



**MANDATORY CME TRAINING FOR CONNECTICUT MEDICAL LICENSE RENEWAL**  
**Mental Health Conditions Common to Veterans and Family Members (Behavioral Health) Questionnaire**

Once you have viewed the Behavioral Health online video, answer the questions below by circling your response and return the entire questionnaire with your order form to the Fairfield County Medical Association to receive a **Certificate of Completion** for your files.

**Mental Health Conditions Common to Veterans and Family Members (Behavioral Health):** Dolores Vojvoda, MD, VA Connecticut Healthcare System, West Haven, CT

1. When stress is uncontrollable and overwhelming, it can be destructive and cause which of the following?
  - A. Burnout
  - B. Posttraumatic Stress Disorder
  - C. Depression and anxiety
  - D. All of the above
2. What percent of recent Veteran suicide have a history of previous attempts?
  - A. 15%
  - B. 20%
  - C. 33%
  - D. 50%
3. What is the term for the result from the failure of the stress-response system to appropriately react, adapt, and recover from the traumatic event?
  - A. HPA Axis Abnormality
  - B. Cognitive Processing
  - C. Complimentary Therapy
  - D. Posttraumatic Stress Disorder
4. What can occur when a blow or jolt to the head or a penetration head injury disrupts the function of the brain?
  - A. Panic Disorder
  - B. Traumatic Brain Injury
  - C. Obsessive Compulsive Disorder
  - D. Generalized Anxiety Disorder
5. Despite the lack of studies of medical marijuana, many veterans claim marijuana does what to their PTSD symptoms?
  - A. Reduces symptoms
  - B. Intensifies symptoms
  - C. Does not effect symptoms
  - D. No claims have been made

**I certify that I have viewed the online video for Mental Health Conditions Common to Veterans and Family Members (Behavioral Health).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To obtain a *Certificate of Completion* return this entire questionnaire with your order form to:  
Fairfield County Medical Association, 100 Beard Sawmill Road, Suite 109, Shelton, CT 06484  
Fax: 203-513-8036 / Scan/Email: [Johanna@fcma.org](mailto:Johanna@fcma.org)

Physician's name: \_\_\_\_\_, MD/DO

Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_