OMB Approved No. 2900-0776
Respondent Burden: 30 Minutes
Expiration Date: 11/30/2017

Department of Veterans Affairs

ARTERY AND VEIN CONDITIONS (VASCULAR DISEASES INCLUDING VARICOSE VEINS) 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	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. VA reserves the right to confirm the authenticity of ALL DBQ's completed by private health care providers.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER HAD A VASCULAR DISEASE (ARTERIAL OR VENOUS)?

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

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO VASCULAR CONDITION(S):

DIAGNOSIS # 1 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 3 -	ICD CODE -	DATE OF DIAGNOSIS -

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

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE CAUSE/ONSET OF THE VETERAN'S CURRENT VASCULAR CONDITION(S) *(Provide a brief summary)*

2B. TYPE OF VASCULAR DISEASE CONDITION *(Check all that apply and then complete the corresponding Section(s) III-VIII)*

☐ Section III: Varicose veins and/or post-phlebitic syndrome
☐ Section IV: Peripheral vascular disease, aneurysm of any large artery *(other than aorta)*, arteriosclerosis obliterans or thrombo-angitis obliterans *(Buerger's Disease)*
☐ Section V: Aortic aneurysm
☐ Section VI: Aneurysm of a small artery
☐ Section VII: Raynaud's syndrome
☐ Section VIII: Arteriovenous *(AV)* fistula, angioneurotic edema or erythromelalgia

Regardless of checked condition, complete Section IX

SECTION III - VARICOSE VEINS AND/OR POST- PHLEBITIC SYNDROME

3A. DOES THE VETERAN HAVE VARICOSE VEINS OR POST-PHLEBITIC SYNDROME OF ANY ETIOLOGY?

☐ YES ☐ NO *(If "Yes," complete Items 3B and 3C)*

3B. CHECK ALL SYMPTOMS THAT APPLY AND INDICATE EXTREMITY AFFECTED:

☐ Asymptomatic palpable varicose veins	☐ Right	☐ Left	☐ Both
☐ Asymptomatic visible varicose veins	☐ Right	☐ Left	☐ Both
☐ Aching and fatigue in leg after prolonged standing or walking	☐ Right	☐ Left	☐ Both
☐ Symptoms relieved by elevation of extremity	☐ Right	☐ Left	☐ Both
☐ Symptoms relieved by compression hosiery	☐ Right	☐ Left	☐ Both

3C. CHECK ALL FINDINGS AND/OR SIGNS THAT APPLY AND INDICATE EXTREMITY AFFECTED:

☐ Incipient stasis pigmentation or eczema	☐ Right	☐ Left	☐ Both
☐ Persistent stasis pigmentation or eczema	☐ Right	☐ Left	☐ Both
☐ Intermittent ulceration	☐ Right	☐ Left	☐ Both
☐ Intermittent edema of extremity	☐ Right	☐ Left	☐ Both
☐ Persistent edema that is incompletely relieved by elevation of extremity	☐ Right	☐ Left	☐ Both
☐ Persistent edema	☐ Right	☐ Left	☐ Both
☐ Persistent subcutaneous induration	☐ Right	☐ Left	☐ Both
☐ Massive board-like edema	☐ Right	☐ Left	☐ Both
☐ Constant pain at rest	☐ Right	☐ Left	☐ Both

SECTION IV - PERIPHERAL VASCULAR DISEASE, ANEURYSM OF ANY LARGE ARTERY (OTHER THAN AORTA) ARTERIOSCLEROSIS OBLITERANS OR THROMBO-ANGIITIS OBLITERANS (BUERGER'S DISEASE)

4A. HAS THE VETERAN EVER BEEN DIAGNOSED WITH PERIPHERAL VASCULAR DISEASE, ANEURYSM OF ANY LARGE ARTERY *(OTHER THAN AORTA)* ARTERIOSCLEROSIS OBLITERANS OR THROMBO-ANGIITIS OBLITERANS *(BUERGER'S DISEASE)*? *(Check all that apply):*

- ☐ Peripheral vascular disease
- ☐ Aneurysm of any large artery *(other than aorta)*
- ☐ Arteriosclerosis obliterans
- ☐ Thrombo-angiitis obliterans *(Buerger's Disease)*
- ☐ None of the above

(If any of the above conditions are checked, answer questions 4B - 4D)

4B. HAS THE VETERAN UNDERGONE SURGERY FOR ANY OF THESE LISTED CONDITIONS?

