Department of Veterans Affairs

INTERNAL VETERANS AFFAIRS USE
GENERAL MEDICAL - SEPARATION HEALTH ASSESSMENT DISABILITY BENEFITS QUESTIONNAIRE

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

NOTE TO EXAMINER - The Veteran/Claimant 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 will consider the information you provide on this questionnaire as part of their evaluation in processing VA claims. Information entered here will also be shared with the Servicemember's Service Department.

Note: The questionnaire is a screening examination for all body systems and is not meant to elicit the detailed information about specific conditions that is necessary for rating purposes. Therefore, complete all appropriate Disability Benefits Questionnaires for any conditions found or suspected in order to assure that the information provided is adequate for rating purposes.

WAS A DD FORM 2807-1, REPORT OF MEDICAL HISTORY, COMPLETED BY THE SERVICEMEMBER AND AVAILABLE FOR REVIEW AT THE TIME OF THIS EXAMINATION?

☐ YES ☐ NO ☐ N/A

IF YES, PROVIDE DATE COMPLETED

ANY CHANGES TO HIS/HER HEALTH STATUS SINCE DD 2807-1 COMPLETED?

☐ YES ☐ NO ☐ N/A

(PROPOSED) DATE OF SEPARATION FROM ACTIVE SERVICE ☐ SEPARATION DATE UNKNOWN

SECTION I - EVIDENCE REVIEW

EVIDENCE REVIEWED *(check all that apply):*

☐ Not requested ☐ No records were reviewed

☐ VA claims file (hard copy paper C-file)

☐ VA e-folder

☐ CPRS

☐ Other (please identify other evidence reviewed):

EVIDENCE COMMENTS:

SECTION II - MEDICAL HISTORY (REVIEW OF SYSTEMS)

History of Having Symptoms Currently or in the Past: For each condition, briefly describe the history, including date of onset and course. Please complete appropriate DBQ/ Exam template as indicated for appropriate VA rating evaluation for each condition described.

2A. HEAD, FACE, NECK AND SCALP	☐ YES	☐ NO	IF YES:
2B. NOSE:	☐ YES	☐ NO	IF YES:
2C. SINUSES:	☐ YES	☐ NO	IF YES:
2D. MOUTH AND THROAT:	☐ YES	☐ NO	IF YES:
2E. EARS:	☐ YES	☐ NO	IF YES:
2F. EYES	☐ YES	☐ NO	IF YES:
2G. HEART:	☐ YES	☐ NO	IF YES:
2H. LUNGS AND CHEST	☐ YES	☐ NO	IF YES:
2I. BREASTS:	☐ YES	☐ NO	IF YES:
2J. VASCULAR (VARICOSITIES, HYPERTENSION, ETC):	☐ YES	☐ NO	IF YES:
2K. ANUS AND RECTUM (HEMORRHOIDS, FISTULAE, PROSTATE):	☐ YES	☐ NO	IF YES:
2L. ABDOMEN AND VISCERA (INCLUDE HERNIA):	☐ YES	☐ NO	IF YES:
2M. GENITOURINARY:	☐ YES	☐ NO	IF YES:
2N. UPPER EXTREMITIES:	☐ YES	☐ NO	IF YES:
2O. LOWER EXTREMITIES:	☐ YES	☐ NO	IF YES:
2P. FEET:	☐ YES	☐ NO	IF YES:
2Q. SPINE:	☐ YES	☐ NO	IF YES:

SECTION II - MEDICAL HISTORY (REVIEW OF SYSTEMS) *(Continued)*

History of Having Symptoms Currently or in the Past: For each condition, briefly describe the history, including date of onset and course. Please complete appropriate DBQ/ Exam template as indicated for appropriate VA rating evaluation for each condition described.

