relies on one appointment or examination
- Ignores competent lay observations
- Treats medication or temporary improvement as no disability

HONEST DETAIL IS MORE USEFUL THAN MAXIMIZING LANGUAGE

Describe what occurred, when it occurred, how long it lasted, and what changed afterward. Specific examples are more probative than unexplained labels or copied rating language.

LEGAL REFERENCES
38 C.F.R. § 4.130 | Mauerhan | Vazquez-Claudio | Bankhead

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