ESOPHAGEAL CONDITIONS (INCLUDING GASTROESOPHAGEAL REFLUX DISEASE (GERD) HIATAL HERNIA AND OTHER ESOPHAGEAL DISORDERS) DISABILITY BENEFITS QUESTIONNAIRE

SECTION I - DIAGNOSIS

NOTE: The diagnosis of gastroesophageal reflux disease (GERD) can be made clinically by evidence of relief of typical symptoms of reflux, epigastric discomfort and/or burning, by treatment with proton pump inhibitors, histamine 2 receptor antagonists and/or antacids. If upper endoscopy was indicated or performed, the findings of erythema, ulcers and/or strictures are consistent with the diagnosis of GERD.

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH AN ESOPHAGEAL CONDITION?

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

1B. DIAGNOSIS *(check all that apply)*:	ICD Code:	Date of Diagnosis:
☒ GERD	K21.9	2007
☐ HIATAL HERNIA		
☐ ESOPHAGUS, STRICTURE OF		
☐ ESOPHAGUS, SPASM OF (cardiospasm)		
☐ ESOPHAGUS, DIVERTICULUM OF, ACQUIRED		
☐ OTHER ESOPHAGEAL CONDITION(S), specify: *(such as eosinophilic esophagitis, Barrett's esophagitis, etc.)* Other diagnosis #1:		
Other diagnosis #2:		

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

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S ESOPHAGEAL CONDITIONS *(brief summary)*:

Onset/Course

/As per veteran onset of symptoms was from 01983 when he was active to 06/1984 duty. He was diagnosed with GERD and started on medications which he uses to control symptoms. veteran was treated in 5/2002 with nausea, heartburn, nausea, stomach pain, diarrhoea,cramping, . GI series indicated gastritis. In 2018 veteran was treated for GERD

Current Symptoms:

Reflux, nausea, heartburn, difficulty swallowing, chocking of saliva, diarrhea, sleep disturbance

2B. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING CONTINUOUS MEDICATION FOR THE DIAGNOSED CONDITION?

☒ YES ☐ NO *(If "YES," list only those medications used for the diagnosed condition)*:

omeprazole 40 mg daily,

SECTION III - SIGNS AND SYMPTOMS

3. DOES THE VETERAN HAVE ANY OF THE FOLLOWING SIGNS OR SYMPTOMS DUE TO ANY ESOPHAGEAL CONDITIONS *(including GERD)*?

☒ YES ☐ NO

(If "YES," check all that apply):

- ☐ SYMPTOMS PRODUCTIVE OF CONSIDERABLE IMPAIRMENT OF HEALTH
- ☐ SYMPTOMS COMBINATION PRODUCTIVE OF SEVERE IMPAIRMENT OF HEALTH
- ☒ PERSISTENTLY RECURRENT EPIGASTRIC DISTRESS
- ☐ INFREQUENT EPISODES OF EPIGASTRIC DISTRESS
- ☒ DYSPHAGIA
- ☒ PYROSIS (Heartburn)
- ☒ REFLUX
- ☒ REGURGITATION

©2017 Logistics Health Incorporated. All Rights Reserved. Proprietary and Confidential.

ESOPHAGEAL CONDITIONS (INCLUDING GASTROESOPHAGEAL REFLUX DISEASE (GERD) HIATAL HERNIA AND OTHER ESOPHAGEAL DISORDERS) 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 before completing form.

NAME OF PATIENT/VETERAN:	SSN:	EXAMINATION DATE:
Thiel Peter	262631024	4/29/2019

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) 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):

n/a

- ☐ No records were reviewed

EVIDENCE COMMENTS:

©2017 Logistics Health Incorporated. All Rights Reserved. Proprietary and Confidential.

☒ PAIN
- ☒ Substernal
- ☐ Arm
- ☐ Shoulder

☒ SLEEP DISTURBANCE CAUSE BY ESOPHAGEAL REFLUX

If checked, indicate frequency of symptom recurrence per year:

☐ 1 ☐ 2 ☐ 3 ☒ 4 or more

If checked, indicate average duration of episodes of symptoms:

☒ Less than 1 day ☐ 1-9 days ☐ 10 days or more

☐ MATERIAL WEIGHT LOSS

If checked, provide baseline weight: and current weight:

(For VA purposes, baseline weight is the average weight for 2-year period preceding onset of disease).