2R. MISCELLANEOUS MUSCULOSKELETAL CONDITIONS: ☐ YES ☐ NO

- ☐ AMPUTATIONS
- ☐ ARTHRITIS
- ☐ OSTEOPOROSIS/OSTEOPENIA
- ☐ FIBROMYALGIA
- ☐ MUSCLE INJURIES
- ☐ FRACTURES
- ☐ OTHER

2S. IDENTIFYING BODY MARKS, SCARS, TATTOOS ☐ YES ☐ NO IF YES:

2T. SKIN, LYMPHATIC ☐ YES ☐ NO IF YES:

2U. NEUROLOGIC ☐ YES ☐ NO IF YES:

2V. PSYCHIATRIC ☐ YES ☐ NO IF YES:

PTSD SCREEN PC-PTSD

IN YOUR LIFE, HAVE YOU EVER HAD ANY EXPERIENCE THAT WAS SO FRIGHTENING, HORRIBLE, OR UPSETTING THAT, IN THE PAST MONTH, YOU:

1. HAVE HAD NIGHTMARES ABOUT IT OR THOUGHT ABOUT IT WHEN YOU DID NOT WANT TO? ☐ YES ☐ NO
2. TRIED HARD NOT TO THINK ABOUT IT OR WENT OUT OF YOUR WAY TO AVOID SITUATIONS THAT REMINDED YOU OF IT? ☐ YES ☐ NO
3. WERE CONSTANTLY ON GUARD, WATCHFUL, OR EASILY STARTLED? ☐ YES ☐ NO
4. FELT NUMB OR DETACHED FROM OTHERS, ACTIVITIES, OR YOUR SURROUNDINGS? ☐ YES ☐ NO

NOTE: VETERAN HAS A "POSITIVE" SCORE IF "YES" TO ANY THREE ITEMS.

DEPRESSION SCREEN

OVER THE PAST TWO WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?

LITTLE INTEREST OR PLEASURE IN DOING THINGS.

- ☐ 0 = NOT AT ALL
- ☐ 1 = SEVERAL DAYS
- ☐ 2 = MORE THAN HALF THE DAYS
- ☐ 3 = NEARLY EVERY DAY

FEELING DOWN, DEPRESSED, OR HOPELESS

- ☐ 0 = NOT AT ALL
- ☐ 1 = SEVERAL DAYS
- ☐ 2 = MORE THAN HALF THE DAYS
- ☐ 3 = NEARLY EVERY DAY

TOTAL POINT SCORE: _____

SCORE POSITIVE IF 3 OR ABOVE

BRIEF SUICIDE RISK ASSESSMENT

ARE YOU FEELING HOPELESS ABOUT THE PRESENT OR FUTURE? ☐ YES ☐ NO

HAVE YOU HAD THOUGHTS ABOUT TAKING YOUR LIFE - IF YES - WHEN DID YOU HAVE THESE THOUGHTS AND DO YOU HAVE A PLAN TO TAKE YOUR LIFE? ☐ YES ☐ NO

HAVE YOU EVER HAD A SUICIDE ATTEMPT? ☐ YES ☐ NO

REFERRAL FOR MENTAL HEALTH TRANSITION ASSISTANCE

Note: If the Servicemember screens positive on a mental health screening the examiner must ensure the Servicemember is aware of their mental healthcare options. At the consent of the Servicemember, VA requires the examiner to refer the Servicemember to the requisite transition assistance program .

WAS THE SERVICEMEMBER REFERRED TO THE REQUISITE TRANSITION ASSISTANCE PROGRAM?

- ☐ YES
- ☐ NO (SERVICEMEMBER DID NOT CONSENT)
- ☐ N/A (SERVICEMEMBER DID NOT SCREEN POSITIVE)

2W. GYNECOLOGIC: (EXCLUDING BREASTS) ☐ YES ☐ NO IF YES:

2X. ENDOCRINE ☐ YES ☐ NO IF YES:

SECTION II - MEDICAL HISTORY (REVIEW OF SYSTEMS) *(Continued)*

2Y. INFECTIOUS DISEASE, IMMUNE DISORDER OR NUTRITIONAL DEFICIENCY ☐ YES ☐ NO

- ☐ CHRONIC FATIGUE SYNDROME
- ☐ HIV AND RELATED ILLNESSES
- ☐ INFECTIOUS DISEASES
- ☐ NUTRITIONAL DEFICIENCIES
- ☐ PERSIAN GULF AND AFGHANISTAN INFECTIOUS DISEASES
- ☐ SYSTEMIC LUPUS ERYTHEMATOSUS OR OTHER IMMUNE DISORDERS
- ☐ TUBERCULOSIS

2Z. MISCELLANEOUS CONDITIONS

- ☐ COLD INJURY
- ☐ FORMER PRISONER OF WAR (POW)
- ☐ UNDIAGNOSED ILLNESS AND UNEXPLAINED CHRONIC MULTI-SYMPTOM ILLNESS
- ☐ OTHER

SECTION III - PHYSICAL EXAM

Physical exam - Same as with the Review of Systems section, please provide a brief description of any abnormal findings, as well as completing appropriate DBQ relevant to the abnormal findings on exam.

