

**PTSDSCOR (MH)**

Enter the total score for the screen documented in the record. (If the total score is NOT documented in the record, enter default zz.)

**OUTPTSD (MH)**

Did the provider document the patient was to receive care for PTSD outside this VA?

1. Yes
2. No

**PTSDEVAL (MH)**

Following the positive PC-PTSD screen, did the provider document the patient needed further intervention for PTSD?

1. Yes, documented further intervention needed
2. Documented no further intervention needed
99. No documentation regarding further intervention

**SCORINTRP (MH)**

Enter the interpretation of the score, as documented in the medical record.

1. Positive
2. Negative
95. Not applicable
99. No interpretation documented

**NOPTSINT (MH)**

Did the provider document the patient refused further evaluation/treatment for PTSD?

1. Yes
2. No

**PTSDCARE (MH)**

Did the provider document the patient was already receiving recommended care for PTSD?

1. Yes
2. No

**PCPTSD (MH)**

Enter the patient's answers to each of the Primary Care PTSD Screen questions: Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you:

**PCPTSD1.** Have had any nightmares about it or thought about it when you did not want to?

**PCPTSD2.** Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

**PCPTSD3.** Were constantly on guard, watchful, or easily startled?

**PCPTSD4.** Felt numb or detached from others, activities, or your surroundings?

1. Yes
2. No
95. Not applicable
99. No answer documented

**PTSDMHEVL (MH)**

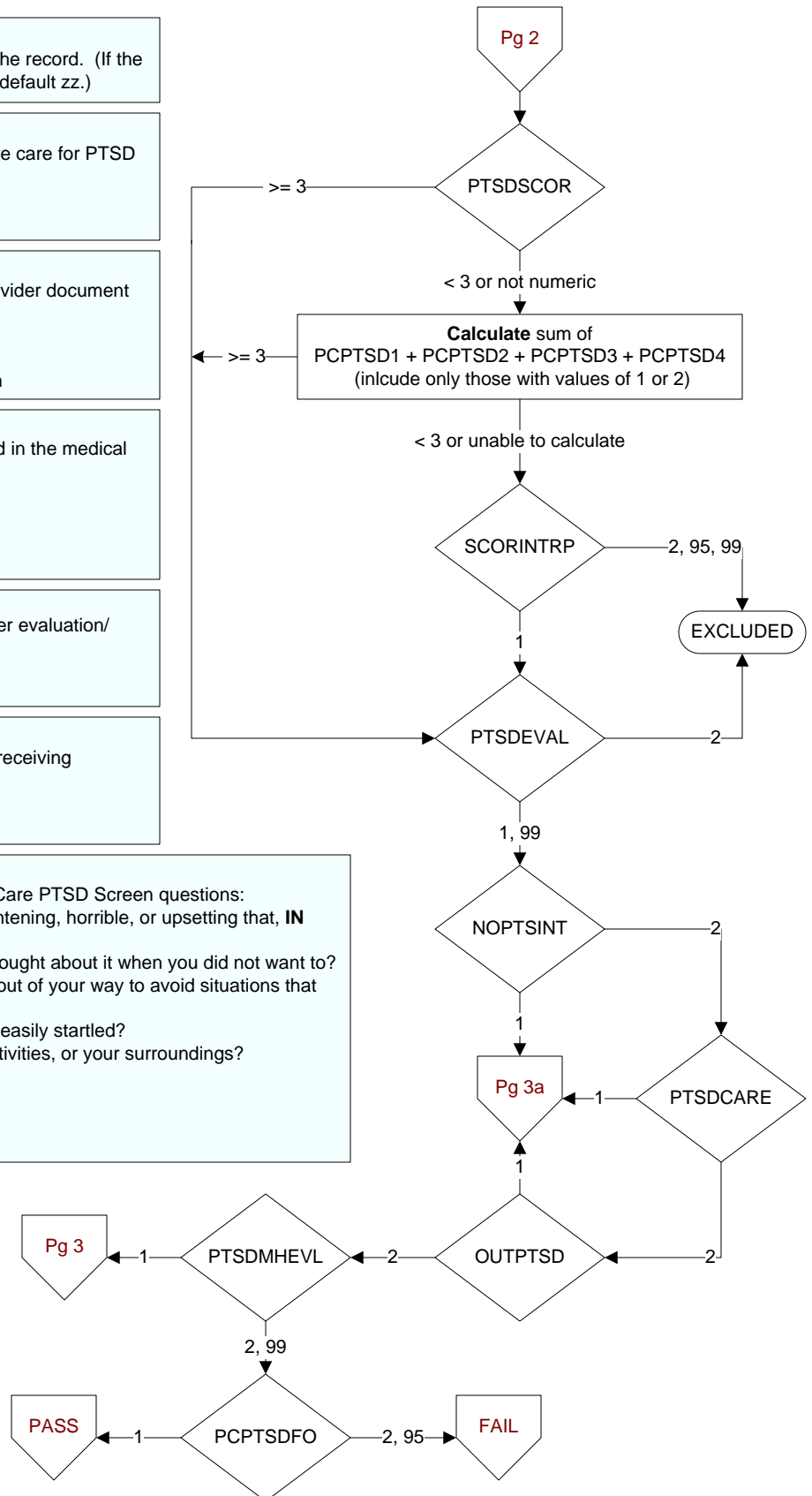
Following the positive PC-PTSD screen, did the provider document that the patient needed a mental health evaluation?

