Department of Veterans Affairs

INTERNAL VETERANS AFFAIRS USE
FIBROMYALGIA DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) *WILL NOT PAY* OR *REIMBURSE* ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
[redacted]	xxx-xx-2104

NOTE TO PHYSICIAN - Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the veteran's claim.

IS THIS DBQ BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&P EXAMINATION REQUEST?

☒ YES ☐ NO

If no, how was the examination completed (check all that apply)?

☐ In-person examination
☐ Records reviewed
☐ Other, please specify:
Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE) AND EVIDENCE REVIEW

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.

☐ Examination via approved video telehealth

☒ In-person examination

EVIDENCE REVIEW

EVIDENCE REVIEWED *(check all that apply)*:

☐ Not requested
☐ VA claims file (hard copy paper C-file)
☒ VA e-folder (VBMS or Virtual VA)
☐ CPRS
☐ Other (please identify other evidence reviewed):

☐ No records were reviewed

EVIDENCE COMMENTS:
Entry: 1990
Separation: 1996

Sarah Spain/VAMC. 7/25/14. Dx: PTSD/MST.

KC Charette/VAMC. 4/12/16. Dx: Bulimia nervosa; Anxiety disorder NOS (MST Related); Hx of PTSD related to MST.

[redacted]

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE/SHE EVER BEEN DIAGNOSED WITH FIBROMYALGIA? *(This is the condition the veteran is claiming or for which an exam has been requested)*

☒ YES ☐ NO *(If "Yes," complete Item 1B):*

1B. IF YES, SELECT THE VETERAN'S CONDITION (check all that apply)

☒ FIBROMYALGIA ICD CODE: M79.7 DATE OF DIAGNOSIS: 05/2018

☐ OTHER *(specify)*

OTHER DIAGNOSIS # 1

ICD CODE: DATE OF DIAGNOSIS:

OTHER DIAGNOSIS # 2

ICD CODE: DATE OF DIAGNOSIS:

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO FIBROMYALGIA, LIST USING ABOVE FORMAT:

Note: Fibromyalgia may also be called fibrositis or primary fibromyalgia syndrome.

SECTION II – MEDICAL HISTORY

2A. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S FIBROMYALGIA CONDITION:

SPECIFIC HISTORY FOR: Fibromyalgia The condition began on 05/2018. The claimant reports due to a secondary claim from IVF/ PTSD. The claimant reports being diagnosed with Fibromyalgia. This was diagnosed 05/2018. It was diagnosed miami vamc. The current symptoms pain .

2B. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF FIBROMYALGIA SYMPTOMS?

☒ YES ☐ NO *(If "Yes," list only those medications required for the veteran's fibromyalgia condition):*

Gabapentin.

2C. IS THE VETERAN CURRENTLY UNDERGOING TREATMENT FOR THIS CONDITION?

☐ YES ☒ NO *(If "Yes," describe):*

2D. ARE THE VETERAN'S FIBROMYALGIA SYMPTOMS REFRACTORY TO THERAPY?

☐ YES ☒ NO *(If "Yes," describe):*

SECTION III - FINDINGS, SIGNS AND SYMPTOMS

3. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO FIBROMYALGIA?

☒ YES ☐ NO *If "Yes," complete the following section:*

3A. FINDINGS, SIGNS AND SYMPTOMS *(check all that apply):*

☒ WIDESPREAD MUSCULOSKELETAL PAIN *(NOTE: For VA purposes widespread musculoskeletal pain means that pain occurs in both sides of the body, both above and below the waist and affecting both the axial skeleton (i.e., cervical spine, anterior chest, thoracic spine or low back and the extremities)*

☐ STIFFNESS
☐ MUSCLE WEAKNESS *(If checked, describe):*
☐ FATIGUE
☐ SLEEP DISTURBANCES
☐ PARESTHESIAS
☐ HEADACHE
☐ DEPRESSION
☐ ANXIETY
☐ IRRITABLE BOWEL SYMPTOMS
☐ RAYNAUD'S-LIKE SYMPTOMS
☐ OTHER *(describe):*

(For all checked conditions, describe)

There is widespread musculoskeletal pain described as Widespread musculoskeletal pain, bilaterally .

