

Questionnaire for National Security Positions
Section 21
Psychological and Emotional Health

Preamble: The U.S. Government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it. Mental health treatment and counseling, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

21A) Has a court or administrative agency EVER issued an order declaring you mentally incompetent? [Y/N]

[If No] <Navigation will proceed to Question 21B>

[If Yes] [Permit multiple entries, capturing the below details for each entry]

Provide the date this occurred. (Estimated)

Provide the name of the court or administrative agency that declared you mentally incompetent [Name]

Provide the address of the court or administrative agency [Street address and city, state and zip code or country]

Was this matter appealed to a higher court or administrative agency? [Y/N]

[If No] <Navigation will proceed to Question 21B>

[If yes] [Permit multiple entries, capturing the below details for each entry]

Provide the name of the court or administrative agency [Name]. Provide the address of the court or administrative agency [Street address and city, state and zip code or country]

Provide the final disposition [Disposition]

Do you have any other instances where this matter was appealed to a higher court or administrative agency? [Y/N]

<Navigation will proceed to Question 21B>

21B) Has a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.)

[If No] *<Navigation will proceed to Question 21C>*

[If yes] [Permit multiple entries, capturing the below details for each entry]

Provide the date this occurred. (Estimated)

Provide the name of the court or administrative agency [Name].

Provide the address of the court or administrative agency [Street address and city, state and zip code or country]

Provide the final disposition [Disposition]

Was this matter appealed to a higher court or administrative agency? [Y/N]

[If No] *<Navigation will proceed to Question 21C>*

[If yes] [Permit multiple entries, capturing the below details for each entry]

Provide the name of the court or administrative agency [Name].

Provide the address of the court or administrative agency [Street address and city, state and zip code or country]

Provide the final disposition [Disposition]

Do you have any other instances where this matter was appealed to a higher court or administrative agency? [Y/N]

<Navigation will proceed to Question 21C>

21C) Have you EVER been hospitalized for a mental health condition? [Y/N]

[If No] *<Navigation will proceed to Question 21D>*

[If Yes] [Permit multiple entries, capturing the below details for each entry] Was

the admission voluntary or involuntary? [Voluntary (provide explanation)/Involuntary (provide explanation)]

Provide the dates of treatment. [From Date (Estimated) to Date (Estimated/Present)]

Provide the name and address of the facility where treatment was provided.

[Name, same as above or street address and city, state and zip code or country]

<Navigation will proceed to Question 21D>

*The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or*

fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

21D) Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? [Y/N]

[If No] *<Navigation will proceed to Question 21E>*

[If yes]

- Identify the diagnosis or health condition. [Permit multiple entries, capturing the below details for each entry]
- Provide the dates of diagnosis. [From Date (Estimated) to Date (Estimated/Present)]
- Provide the name, address, and telephone number of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition. [Street address and city, state and zip code or country]
- Provide the name, address, and telephone number of any agency/organization/facility where counseling/treatment was provided [Indicate "Same as above" or provide name, street address and city, state and zip code or country, and telephone number]
- Was the counseling/treatment effective in managing your symptoms? Provide explanation.

In the last seven years, have there been any occasions when you did not consult with a medical professional before altering or discontinuing, or failing to start, a prescribed course of treatment for any of the listed diagnoses? [Y/N]

[If Yes] Are you currently in treatment? Provide the name, address, and telephone number of the healthcare professional providing such treatment. *<Free Text> Navigation will proceed to Question 21E>*

<Navigation will proceed to Question 21E>

<At this point, if subject answered "Yes" to 21A, 21B, 21C, or 21D, (any of them) navigation will proceed to Question 22>

<If subject answered "No" to 21A, 21B, 21C, and 21D (all four answers must be no) navigation will proceed to Question 21E>

21E) Do you have a mental health or other health condition that **substantially adversely** affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today? [Y/N]

Note: If your judgment, reliability, or trustworthiness is not substantially adversely affected by a mental health or other condition, then you should answer "no" even if you have a mental health or other condition requiring treatment.

For example, if you are in need of emotional or mental health counseling as a result of service as a first responder, service in a military combat environment, having been sexually assaulted or a victim of domestic violence, or marital issues, but your judgment, reliability or trustworthiness is not substantially adversely affected, then answer “no.”

[If No] *<Navigation will proceed to Question 22>*

[If Yes] Did you ever receive or are you currently receiving counseling or treatment for that condition? (You may choose not to answer this question. However, such consultation or treatment will not disqualify you and is considered to be a positive action.) [Y/N/I decline to answer]

[If Yes] Provide the following about your counseling or treatment. [Permit multiple entries, capturing the below details for each entry]

Provide the dates of counseling or treatment. [From Date (Estimated) to Date (Estimated/Present)]

Provide the name, address, and telephone number of the health care professional. [Street address and city, state and zip code or country]

Provide the name, address, and telephone number of the agency/organization/facility where counseling/treatment was provided [Same as above or name, street address and city, state and zip code or country, telephone number]

Have you ever chosen not to follow a prescribed course of treatment for any of these conditions? [Y/N]

[If Yes] Provide explanation. *<Free Text> <Navigation will proceed to Question 22>*

<Navigation will proceed to Question 22>

[If No] Provide explanation. *<Free Text> Navigation will proceed to Question 22>*

[If I decline to answer] *Navigation will proceed to Question 22>*