

**INTERNAL VETERANS AFFAIRS USE
HEART CONDITIONS (INCLUDING ISCHEMIC AND NON-ISCHEMIC HEART DISEASE,
ARRHYTHMIAS, VALVULAR DISEASE AND CARDIAC SURGERY)
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 VA21-2507, 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

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

YES NO

IF YES, SELECT THE VETERAN'S HEART CONDITION(S) (Check all that apply):

- | | | |
|---|-----------------|--------------------------|
| <input type="checkbox"/> Acute, subacute, or old myocardial infarction | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Atherosclerotic cardiovascular disease | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Coronary artery disease | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Stable angina | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Unstable angina | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Coronary spasm, including Prinzmetal's angina | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Congestive heart failure | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Supraventricular arrhythmia | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Ventricular arrhythmia | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Heart block | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Valvular heart disease | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Heart valve replacement | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Cardiomyopathy | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Hypertensive heart disease | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Heart transplant | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Implanted cardiac pacemaker | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Implanted automatic implantable cardioverter defibrillator (AICD) | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Active valvular infection | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Rheumatic Heart disease | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Endocarditis | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Pericarditis | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Syphilitic heart disease | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Other Infectious heart conditions | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Pericardial adhesions | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Hyperthyroid heart disease. (If checked, also complete the Thyroid/Parathyroid DBQ.) | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Coronary artery bypass graft | ICD Code: _____ | Date of diagnosis: _____ |
| <input type="checkbox"/> Other heart condition, specify below | | |
| Diagnosis #1: _____ | ICD Code: _____ | Date of diagnosis: _____ |
| Diagnosis #2: _____ | ICD Code: _____ | Date of diagnosis: _____ |

IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO HEART CONDITIONS, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

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

2B. DO ANY OF THE VETERAN'S HEART CONDITIONS QUALIFY WITHIN THE GENERALLY ACCEPTED MEDICAL DEFINITION OF ISCHEMIC HEART DISEASE (IHD)?

YES NO (If "Yes," list the conditions that qualify):

2C. PROVIDE THE ETIOLOGY, IF KNOWN, OF EACH OF THE VETERAN'S HEART CONDITIONS, INCLUDING THE RELATIONSHIP/CAUSALITY TO OTHER HEART CONDITIONS, PARTICULARLY THE RELATIONSHIP/CAUSALITY TO THE VETERAN'S IHD CONDITIONS, IF ANY:

Heart condition #1 (provide etiology): _____

Heart condition #2 (provide etiology): _____

If there are additional heart conditions, list and provide etiology, using above format:

SECTION II - MEDICAL HISTORY (Continued)

2D. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF THE VETERAN'S HEART CONDITION?

YES NO

If, "Yes," list medications required for the veteran's heart condition (include name of medication and heart condition it is used for, such as atenolol for myocardial infarction or atrial fibrillation):

SECTION III - MYOCARDIAL INFARCTION (MI)

3. HAS THE VETERAN HAD A MYOCARDIAL INFARCTION (MI)?

YES NO (If, "Yes," complete the following):

MI #1: Date and treatment facility: _____

MI #2: Date and treatment facility: _____

IF THE VETERAN HAS HAD ADDITIONAL MIs, LIST USING ABOVE FORMAT:

SECTION IV - CONGESTIVE HEART FAILURE (CHF)

4. HAS THE VETERAN HAD CONGESTIVE HEART FAILURE (CHF)?

YES NO If "Yes," complete the following:

4A. DOES THE VETERAN HAVE CHRONIC CHF?

YES NO

4B. HAS THE VETERAN HAD ANY EPISODES OF ACUTE CHF IN THE PAST YEAR?

YES NO

IF YES, COMPLETE THE FOLLOWING:

SPECIFY NUMBER OF EPISODES OF ACUTE CHF THE VETERAN HAS HAD IN THE PAST YEAR.

0 1 More than 1

Provide date of most recent episode of acute CHF: _____

WAS THE VETERAN ADMITTED FOR TREATMENT OF ACUTE CHF?