***NOTE** - If Mental Health conditions, such as depression due to fibromyalgia are identified, a Mental Disorders Questionnaire must ALSO be completed.*

3B. FREQUENCY OF FIBROMYALGIA SYMPTOMS *(check all that apply)*

☐ NO SYMPTOMS
☒ EPISODIC WITH EXACERBATIONS
☐ PRESENT MORE THAN ONE-THIRD OF THE TIME
☐ CONSTANT OR NEARLY CONSTANT
☐ OFTEN PRECIPITATED BY ENVIRONMENTAL OR EMOTIONAL STRESS OR OVEREXERTION *(If checked, describe)*:

☐ OTHER *(describe)*:

SECTION III - FINDINGS, SIGNS AND SYMPTOMS

3C. DOES THE VETERAN HAVE TENDER POINTS (trigger points) FOR PAIN PRESENT?

☒ YES ☐ NO

Check all that apply:

☒ All bilaterally

☐ Low cervical region: at anterior aspect of the interspaces between transverse processes of C5-C7 *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

☐ Second rib: at second costochondral junction *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

☐ Occiput: at suboccipital muscle insertion *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

☐ Trapezius muscle: midpoint of upper border *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

☐ Supraspinatus Muscle: above medial border of the scapular spine *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

☐ Lateral epicondyle: 2 cm distal to lateral epicondyle *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

☐ Gluteal: at upper outer quadrant of buttocks *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

☐ Greater trochanter: posterior to greater trochanteric prominence *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

☐ Knee: medial joint line *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

☐ Other, specify: *(If checked, indicate side):* ☐ Right ☐ Left ☐ Both

SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS, AND SCARS

4A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO THE CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☒ NO

IF YES, DESCRIBE (brief summary):

4B. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☒ NO

IF YES, ARE ANY OF THESE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM *(6 square inches)*; OR ARE LOCATED ON THE HEAD, FACE OR NECK? (An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar.)

☐ YES ☐ NO

IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION: MEASUREMENTS: Length cm X width cm.

NOTE: If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

4C. COMMENTS, IF ANY:

SECTION V – DIAGNOSTIC TESTING

NOTE – If laboratory test results are in the medical record and reflect the veteran's current condition, repeat testing is not required.

5. ARE THERE ANY SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

☐ YES ☒ NO *(If "Yes," provide type of test or procedure, date and results (brief summary)):*

SECTION VI – FUNCTIONAL IMPACT

6. DOES THE VETERAN'S FIBROMYALGIA IMPACT HIS OR HER ABILITY TO WORK?

☒ YES ☐ NO *(If "Yes," describe impact of the veteran's fibromyalgia and provide one or more examples)*

The impact of the claimant's Fibromyalgia on his or her ability to work is: difficulty completing tasks that require lifting or movement of any of the extremities with flare up of fibromyalgia

SECTION VII - REMARKS

7. REMARKS *(if any)*

The veteran reports serving in the Navy. She indicates she served a total of 6 year(s). The period(s) of service were from: 1990 to 1996. She was in service during desert storm. She reports she did not participate in combat activity. For the claimant's claimed condition of Fibromyalgia, the diagnosis is already noted in the diagnosis section.

SECTION VIII – PHYSICIAN'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

[redacted]	8B. PHYSICIAN'S PRINTED NAME [redacted]	8C. DATE SIGNED 9/28/2018

[redacted] HONE NUMBER	8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER [redacted]	8F. PHYSICIAN'S ADDRESS [redacted]

NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of low in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete a form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

[redacted]

Department of Veterans Affairs

INTERNAL VETERANS AFFAIRS USE
MEDICAL OPINION DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT – THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL ***NOT PAY*** OR ***REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
[redacted]	xxx-xx-2104

NOTE TO PHYSICIAN - Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

ACCEPTABLE CLINICAL EVIDENCE (ACE)

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

- ☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no additional relevant evidence.
- ☐ Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.
- ☐ Examination via approved video telehealth
- ☒ In-person examination

EVIDENCE REVIEW

EVIDENCE REVIEWED *(check all that apply):*

- ☐ Not requested
- ☐ VA claims file (hard copy paper C-file)
- ☒ VA e-folder (VBMS or Virtual VA)
- ☐ CPRS
- ☐ Other (please identify other evidence reviewed):
- ☐ No records were reviewed

EVIDENCE COMMENTS:
Entry: 1990
Separation: 1996

Sarah Spain/VAMC. 7/25/14. Dx: PTSD/MST.