☐ YES ☐ NO *(If "Yes," list type of surgery):* _____ *Date of surgery:* _____ *)*

4C. HAS THE VETERAN UNDERGONE ANY PROCEDURE *(OTHER THAN SURGERY)* FOR REVASCULARIZATION?

☐ YES ☐ NO *(If "Yes," list type of procedure):* _____ *Date of procedure:* _____ *)*

4D. INDICATE SEVERITY OF CURRENT SIGNS AND SYMPTOMS AND INDICATE EXTREMITY AFFECTED: (*Check all that apply)*

☐ Claudication on walking more than 100 yards	☐ Right	☐ Left	☐ Both
☐ Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour	☐ Right	☐ Left	☐ Both
☐ Claudication on walking less than 25 yards on a level grade at 2 miles per hour	☐ Right	☐ Left	☐ Both
☐ Persistent coldness of the extremity	☐ Right	☐ Left	☐ Both
☐ Diminished peripheral pulses	☐ Right	☐ Left	☐ Both
☐ Ischemic limb pain at rest	☐ Right	☐ Left	☐ Both
☐ Trophic changes *(thin skin, absence of hair, dystrophic nails)*	☐ Right	☐ Left	☐ Both
☐ 1 or more deep ischemic ulcers	☐ Right	☐ Left	☐ Both

SECTION V - AORTIC ANEURYSM

5A. HAS THE VETERAN EVER BEEN DIAGNOSED WITH AN AORTIC ANEURYSM?

☐ YES ☐ NO *(If "Yes," complete Item 5B)*

5B. HAS THE VETERAN HAD A SURGICAL PROCEDURE FOR AN AORTIC ANEURYSM?

☐ YES ☐ NO *(If "Yes," indicate type of surgery):* _____ *Date of surgery:* _____ *)*

5C. DOES THE VETERAN CURRENTLY HAVE AN AORTIC ANEURYSM?

☐ YES ☐ NO *(If "Yes," indicate severity):*

☐ 5 centimeters or larger in diameter	☐ YES	☐ NO
☐ Symptomatic	☐ YES	☐ NO
☐ Precludes exertion	☐ YES	☐ NO

5D. DOES THE VETERAN HAVE ANY POST-SURGICAL RESIDUALS DUE TO TREATMENT FOR AORTIC ANEURYSM?

☐ YES ☐ NO *(If "Yes," describe):* _____

(If there are symptoms or post-surgical residuals, ALSO complete appropriate Questionnaire according to body system affected)

SECTION VI - ANEURYSM OF A SMALL ARTERY

6A. HAS THE VETERAN BEEN DIAGNOSED WITH AN ANEURYSM OF A SMALL ARTERY?

☐ YES ☐ NO *(If "Yes," complete Item 6B)*

6B. HAS THE VETERAN HAD A SURGICAL PROCEDURE FOR AN ANEURYSM OF A SMALL ARTERY?

☐ YES ☐ NO *(If "Yes," list type of surgery):* _____ *Date of surgery:* _____

6C. DOES THE VETERAN CURRENTLY HAVE AN ANEURYSM OF A SMALL ARTERY?

☐ YES ☐ NO *(If "Yes," is the condition symptomatic?)*

☐ YES ☐ NO *(If "Yes," describe):* _____

(Also complete appropriate Questionnaire according to body system affected)

6D. DOES THE VETERAN HAVE ANY POST-SURGICAL RESIDUALS DUE TO TREATMENT FOR AN ANEURYSM OF A SMALL ARTERY?