☒ NAUSEA

If checked, indicate severity:

☒ Mild ☐ Transient ☐ Recurrent ☐ Periodic

If checked, indicate frequency of episodes of nausea per year:

☐ 1 ☐ 2 ☐ 3 ☒ 4 or more

If checked, indicate average duration of episodes of nausea:

☒ Less than 1 day ☐ 1-9 days ☐ 10 days or more

☐ VOMITING

If checked, indicate severity:

☐ Mild ☐ Transient ☐ Recurrent ☐ Periodic

If checked, indicate frequency of episodes of vomiting per year:

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

If checked, indicate average duration of episodes of vomiting:

☐ Less than 1 day ☐ 1-9 days ☐ 10 days or more

☐ HEMATEMESIS

If checked, indicate severity:

☐ Mild ☐ Transient ☐ Recurrent ☐ Periodic

If checked, indicate frequency of episodes of hematemesis per year:

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

If checked, indicate average duration of episodes of hematemesis:

☐ Less than 1 day ☐ 1-9 days ☐ 10 days or more

☐ MELENA WITH MODERATE ANEMIA

If checked, provide hemoglobin/hematocrit in diagnostic testing section

If checked, indicate frequency of episodes of melena per year:

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

If checked, indicate average duration of episodes of melena:

☐ Less than 1 day ☐ 1-9 days ☐ 10 days or more

SECTION IV - ESOPHAGEAL STRICTURE, SPASM AND DIVERTICULA

4. DOES THE VETERAN HAVE AN ESOPHAGEAL STRICTURE, SPASM OF ESOPHAGUS (CARDIOSPASM OR ACHALASIA), OR AN ACQUIRED DIVERTICULUM OF THE ESOPHAGUS?

☐ YES ☒ NO

If "YES," indicate severity of condition:

☐ ASYMPTOMATIC
☐ NOT AMENABLE TO DILATION
☐ AMENABLE TO DILATION
☐ MILD If checked, describe:

©2017 Logistics Health Incorporated. All Rights Reserved. Proprietary and Confidential.

☐ MODERATE If checked, describe:

☐ SEVERE If checked, describe:

☐ PERMITTING LIQUIDS ONLY

☐ PERMITTING PASSAGE OF LIQUIDS ONLY, WITH MARKED IMPAIRMENT OF GENERAL HEALTH

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

5A. 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*):

5B. 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.

5C. COMMENTS, IF ANY:

SECTION VI - DIAGNOSTIC TESTING

NOTE: If testing has been performed and reflects Veteran's current condition, no further testing is required for this examination report.

6A. HAVE DIAGNOSTIC IMAGING STUDIES OR OTHER DIAGNOSTIC PROCEDURES BEEN PERFORMED?

☒ YES ☐ NO

If "YES," check all that apply:

☒ UPPER ENDOSCOPY Date: 11/01/2007

Results: Normal esophagus, stomach, duodenum

☐ UPPER GI RADIOGRAPHIC STUDIES Date:

Results:

©2017 Logistics Health Incorporated. All Rights Reserved. Proprietary and Confidential.

☐ ESOPHAGRAM (*barium swallow*) Date:
Results:

☐ MRI Date:
Results:

☐ CT Date:
Results:

☐ BIOPSY, SPECIFY SITE: Date:

Results:

☐ OTHER, SPECIFY: Date:

Results:

6B. HAS LABORATORY TESTING BEEN PERFORMED?

☐ YES ☒ NO

If "YES," check all that apply:

☐ CBC Date of testing:
Hemoglobin: Hematocrit: White blood cell count: Platelets:

☐ HELICOBACTER PYLORI Date of testing: Results:

☐ OTHER, SPECIFY:

Date of test:
Results:

6C. 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*):

©2017 Logistics Health Incorporated. All Rights Reserved. Proprietary and Confidential.

SECTION VII - FUNCTIONAL IMPACT

7. DO ANY OF THE VETERAN'S ESOPHAGEAL CONDITIONS IMPACT HIS OR HER ABILITY TO WORK?

☒ YES ☐ NO

If "YES," describe impact of each of the Veteran's esophageal conditions, providing one or more examples:

Current Occupation: none

0-1 week work time lost in last 12 months

Reflux makes it hard to concentrate

©2017 Logistics Health Incorporated. All Rights Reserved. Proprietary and Confidential.

SECTION VIII - REMARKS

8. REMARKS (*if any*)

Is there a need for the Veteran/Service Member to follow up with his or her primary care provider regarding any findings in this examination (not limited to claimed condition(s))? No

Veteran was instructed to send all personal medical records to the VA Evidence Intake Center if applicable, for proper submission into VBMS.

©2017 Logistics Health Incorporated. All Rights Reserved. Proprietary and Confidential.