Department of Veterans Affairs

INTERNAL VETERANS AFFAIRS USE

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 ON REVERSE BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

NOTE TO PHYSICIAN - The veteran or service member 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 claim. VA reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.

IS THIS QUESTIONNAIRE BEING COMPLETED IN CONJUNCTION WITH A VA 21-2507, C&P EXAMINATION REQUEST?

☐ YES ☐ NO

How was the examination completed? (check all that apply)

- ☐ In-person examination
- ☐ Records reviewed
- ☐ Examination via approved video telehealth
- ☐ Other, please specify in comments box:

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 questionnaire and such an examination will likely provide no additional relevant evidence.

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

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:

SECTION I - DIAGNOSIS

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)*

IF YES, PROVIDE ONLY DIAGNOSES THAT PERTAIN TO VASCULAR DISEASE (ARTERIAL OR VENOUS)?:

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

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)*

☐ 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

☐ Section IX: Soft tissue Sarcoma of vascular origin

If checked, complete appropriate Section III - IX

Regardless of checked condition, complete Section X

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

3A. DOES THE VETERAN HAVE VARICOSE VEINS?

☐ YES ☐ NO *(If "Yes," indicate side:* ☐ Right ☐ Left ☐ Both

3B. DOES THE VETERAN HAVE POST-PHLEBITIC SYNDROME OF ANY ETIOLOGY?

☐ YES ☐ NO *(If "Yes," indicate side:* ☐ Right ☐ Left ☐ Both

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

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

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

☐ Beginning stasis pigmentation	☐ Right	☐ Left	☐ Both
☐ Beggining eczema	☐ Right	☐ Left	☐ Both
☐ Persistent stasis pigmentation	☐ Right	☐ Left	☐ Both
☐ Persistent eczema	☐ Right	☐ Left	☐ Both
☐ Intermittent ulceration	☐ Right	☐ Left	☐ Both
☐ Persistent 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 *(Check all that apply):*

- ☐ Peripheral vascular disease
- ☐ Aneurysm of any large artery *(other than aorta)*
  (Is it symptomatic):
  ☐ YES ☐ NO
  (If "Yes," describe symptoms):
  _____
- ☐ 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," HAS THE VETERAN HAD A SURGICAL PROCEDURE FOR AN AORTIC ANEURYSM?

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

5B. 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

5C. 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

IS IT SYMPTOMATIC? If yes, describe symptoms: _____

☐ YES ☐ NO

IF YES, HAS THE VETERAN HAD A SURGICAL PROCEDURE FOR AN ANEURYSM OF A SMALL ARTERY?

☐ YES ☐ NO If yes, indicate type of surgery: _____ Date of surgery: _____

6B. 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)

6C. 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 this section)*

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

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.

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 8G)*

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

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

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

☐ Right lower extremity ☐ Left lower extremity

8C. INDICATE FINDINGS:

☐ Edema

Right upper extremity	☐ YES	☐ NO	Left upper extremity	☐ YES	☐ NO
Right lower extremity	☐ YES	☐ NO	Left lower extremity	☐ YES	☐ NO

☐ Stasis dermatitis

Right upper extremity	☐ YES	☐ NO	Left upper extremity	☐ YES	☐ NO
Right lower extremity	☐ YES	☐ NO	Left lower extremity	☐ YES	☐ NO

☐ Ulceration

Right upper extremity	☐ YES	☐ NO	Left upper extremity	☐ YES	☐ NO
Right lower extremity	☐ YES	☐ NO	Left lower extremity	☐ YES	☐ NO

☐ Cellulitis

Right upper extremity	☐ YES	☐ NO	Left upper extremity	☐ YES	☐ NO
Right lower extremity	☐ YES	☐ NO	Left lower extremity	☐ YES	☐ NO

8D. CARDIAC

(If related to Arteriovenous fistula, please complete VA Form 21-0960A, Heart Conditions Disability Questionnaire):

☐ Enlarged heart
☐ Wide pulse pressure
☐ Tachycardia
☐ High output heart failure

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

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

8F. DOES THE VETERAN HAVE ANGIONEUROTIC EDEMA?

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

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

8G. 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 - SOFT TISSUE SARCOMA OF VASCULAR ORIGIN

9A. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION?

☐ YES ☐ NO

9B. IS THE NEOPLASM:

☐ BENIGN ☐ MALIGNANT

(If malignant, indicate status of disease)

☐ Active

- ☐ Surgery, describe _____
- ☐ Antineoplastic chemotherapy
- ☐ Radiation
- ☐ Other, describe _____

Anticipated date of final treatment (surgical, antineoplastic, chemotherapy, or other _____

☐ Remission

- ☐ Surgery, describe _____
- ☐ Antineoplastic chemotherapy
- ☐ Radiation
- ☐ Other, describe _____

Anticipated date of final treatment (surgical, antineoplastic, chemotherapy, or other _____

9C. DOES THE VETERAN CURRENTLY HAVE ANY RESIDUAL CONDITIONS OR COMPLICATIONS DUE TO THE NEOPLASM *(including metastases)* OR ITS TREATMENT, OTHER THAN THOSE ALREADY DOCUMENTEDIN THE REPORT ABOVE?

☐ YES ☐ NO *(If "Yes," list residual conditions and complications (brief summary):*

9D. IF THERE ARE ADDITIONAL BENIGN OR MALIGNANT NEOPLASMS OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION, DESCRIBE USING THE ABOVE FORMAT:

SECTION X - MISCELLANEOUS ISSUES

10A. 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)*

10B. 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	

SECTION X - MISCELLANEOUS ISSUES *(continued)*

10C. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

10D. 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

10E. FOR EACH CHECKED EXTREMITY, DESCRIBE LOSS OF EFFECTIVE FUNCTION, IDENTIFY THE CONDITION CAUSING LOSS OF FUNCTION AND PROVIDE SPECIFIC EXAMPLES *(Brief summary):*

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

11A. 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*):

11B. 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.

11C. COMMENTS, IF ANY:

SECTION XII - 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.

12A. 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: _____

12B. 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 XIII - FUNCTIONAL IMPACT AND REMARKS

13. 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 XIV - REMARKS

14. REMARKS *(If any)*

SECTION XV - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

15A. PHYSICIAN'S SIGNATURE	15B. PHYSICIAN'S PRINTED NAME	15C. DATE SIGNED

15D. PHYSICIAN'S PHONE AND FAX NUMBER	15E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	15F. 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.

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.