

**INTERNAL VETERANS AFFAIRS USE
SLEEP APNEA 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

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)

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 ☐ No records were reviewed
- ☐ VA claims file (hard copy paper C-file)
- ☒ VA e-folder (VBMS or Virtual VA)
- ☐ CPRS
- ☐ Other (please identify other evidence reviewed):

EVIDENCE COMMENTS:

06/15/2019 - Sleep Study

Dear Patient,

This is in regard to the results of the home sleep study that you completed on 6/15/19. Your study showed that you have mild obstructive sleep apnea. Obstructive sleep apnea is a medical disorder that can cause daytime sleepiness and fatigue. It is also a risk for long-term complications of high blood pressure, stroke and heart disease. The best treatment for obstructive sleep apnea is positive airway pressure therapy. You will be scheduled to APAP clinic at MEDVAMC/your CBOC where you will be given an auto positive airway pressure (PAP) device.

Please let us know if you have any questions.

Regards,

Ritwick Agrawal, MD

Attending Physician

Pulmonary, Critical Care and Sleep Medicine

MEDVAMC

/es/ RITWICK AGRAWAL, MD

Staff Physician

Signed: 07/11/2019 15:04

FIBROMYALGIA (PREVIOUSLY CLAIMED AS SECONDARY TO BRONCHITIS)
ASSOCIATED WITH BRONCHITIS. CLAIMED AS RELATED TO

SECTION I – DIAGNOSISDOES THE VETERAN HAVE OR HAS HE OR SHE EVER HAD SLEEP APNEA? ☒ YES ☐ NO

NOTE: The diagnosis of sleep apnea must be confirmed by a sleep study; provide sleep study results in Diagnostic testing section. If other respiratory condition is diagnosed, complete the Respiratory and / or Narcolepsy Questionnaire(s), in lieu of this one.

IF YES, PROVIDE ONLY DIAGNOSES THAT PERTAIN TO SLEEP APNEA AND CHECK DIAGNOSTIC TYPE:

<input checked="" type="checkbox"/> OBSTRUCTIVE	ICD Code: G47.33	Date of diagnosis: 06/15/2019
<input type="checkbox"/> CENTRAL	ICD Code:	Date of diagnosis:
<input type="checkbox"/> MIXED, COMPONENTS OF BOTH	ICD Code:	Date of diagnosis:
<input type="checkbox"/> OTHER SLEEP DISORDER (specify):	ICD Code:	Date of diagnosis:

IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO A DIAGNOSIS OF SLEEP APNEA, LIST USING ABOVE FORMAT:

SECTION II – MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S SLEEP DISORDER CONDITION (brief summary):

When did the condition begin? 1991 during Desert Storm.

Describe how the condition began: Would wake up out of breath, stopped breathing during sleep. Husband, kids, and mom told her she snored loud.

What were the symptoms when the condition began? Snoring, waking with headaches, wake up out of breath.

Have you been treated for this condition? No in the past, told to go to TMC, but did not.

What are your current symptoms? Same as previous.

What is your current treatment? CPAP

Describe the impact of the condition on your ability to perform occupation functioning and ordinary activities: Tired all the time. Has to go to car to take a nap from around 1:00PM to 3:00PM. Loss of concentration at times, rereading same thing multiple times without remembering what she read. Takes breaks to walk around and wake up. Falls asleep in meetings (sometimes caught snoring).

2B. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF A SLEEP DISORDER CONDITION?

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

2C. DOES THE VETERAN REQUIRE THE USE OF A BREATHING ASSISTANCE DEVICE SUCH AS A CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) MACHINE?

☒ YES ☐ NO**SECTION III - FINDINGS, SIGNS AND SYMPTOMS**

DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO SLEEP APNEA?

☒ YES ☐ NO (If "Yes," check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Persistent daytime hypersomnolence | <input type="checkbox"/> Cor pulmonale |
| <input type="checkbox"/> Carbon dioxide retention | <input type="checkbox"/> Requires tracheostomy |
| <input type="checkbox"/> Chronic respiratory failure | |
| <input type="checkbox"/> Other, describe: | |

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

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

☐ 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: An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

Claimant Name: [REDACTED]

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SECTION V - DIAGNOSTIC TESTING

NOTE - If diagnostic test results are in the medical record and reflect the veteran's current sleep apnea condition, repeat testing is not required.

5A. HAS A SLEEP STUDY BEEN PERFORMED?

☒ YES ☐ NO

(If, "Yes," does the veteran have documented sleep disorder breathing?)

☒ YES ☐ NO

Date of sleep study: 06/15/2019

Name of facility where sleep study performed, if known: Houston VAMC (home Sleep Study)

Results: OSA

5B. ARE THERE ANY OTHER 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 SLEEP APNEA IMPACT HIS OR HER ABILITY TO WORK?**

☒ YES ☐ NO (If "Yes," describe impact of the veteran's sleep apnea, providing one or more examples):

Due to the Veteran's Sleep Apnea he is limited when working jobs that require prolonged driving and use of heavy equipment/machinery.

SECTION VII - REMARKS**7. REMARKS (If any)**

For the claimant's claimed condition of obstructive sleep apnea please refer to 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.

8A. PHYSICIAN'S SIGNATURE

02dd6932-5e20-469f-8354-240c157070a7

8D. PHYSICIAN'S PHONE AND FAX NUMBER**8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER****8F. PHYSICIAN'S ADDRESS**

NOTE - VA may obtain 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/disability/exams 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 30 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.

Claimant Name [REDACTED] Account Number [REDACTED] Date of Exam [REDACTED]

Updated on: March 22, 2017

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