YES NO

If yes, indicate name of treatment facility: _____

SECTION V - ARRHYTHMIA

5. HAS THE VETERAN HAD A CARDIAC ARRHYTHMIA?

YES NO

IF YES, COMPLETE THE FOLLOWING:

TYPE OF ARRHYTHMIA (Check all that apply):

Atrial fibrillation

(If checked, indicate frequency): Constant Intermittent (paroxysmal)

(If "Intermittent," indicate number of episodes in the past 12 months): 0 1 - 4 More than 4

(Indicate how these episodes were documented.) (Check all that apply):

EKG Holter Other, specify: _____

Atrial flutter

(If checked, indicate frequency): Constant Intermittent (paroxysmal)

(If "Intermittent," indicate number of episodes in the past 12 months): 0 1 - 4 More than 4

(Indicate how these episodes were documented.) (Check all that apply):

EKG Holter Other, specify: _____

Supraventricular tachycardia

(If checked, indicate frequency): Constant Intermittent (paroxysmal)

(If "Intermittent," indicate number of episodes in the past 12 months): 0 1 - 4 More than 4

(Indicate how these episodes were documented.) (Check all that apply):

EKG Holter Other, specify: _____

Atrioventricular block

I degree II degree III degree

Ventricular arrhythmia (sustained) (Indicate date of hospital admission for initial evaluation and medical treatment in Section IX, Procedures)

SECTION V - ARRHYTHMIA (Continued)

Other cardiac arrhythmia, specify: _____
(If checked, indicate frequency): Constant Intermittent (paroxysmal)
(If "Intermittent," indicate number of episodes in the past 12 months): 0 1 - 4 More than 4
(Indicate how these episodes were documented.) (Check all that apply):
 EKG Holter Other, specify: _____

SECTION VI - HEART VALVE CONDITIONS

6. HAS THE VETERAN HAD A HEART VALVE CONDITION?

YES NO

IF YES, COMPLETE THE FOLLOWING:

6A. HEART VALVES AFFECTED (Check all that apply):

Mitral Tricuspid Aortic Pulmonary

6B. DESCRIBE TYPE OF VALVE CONDITION FOR EACH CHECKED VALVE:

SECTION VII - INFECTIOUS HEART CONDITIONS

7. HAS THE VETERAN HAD ANY INFECTIOUS CARDIAC CONDITIONS, INCLUDING ACTIVE VALVULAR INFECTION (INCLUDING RHEUMATIC HEART DISEASE), ENDOCARDITIS, PERICARDITIS OR SYPHILITIC HEART DISEASE?

YES NO

IF YES, COMPLETE THE FOLLOWING:

7A. HAS THE VETERAN UNDERGONE OR IS THE VETERAN CURRENTLY UNDERGOING TREATMENT FOR ANY ACTIVE INFECTION?

YES NO

(If, "Yes," describe treatment and site of infection being treated):

HAS TREATMENT FOR AN ACTIVE INFECTION BEEN COMPLETED?

YES NO

Date completed: _____

7B. HAS THE VETERAN HAD A SYPHILITIC AORTIC ANEURYSM?

YES NO (If "Yes," ALSO complete VA Form 21-0960A-2, Artery and Vein Conditions Disability Benefits Questionnaire)

SECTION VIII - PERICARDIAL ADHESIONS

8. HAS THE VETERAN HAD PERICARDIAL ADHESIONS?

YES NO

IF YES, COMPLETE THE FOLLOWING:

ETIOLOGY OF PERICARDIAL ADHESIONS:

Pericarditis Cardiac surgery/bypass

Other, describe: _____

SECTION IX - PROCEDURES

9. HAS THE VETERAN HAD ANY NON-SURGICAL OR SURGICAL PROCEDURES FOR THE TREATMENT OF A HEART CONDITION?

YES NO

IF YES, INDICATE THE NON-SURGICAL OR SURGICAL PROCEDURES THE VETERAN HAS HAD FOR THE TREATMENT OF HEART CONDITIONS (check all that apply):

Percutaneous coronary intervention (PCI) (angioplasty)

Indicate date of treatment or date of admission if admitted for treatment and treatment facility: _____

Indicate the condition that resulted in the need for this procedure/treatment: _____

Coronary artery bypass surgery

Indicate date of admission for treatment and name of treatment facility: _____

Indicate the condition that resulted in the need for this procedure/treatment: _____

Heart transplants

Indicate date of admission for treatment and name of treatment facility: _____

Indicate the condition that resulted in the need for this procedure/treatment: _____

Implanted cardiac pacemaker

Indicate date of admission for treatment and name of treatment facility: _____

Indicate the condition that resulted in the need for this procedure/treatment: _____

SECTION IX - PROCEDURES (Continued)