KC Charette/VAMC. 4/12/16. Dx: Bulimia nervosa; Anxiety disorder NOS (MST Related); Hx of PTSD related to MST.

SECTION I – DEFINITIONS

AGGRAVATION OF PREEXISTING NONSERVICE-CONNECTED DISABILITIES. A PREEXISTING INJURY OR DISEASE WILL BE CONSIDERED TO HAVE BEEN AGGRAVATED BY ACTIVE MILITARY, NAVAL, OR AIR SERVICE, WHERE THERE IS AN INCREASE IN DISABILITY DURING SUCH SERVICE, UNLESS THERE IS A SPECIFIC FINDING THAT THE INCREASE IN DISABILITY IS DUE TO THE NATURAL PROGRESS OF THE DISEASE.

AGGRAVATION OF NONSERVICE-CONNECTED DISABILITIES. ANY INCREASE IN SEVERITY OF A NONSERVICE-CONNECTED DISEASE OR INJURY THAT IS PROXIMATELY DUE TO OR THE RESULT OF A SERVICE-CONNECTED DISEASE OR INJURY, AND NOT DUE TO THE NATURAL PROGRESS OF THE NONSERVICE-CONNECTED DISEASE, WILL BE SERVICE CONNECTED.

SECTION II - RESTATEMENT OF REQUESTED OPINION

a. Insert requested opinion from general remarks:

Is the Veteran's fibromyalgia at least as likely as not (50 percent or greater probability) proximately due to or the result of post-traumatic stress disorder? Rationale must be provided in the appropriate section.

b. Indicate type of exam for which opinion has been requested (e.g. Skin Diseases):

Fibromyalgia

SECTION III – MEDICAL OPINION FOR DIRECT SERVICE CONNECTION

CHOOSE THE STATEMENT THAT MOST CLOSELY APPROXIMATES THE ETIOLOGY OF THE CLAIMED CONDITION.

- ☐ 3A. THE CLAIMED CONDITION WAS AT LEAST AS LIKELY AS NOT *(50 percent or greater probability)* INCURRED IN OR CAUSED BY THE CLAIMED INSERVICE INJURY, EVENT, OR ILLNESS. PROVIDE RATIONALE IN SECTION C.
- ☐ 3B.THE CLAIMED CONDITION WAS LESS LIKELY THAN NOT (less than 50 percent probability) INCURRED IN OR CAUSED BY THE CLAIMED IN-SERVICE INJURY, EVENT, OR ILLNESS. PROVIDE RATIONALE IN SECTION C.

[redacted]

3C. RATIONALE:

SECTION IV - MEDICAL OPINION FOR SECONDARY SERVICE CONNECTION

☐ 4A. THE CLAIMED CONDITION IS AT LEAST AS LIKELY AS NOT *(50 percent or greater probability)* PROXIMATELY DUE TO OR THE RESULT OF THE VETERAN'S SERVICE CONNECTED CONDITION. PROVIDE RATIONALE IN SECTION C.

☒ 4B. THE CLAIMED CONDITION IS LESS LIKELY THAN NOT *(less than 50 percent probability)* PROXIMATELY DUE TO OR THE RESULT OF THE VETERAN'S SERVICE CONNECTED CONDITION. PROVIDE RATIONALE IN SECTION C.

4C. RATIONALE:

After reviewing medical records and performing physical exam it is less likely than not that veteran's fibromyalgia is proximately due to or the result of post-traumatic stress disorder as there are no medical records or studies showing a direct or causal relationship between the two conditions.