3A. DOMINANT HAND ☐ RIGHT ☐ LEFT ☐ AMBIDEXTROUS

3B. VITAL SIGNS AND LABS

BLOOD PRESSURE #1: BLOOD PRESSURE #2: BLOOD PRESSURE #3:

PULSE: RESPIRATORY RATE: HEIGHT: WEIGHT:

3C VISUAL ACUITY:

NEAR: RIGHT EYE CORRECTED 20/ LEFT EYE CORRECTED 20/

FAR: RIGHT EYE CORRECTED 20/ LEFT EYE CORRECTED 20/

	NORMAL	ABNORMAL	NOT EXAMINED	IF ABNORMAL:
1. HEAD, FACE, NECK AND SCALP	☐	☐	☐	
2. IDENTIFYING BODY MARKS, SCARS, TATTOOS	☐	☐	☐	
3. SKIN	☐	☐	☐	
4. NOSE	☐	☐	☐	
5. SINUSES	☐	☐	☐	
6. MOUTH AND THROAT	☐	☐	☐	
7. DENTAL DEFECTS AND DISEASE	☐	☐	☐	
8. EYES - GENERAL *(Visual acuity and refraction to be completed on Eye DBQ if appropriate)* ***If abnormal, vision and eye evaluations must be conducted by specialist.***	☐	☐	☐	
9. OPHTHALMOSCOPIC	☐	☐	☐	
10. PUPILS *(Equality and reaction)*	☐	☐	☐	
11. OCULAR MOTILITY *(Associated parallel movements, nystagmus)*	☐	☐	☐	
12. EARS - EXTERNAL EAR AND CANAL ***If abnormal, audio evaluations must be conducted by specialist.***	☐	☐	☐	
13. TYMPANIC MEMBRANES *(Perforation)*	☐	☐	☐	
14. HEART *(Thrust, size, rhythm, sounds)*	☐	☐	☐	
15. LUNGS AND CHEST *(Include breasts)*	☐	☐	☐	

SECTION III - PHYSICAL EXAM *(Continued)*

	NORMAL	ABNORMAL	NOT EXAMINED	IF ABNORMAL:
16. VASCULAR SYSTEM *(Varicosities, etc.*	☐	☐	☐	
17. ABDOMEN AND VISCERA *(Include hernia)*	☐	☐	☐	
18. ANUS AND RECTUM *(Hemorrhoids, fistulae, prostate if indicated)*	☐	☐	☐	
19. GENITOURINARY *(Male and female)*	☐	☐	☐	
20. UPPER EXTREMITIES	☐	☐	☐	
21. LOWER EXTREMITIES *(Except feet)*	☐	☐	☐	
22. FEET *(Other than arch)*	☐	☐	☐	
23. FEET *(arch) (X-rays are not required to evaluate arch)*	☐	☐	☐	
24. SPINE AND OTHER MUSCULOSKELETAL CONDITIONS *(Including ribs, clavicle, etc.)*	☐	☐	☐	
25. LYMPHATIC	☐	☐	☐	
26. NEUROLOGIC	☐	☐	☐	
27. PSYCHIATRIC *(Specify any personality deviation)* ***If abnormal, mental health evaluations must be completed by specialist.***	☐	☐	☐	
28. PELVIC AND EXTERNAL GENITALIA *(Females only)*	☐	☐	☐	
29. BREAST	☐	☐	☐	
30. ENDOCRINE	☐	☐	☐	

31. OTHER, DESCRIBE:

32. AIR CONDUCTION THRESHOLD AUDIOGRAM

HAS AN AUDIOGRAM BEEN COMPLETED IN THE LAST 30 DAYS?

☐ YES ☐ NO

IF YES, PROVIDE DATE COMPLETED

If no, schedule for air conduction threshold audiogram.