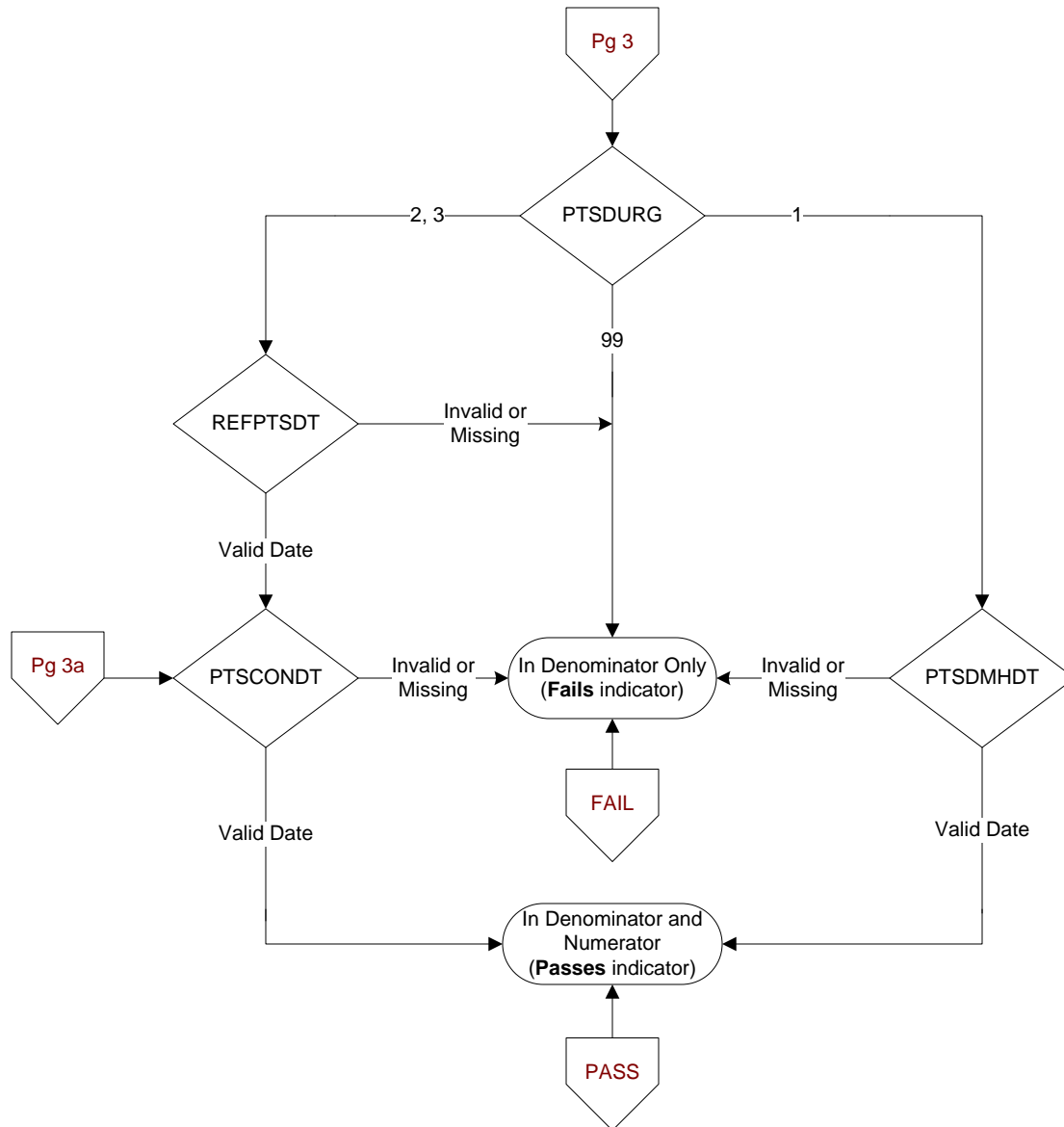
1. Yes, mental health evaluation needed
2. No mental health evaluation needed
99. No documentation regarding mental health evaluation

**PCPTSDFO (MH)**

Did the document that the patient will follow-up with a primary care provider for the positive PTSD screen?

1. Yes
2. No
95. Not applicable



**PTSDURG (MH)**

Following the positive PTSD screen, did the provider document the urgency of the mental health evaluation?

1. Immediate/emergent mental health evaluation needed
2. Urgent mental health evaluation needed
3. Non-urgent mental health evaluation needed
99. No documentation of urgency of care

**REFPTSDT (MH)**

Enter the date the mental health consult was placed.

**PTSDMHDT (MH)**

Enter the date the patient was emergently transferred to mental health care services.

**PTSCONDT (MH)**

Enter the date the licensed independent provider documented that contact information was provided to the patient.