SECTION V - MEDICAL OPINION FOR AGGRAVATION OF A CONDITION THAT EXISTED PRIOR TO SERVICE

☐ 5A. THE CLAIMED CONDITION, WHICH CLEARLY AND UNMISTAKABLY EXISTED PRIOR TO SERVICE, WAS AGGRAVATED BEYOND ITS NATURAL PROGRESSION BY AN IN-SERVICE INJURY, EVENT, OR ILLNESS. PROVIDE RATIONALE IN SECTION C.

☐ 5B. THE CLAIMED CONDITION, WHICH CLEARLY AND UNMISTAKABLY EXISTED PRIOR TO SERVICE, WAS CLEARLY AND UNMISTAKABLY NOT AGGRAVATED BEYOND ITS NATURAL PROGRESSION BY AN IN-SERVICE INJURY, EVENT, OR ILLNESS. PROVIDE RATIONALE IN SECTION C.

5C. RATIONALE:

SECTION VI - MEDICAL OPINION FOR AGGRAVATION OF A NONSERVICE CONNECTED CONDITION BY A SERVICE CONNECTED CONDITION

6A. CAN YOU DETERMINE A BASELINE LEVEL OF SEVERITY OF *(claimed condition/diagnosis)* BASED UPON MEDICAL EVIDENCE AVAILABLE PRIOR TO AGGRAVATION OR THE EARLIEST MEDICAL EVIDENCE FOLLOWING AGGRAVATION BY *(service connected condition)*?

☐ YES ☐ NO

IF "YES" TO QUESTION 6A, ANSWER THE FOLLOWING:

I. DESCRIBE THE BASELINE LEVEL OF SEVERITY OF *(claimed condition/diagnosis)* BASED UPON MEDICAL EVIDENCE AVAILABLE PRIOR TO AGGRAVATION OR THE EARLIEST MEDICAL EVIDENCE FOLLOWING AGGRAVATION BY *(service connected condition)*:

II. PROVIDE THE DATE AND NATURE OF THE MEDICAL EVIDENCE USED TO PROVIDE THE BASELINE:

III. IS THE CURRENT SEVERITY OF THE *(claimed condition/diagnosis)* GREATER THAN THE BASELINE?

☐ YES ☐ NO

IF YES, WAS THE VETERAN'S *(claimed condition/diagnosis)* AT LEAST AS LIKELY AS NOT AGGRAVATED BEYOND ITS NATURAL PROGRESSION BY (insert "service connected condition")?

☐ YES *(provide rationale in section 6B.)*

☐ NO *(provide rationale in section 6B.)*

IF "NO" TO QUESTION 6A, ANSWER THE FOLLOWING:

I. PROVIDE RATIONALE AS TO WHY A BASELINE CANNOT BE ESTABLISHED *(e.g. medical evidence is not sufficient to support a determination of a baseline level of severity)*:

II. REGARDLESS OF AN ESTABLISHED BASELINE, WAS THE VETERAN'S *(claimed condition/diagnosis)* AT LEAST AS LIKELY AS NOT AGGRAVATED BEYOND ITS NATURAL PROGRESSION BY *(insert "service connected condition")*?

☐ YES *(provide rationale in section 6B.)*

☐ NO *(provide rationale in section 6B.)*

6B. RATIONALE:

SECTION VII - OPINION REGARDING CONFLICTING MEDICAL EVIDENCE

7. I HAVE REVIEWED THE CONFLICTING MEDICAL EVIDENCE AND AM PROVIDING THE FOLLOWING OPINION:

SECTION VIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

[redacted]	8B. PHYSICIAN'S PRINTED NAME [redacted]	8C. DATE SIGNED 9/28/2018
8D. PHYSICIAN'S PHONE/FAX NUMBERS [redacted]	8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER [redacted]	8F. PHYSICIAN'S ADDRESS [redacted]

NOTE – VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the Veteran's application.

IMPORTANT – Physician please fax the completed form to: _____ *(VA Regional Office FAX No.)*

NOTE - A list of VA Regional Office FAX Numbers can be found at www.benefits.va.gov/disabilityexams or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

[redacted]