



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

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
- 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

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

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

FIBROMYALGIA ICD CODE: _____ DATE OF DIAGNOSIS: _____
 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:

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):*

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) _____

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 (Continued)

3C. DOES THE VETERAN HAS 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 diagnostic 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)*

SECTION VII - REMARKS

7. REMARKS *(If any)*

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		8B. PHYSICIAN'S PRINTED NAME	8C. DATE SIGNED
8D. PHYSICIAN'S PHONE 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.

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 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 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.