☐ YES ☐ NO *(If "Yes," describe):* _____

(If there are symptoms or post-surgical residuals, ALSO complete appropriate Questionnaire according to body system affected)

SECTION VII - RAYNAUD'S SYNDROME

7A. DOES THE VETERAN HAVE RAYNAUD'S SYNDROME?

☐ YES ☐ NO *(If "Yes," complete Item 7B)*

SECTION VII - RAYNAUD'S SYNDROME *(Continued)*

NOTE: Characteristic attacks consist of sequential color changes of the digits of one or more extremities lasting minutes to hours, sometimes with pain and paresthesias, and precipitated by exposure to cold or by emotional upsets.

7B. DOES THE VETERAN HAVE CHARACTERISTIC ATTACKS?

☐ YES ☐ NO *(If "Yes," indicate frequency of characteristic attacks):*

- ☐ Less than once a week
- ☐ 1 to 3 times a week
- ☐ 4 to 6 times a week
- ☐ At least daily

7C. DOES THE VETERAN HAVE TWO OR MORE DIGITAL ULCERS?

☐ YES ☐ NO

7D. DOES THE VETERAN HAVE AUTOAMPUTATION OF ONE OR MORE DIGITS?

☐ YES ☐ NO

SECTION VIII - ARTERIOVENOUS (AV) FISTULA, ANGIONEUROTIC EDEMA OR ERYTHROMELALGIA

8A. DOES THE VETERAN HAVE ARTERIOVENOUS (AV) FISTULA, ANGIONEUROTIC EDEMA OR ERYTHROMELALGIA?

☐ YES ☐ NO *(If "Yes," complete Items 8B through 8D)*

8B. DOES THE VETERAN HAVE A TRAUMATIC ARTERIOVENOUS (AV) FISTULA?

☐ YES ☐ NO *(If "Yes," indicate site of traumatic fistula):*

- ☐ Right upper extremity
- ☐ Right lower extremity
- ☐ Left upper extremity
- ☐ Left lower extremity
- ☐ Other location, *(Specify):* _____

8C. INDICATE FINDINGS:

- ☐ Edema
- ☐ Stasis dermatitis
- ☐ Ulceration
- ☐ Cellulitis
- ☐ Enlarged heart
- ☐ Wide pulse pressure
- ☐ Tachycardia
- ☐ High output heart failure

8D. IS THERE MORE THAN ONE TRAUMATIC AV FISTULA?

☐ YES ☐ NO *(If "Yes," provide location and findings for each):*

8E. DOES THE VETERAN HAVE ANGIONEUROTIC EDEMA?

☐ YES ☐ NO *(If "Yes," indicate severity and frequency of characteristic attacks):*

- ☐ Without laryngeal involvement
- ☐ With laryngeal involvement
- ☐ Lasts 1 to 7 days
- ☐ Lasts longer than 7 days
- ☐ Occurs once a year or less
- ☐ Occurs 1 to 2 times a year
- ☐ Occurs 2 to 4 times a year
- ☐ Occurs 5 to 8 times a year
- ☐ Occurs more than 8 times a year

SECTION VIII - ARTERIOVENOUS (AV) FISTULA, ANGIONEUROTIC EDEMA OR ERYTHROMELALGIA *(Continued)*

NOTE: Characteristic attack of erythromelalgia consists of burning pain in the hands, feet or both, usually bilateral and symmetrical, with increased skin temperature and redness, occurring at warm ambient temperatures.

8F. DOES THE VETERAN HAVE ERYTHROMELALGIA?