- Implanted automatic implantable cardioverter defibrillator (AICD)
Indicate date of admission for treatment and name of treatment facility: _____
Indicate the condition that resulted in the need for this procedure/treatment: _____
- Valve replacement
If checked indicate valve(s) that have been replaced (*check all that apply*):
 Mitral Tricuspid Aortic Pulmonary
Indicate date of admission for treatment and name of treatment facility: _____
Indicate the condition that resulted in the need for this procedure/treatment: _____
- Ventricular aneurysmectomy
Indicate date of admission for treatment and name of treatment facility: _____
Indicate the condition that resulted in the need for this procedure/treatment: _____
- Other surgical and/or non-surgical procedures for the treatment of a heart condition, describe: _____
Indicate date of admission for treatment and name of treatment facility: _____
Indicate the condition that resulted in the need for this procedure/treatment: _____

SECTION X - HOSPITALIZATIONS

10. HAS THE VETERAN HAD ANY OTHER HOSPITALIZATIONS FOR THE TREATMENT OF HEART CONDITIONS (OTHER THAN FOR NON-SURGICAL AND SURGICAL PROCEDURES DESCRIBED ABOVE)?

- YES NO
- IF YES, COMPLETE THE FOLLOWING:
- 10A. Date of admission for treatment and name of treatment facility: _____
- 10B. Condition that resulted in the need for hospitalization: _____

SECTION XI - PHYSICAL EXAM

Heart rate: _____

Rhythm: Regular Irregular

Point of maximal impact: Not palpable 4th intercostal space 5th intercostal space Other, specify: _____

Heart sounds: Normal Abnormal, specify: _____

Jugular-venous distension: Yes No

Auscultation of the lungs: Clear Bibasilar rales Other, describe: _____

Peripheral pulses:

 Dorsalis pedis: Normal Diminished Absent

 Posterior tibial: Normal Diminished Absent

Peripheral edema:

 Right lower extremity: None Trace 1+ 2+ 3+ 4+

 Left lower extremity: None Trace 1+ 2+ 3+ 4+

Blood pressure: _____

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

12A. 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*):

12B. 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.

12C. COMMENTS, IF ANY:

SECTION XIII - DIAGNOSTIC TESTING

NOTE: For VA purposes, exams for all heart conditions require a determination of whether or not cardiac hypertrophy or dilatation is present. The suggested order of testing for cardiac hypertrophy/dilatation is EKG, then chest x-ray (PA and lateral), then echocardiogram. An echocardiogram to determine heart size is only necessary if the other two tests are negative. Also for VA purposes, if LVEF testing is not of record, but available medical information sufficiently reflects the severity of the veteran's cardiovascular condition, LVEF testing is not required.

13A. IS THERE EVIDENCE OF CARDIAC HYPERTROPHY?

YES NO

(If "Yes," indicate how this condition was documented):

EKG Chest x-ray Echocardiogram Date of test: _____

13B. IS THERE EVIDENCE OF CARDIAC DILATATION?

YES NO

(If "Yes," indicate how this condition was documented):

Chest x-ray Echocardiogram Date of test: _____

13C. SELECT ALL TESTING COMPLETED AND PROVIDE MOST RECENT RESULTS WHICH REFLECT THE VETERAN'S CURRENT FUNCTIONAL STATUS

(Check all that apply):

EKG

Date of EKG: _____

Result of EKG:

Normal

Arrhythmia, describe: _____

Hypertrophy, describe: _____

Ischemic, describe: _____

Other, describe: _____

Chest x-ray

Date of CXR: _____

Result of CXR:

Normal

Abnormal, describe: _____

Echocardiogram

Date of echocardiogram: _____

Left ventricular ejection fraction (LVEF): _____ %

Wall motion: Normal Abnormal, describe: _____

Wall thickness: Normal Abnormal, describe: _____

Holter monitor

Date of holter monitor test: _____

Result:

Normal

Abnormal, describe: _____

MUGA

Date of MUGA: _____

Left ventricular ejection fraction (LVEF): _____ %

Result:

Normal

Abnormal, describe: _____

Coronary artery angiogram

Date of angiogram: _____

Result:

Normal

Abnormal, describe: _____

CT angiography

Date of CT angiography: _____

Result:

Normal

Abnormal, describe: _____

Other test, specify: _____

Date of test: _____

Result: _____

SECTION XIV - METs TESTING

NOTE: For VA purposes, all heart exams require METs testing (either exercise-based or interview-based) to determine the activity level at which symptoms such as dyspnea, fatigue, angina, dizziness, or syncope develop (except exams for supraventricular arrhythmias.)