RIGHT EAR

A	B	C	D	E	F	G	
500 Hz*	1000 Hz*	2000 Hz*	3000 Hz*	4000 Hz*	6000 Hz*	8000 Hz*	Avg Hz (B-E)**

LEFT EAR

A	B	C	D	E	F	G	
500 Hz*	1000 Hz*	2000 Hz*	3000 Hz*	4000 Hz*	6000 Hz*	8000 Hz*	Avg Hz (B-E)**

If any threshold at any frequency in either ear is abnormal, then a complete Hearing Loss and Tinnitus DBQ must be completed.

MAY PASTE RESULTS OF AUDIOGRAM HERE IF MORE CONVENIENT.

SECTION III - PHYSICAL EXAM *(Continued)*

33. TINNITUS:

ARE YOU BOTHERED BY NOISES IN YOUR HEAD OR EARS SUCH AS RINGING, ROARING, BUZZING, CRICKETS, OR A HUMMING TONE?

☐ YES ☐ NO

IF YES, ARE YOU BOTHERED:

☐ 1. Not at all

☐ 2. Mildly bothersome *(e.g., noticed but does not interfere with daily activities)*

☐ 3. Moderately bothersome *(e.g., interferes with concentration, communication)*

☐ 4. Severely bothersome *(e.g., interferes with sleep, causes depression or anxiety)*

SECTION IV LAB STUDIES

4A. MAY PASTE RESULTS OF LABS HERE:

SECTION V - DIAGNOSIS

☐ THE VETERAN DOES NOT HAVE A CURRENT DIAGNOSIS ASSOCIATED WITH THE CLAIMED OR DISCOVERED CONDITION(S) LISTED ABOVE.
(This form is intended to be free standing. For each condition, or conditions found, provide associated diagnosis).

☐ DIAGNOSIS / DIAGNOSES ARE LISTED ON ADDITIONAL DBQS (THIS IS JUST A REMINDER TO PLEASE FILL OUT THE DBQS AS NEEDED FOR VA RATING PURPOSES.

COMMENTS, IF ANY:

LIST OF SYMPTOMATIC SYSTEMS:

LIST OF ABNORMAL FINDINGS:

SELECT THE ADDITIONAL DBQ(S) TO BE COMPLETED AS APPROPRIATE:

☐ AUDIO HEARING LOSS & TINNITUS
☐ CARDIO ARTERIES & VEINS *(Vascular)*
☐ CARDIO HEART
☐ CARDIO HYPERTENSION
☐ COLD INJURY RESIDUALS
☐ DENTAL DENTAL & ORAL *(Other than TMJ)*
☐ DERM SCARS
☐ DERM SKIN
☐ ENDO DIABETES MELLITUS
☐ ENDO ENDOCRINE MISCELLANEOUS
☐ ENDO THYROID & PARATHYROID
☐ ENT EAR CONDITIONS
☐ ENT LOSS OF SENSE OF SMELL & TASTE
☐ ENT SINUSITIS, RHINITIS & OTHER ENT CONDITIONS
☐ GEN SURG HERNIA INGUINAL, FEMORAL & ABDOM *(Not hiatal)*
☐ GEN SURG RECTUM & ANUS *(Including hemorrhoids)*
☐ GENERAL MEDICAL COMPENSATION
☐ GENERAL MEDICAL GULF WAR
☐ GENERAL MEDICAL PENSION

SECTION V - DIAGNOSIS *(Continued)*

- ☐ GI ESOPHAGUS *(Including GERD & hiatal hernia)*
- ☐ GI GALLBLADDER & PANCREAS
- ☐ GI INTESTINES *(infectious)*
- ☐ GI INTESTINES *(Other than surgical or infectious)*
- ☐ GI INTESTINES *(Surgical)*
- ☐ GI LIVER CONDITIONS HEPATITIS, CIRRHOSIS & OTHER LIVER
- ☐ GI PERITONEAL ADHESION

SELECT THE ADDITIONAL DBQ(S) TO BE COMPLETED AS APPROPRIATE:

- ☐ GI STOMACH & DUODENUM
- ☐ GU KIDNEY *(Nephrology)*
- ☐ GU MALE REPRODUCTIVE SYSTEM
- ☐ GU PROSTATE CANCER
- ☐ GU URINARY TRACT *(Bladder and urethra)*
- ☐ GYN BREAST CONDITIONS AND DISORDERS
- ☐ GYN GYNECOLOGICAL CONDITIONS
- ☐ HEM HAIRY CELL & OTHER B-CELL LEUKEMIAS
- ☐ HEM HEMIC & LYMPHATIC, INCLUDING LEUKEMI
- ☐ INFECT HIV RELATED ILLNESS
- ☐ INFECT INFECTIOUS DISEASES
- ☐ INFECT SOUTH WEST ASIA INFECTIOUS DISEASES
- ☐ INFECT TUBERCULOSIS
- ☐ MEDICAL OPINION
- ☐ MUSC AMPUTATIONS
- ☐ MUSC ANKLE
- ☐ MUSC BACK *(Thoracolumbar spine)*
- ☐ MUSC ELBOW & FOREARM
- ☐ MUSC FOOT CONDITIONS, INCLUDING FLATFOOT *(Pes Planus)*
- ☐ MUSC HAND & FINGER
- ☐ MUSC HIP & THIGH
- ☐ MUSC KNEE & LOWER LEG
- ☐ MUSC MUSCLE INJURIES
- ☐ MUSC Neck *(Cervical spine)*
- ☐ MUSC OSTEOMYELITIS
- ☐ MUSC SHOULDER & ARM
- ☐ MUSC TEMPOROMANDIBULAR JOINT
- ☐ MUSC WRIST
- ☐ NEURO AMYOTROPHIC LATERAL SCLEROSIS
- ☐ NEURO CENTRAL NERVOUS SYSTEM
- ☐ NEURO CRANIAL NERVES
- ☐ NEURO DIABETIC SENSORY-MOTOR PERIPHERAL NEUROPATHY
- ☐ NEURO FIBROMYALGIA
- ☐ NEURO HEADACHES *(Including migraine headaches)*
- ☐ NEURO MULTIPLE SCLEROSIS
- ☐ NEURO NARCOLEPSY
- ☐ NEURO PARKINSONS DISEASE
- ☐ NEURO PERIPHERAL NERVES
- ☐ NEURO SEIZURE DISORDERS *(Epilepsy)*
- ☐ NEURO TBI INITIAL
- ☐ NEURO TBI REVIEW
- ☐ NUTRI NUTRITIONAL DEFICIENCIES
- ☐ OPHTH EYE
- ☐ PRISONER OF WAR (POW)
- ☐ PSYCH EATING DISORDERS
- ☐ PSYCH MENTAL DISORDERS
- ☐ PSYCH PTSD INITIAL
- ☐ PSYCH PTSD REVIEW
- ☐ RESP RESPIRATORY CONDITIONS

SECTION V - DIAGNOSIS *(Continued)*

SELECT THE ADDITIONAL DBQ(S) TO BE COMPLETED AS APPROPRIATE:

- ☐ RESP SLEEP APNEA
- ☐ RHEUM ARTHRITIS: NON-DEGEN *(Inflam, imm, cryst, infect)*
- ☐ RHEUM CHRONIC FATIGUE SYNDROME
- ☐ RHEUM SYSTEMIC LUPUS ERYTHEMATOSUS

PLEASE ENTER EACH CLAIMED CONDITION AND ITS ASSOCIATED DIAGNOSIS BASED ON CURRENT EXAM

CLAIMED CONDITION	DIAGNOSIS

SECTION VI - REMARKS

6A. REMARKS *(If any):*

ALL ADDITIONAL DBQS FOUND TO BE NECESSARY COMPLETED AS APPROPRIATE AT TIME OF SIGNING THIS DBQ?

☐ YES ☐ NO

☐ DESIGNATED VA MATERIALS REGARDING MILITARY SEXUAL TRAUMA (MST) WERE PROVIDED TO THE VETERAN/SERVICEMEMBER.

SECTION VII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

7A. PHYSICIAN'S SIGNATURE	7B. PHYSICIAN'S PRINTED NAME	7C. DATE SIGNED

7D. PHYSICIAN'S PHONE/FAX NUMBERS	7E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	7F. MEDICAL LICENSE NUMBER AND STATE

7G. PHYSICIAN'S ADDRESS