☐ YES ☐ NO *(If "Yes," indicate severity and frequency of characteristic attacks):*

- ☐ Does not restrict most routine daily activities
- ☐ Restricts most routine daily activities
- ☐ Occurs less than 3 times a week
- ☐ Occurs at least 3 times a week
- ☐ Occurs daily
- ☐ Occurs more than once a day
- ☐ Lasts an average of more than 2 hours each
- ☐ Responds to treatment
- ☐ Responds poorly to treatment

SECTION IX - MISCELLANEOUS ISSUES

9A. HAS THE VETERAN HAD AN AMPUTATION OF AN EXTREMITY DUE TO A VASCULAR CONDITION?

☐ YES ☐ NO *(If "Yes," ALSO complete VA Form 21-0960M-1, Amputations Disability Benefits Questionnaire)*

9B. DOES THE VETERAN USE ANY ASSISTIVE DEVICE(S) AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

☐ YES ☐ NO *(If "Yes," identify assistive device(s) used.) (Check all that apply and indicate frequency):*

☐ Wheelchair	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Brace(s)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Crutch(es)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Cane(s)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Walker	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Other	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant

9C. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

9D. DUE TO A VASCULAR CONDITION, IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTION REMAINS OTHER THAN THAT WHICH WOULD BE EQUALLY WELL SERVED BY AN AMPUTATION WITH PROSTHESIS? *(Functions of the upper extremity include grasping, manipulation, etc., while functions for the lower extremity include balance and propulsion, etc.)*

☐ YES, functioning is so diminished that amputation with prosthesis would equally serve the veteran.

☐ NO

(If "Yes," indicate extremity(ies.) (Check all extremities for which this applies):

- ☐ Right upper
- ☐ Right lower
- ☐ Left upper
- ☐ Left lower

9E. DESCRIBE LOSS OF EFFECTIVE FUNCTION FOR EACH EXTREMITY CHECKED, IDENTIFY THE CONDITION CAUSING LOSS OF FUNCTION AND PROVIDE SPECIFIC EXAMPLES *(Brief summary):*

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

10A. DOES THE VETERAN HAVE ANY SCARS *(SURGICAL OR OTHERWISE)* RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

☐ YES ☐ NO

(If "Yes," are any of the scars painful and/or unstable, or is the total area of all related scars greater than or equal to 39 square cm (6 square inches)?)

☐ YES ☐ NO

(If "Yes," ALSO complete VA Form 21-0960F-1, Scars/Disfigurement Disability Benefits Questionnaire)

SECTION X - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS *(Continued)*

10B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO THE CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

☐ YES ☐ NO *(If "Yes," provide brief summary):*

SECTION XI - DIAGNOSTIC TESTING

NOTE: An ankle/brachial index is required for peripheral vascular disease or aneurysm of any large artery (other than aorta), arteriosclerosis obliterans or thrombo-angiitis obliterans (Buerger's disease) if not of record, or if there has been an intervening change in the veteran's peripheral vascular condition.

11A. HAS ANKLE/BRACHIAL INDEX TESTING BEEN PERFORMED?

☐ YES ☐ NO ☐ UNABLE TO PERFORM *(Provide reason):* _____

(If "Yes," provide most recent results):

☐ Right ankle/brachial index: _____ Date: _____

☐ Left ankle/brachial index: _____ Date: _____

11B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

☐ YES ☐ NO

(If "Yes," provide type of test or procedure): _____ Date of test or procedure: _____

Results *(Brief summary):* _____

SECTION XII - FUNCTIONAL IMPACT AND REMARKS

12. DOES THE VETERAN'S VASCULAR CONDITION(S) IMPACT HIS OR HER ABILITY TO WORK?

☐ YES ☐ NO

(If "Yes," describe impact of each of the veteran's vascular condition, providing one or more examples):

SECTION XIII - REMARKS

13. REMARKS *(If any)*

SECTION XIV - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

14A. PHYSICIAN'S SIGNATURE	14B. PHYSICIAN'S PRINTED NAME	14C. DATE SIGNED

14D. PHYSICIAN'S PHONE AND FAX NUMBER	14E. PHYSICIAN'S MEDICAL LICENSE NUMBER	14F. PHYSICIAN'S ADDRESS

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 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.