If a laboratory determination of METs by exercise testing cannot be done for medical reasons (e.g. chronic CHF or multiple episodes of acute CHF within the past 12 months), or if exercise-based METs test was not completed because it is not required as part of the veteran's treatment plan, or if exercise stress test results do not reflect veteran's current cardiac function, perform an interview-based METs test based on the veteran's responses to a cardiac activity questionnaire and provide the results below.

14A. INDICATE ALL TESTING COMPLETED PROVIDING ONLY MOST RECENT RESULTS WHICH REFLECT THE VETERAN'S CURRENT FUNCTIONAL STATUS.
(Check all that apply):

Exercise stress test Date of most recent exercise stress test: _____
Results: _____
METs level the veteran performed, if provided: _____

Did the test show ischemia?
 YES NO

If no, was the test terminated due to symptoms related to the cardiac condition?
 Yes, the test terminated due to symptoms related to the cardiac condition.
 No, the test was terminated due to symptoms not related to the cardiac condition.
(Examiner needs to complete sections 14c thru 14f.)

If the test terminated due to symptoms not related to the cardiac condition, please provide the reason for termination.

14B. If an exercise stress test was not performed, provide reason.

Veteran has a medical contraindication, describe:

Left ventricular ejection fraction is 50% or less
 Veteran has chronic CHF
 Veteran has had multiple episodes of acute CHF within the past 12 months
 Veteran's previous exercise stress test reflects current cardiac function
 Exercise stress testing is not required as part of the Veteran's current treatment plan and this test is not without significant risk
 Other, describe:

14C. Interview-based METs test
Date of interview-based METs test: _____
Symptoms during activity:
The METs level checked below reflects the lowest activity level at which the veteran reports any of the following symptoms (check all symptoms that the veteran reports at the indicated METs level of activity):
 Dyspnea Fatigue Angina Dizziness Syncope
 Other, describe: _____

Results of interview-based METs test
METs level on most recent interview-based METs test:

(1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks
 (>3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)
 (>5-7 METs) This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)
 (>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)
 The veteran denies experiencing symptoms attributable to a cardiac condition with any level of physical activity

14D. HAS THE VETERAN HAD BOTH AN EXERCISE STRESS TEST AND INTERVIEW-BASED METs TEST?
 YES NO
If yes, INDICATE WHICH RESULTS MOST ACCURATELY REFLECT THE VETERAN'S CURRENT CARDIAC FUNCTIONAL LEVEL:
 Exercise stress test Interview-based METs test N/A

SECTION XIV - METs TESTING (Continued)

14E. IS THE METs LEVEL PROVIDED ABOVE DUE SOLELY TO THE HEART CONDITION(S) THAT THE VETERAN IS CLAIMING IN THE DIAGNOSIS SECTION?

 YES NO

If "No," complete Section 14F.

(If "Yes," skip Section 14F.)

14F. WHAT IS THE ESTIMATED METs LEVEL DUE SOLELY TO THE CARDIAC CONDITION(S) LISTED ABOVE? (IF THIS IS DIFFERENT THAN METs REPORTED ABOVE BECAUSE OF CO-MORBID CONDITIONS, PROVIDE METs LEVEL AND RATIONAL BELOW)

METs level

METs level on most recent interview-based METs test:

- (1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks
- (>3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)
- (>5-7 METs) This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)
- (>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)

RATIONALE:

14G. COMMENTS, IF ANY:

SECTION XV - FUNCTIONAL IMPACT

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

 YES NO (If "Yes," describe impact of each of the veteran's heart conditions, providing one or more examples)**SECTION XVI - REMARKS**

16. REMARKS (If any)

SECTION XVII - PHYSICIAN'S CERTIFICATION AND SIGNATURE**CERTIFICATION** - To the best of my knowledge, the information contained herein is accurate, complete and current.

17A. PHYSICIAN'S SIGNATURE

17B. PHYSICIAN'S PRINTED NAME

17C. DATE SIGNED

17D. PHYSICIAN'S PHONE AND FAX NUMBER

17E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

17F. PHYSICIAN'S ADDRESS

NOTE: VA may obtain additional medical information, including an examination, 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.