# Thyroid and Parathyroid Disability Benefits Questionnaire

**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.

<table>
<thead>
<tr>
<th>Is this questionnaire being completed in conjunction with a VA 21-2507, C&amp;P examination request?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>How was the examination completed? Check all that apply:</td>
<td></td>
</tr>
<tr>
<td>☐ In-person examination</td>
<td></td>
</tr>
<tr>
<td>☐ Records reviewed</td>
<td>Comments:</td>
</tr>
<tr>
<td>☐ Examination via approved telehealth</td>
<td></td>
</tr>
<tr>
<td>☐ Other, please specify in comments box:</td>
<td></td>
</tr>
</tbody>
</table>

## 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
- ☐ CPRS
- ☐ Other (please identify other evidence reviewed):

- ☐ No records were reviewed

**EVIDENCE COMMENTS:**
**SECTION I - DIAGNOSIS**

1A. DOES THE VETERAN HAVE OR HAS HE OR SHE EVER HAD A THYROID OR PARATHYROID CONDITION? *(This is the condition the veteran is claiming or for which an exam has been requested)*

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

1B. SELECT THE VETERAN'S CONDITION *(Check all that apply)*:

- **HYPERTHYROIDISM, INCLUDING, BUT NOT LIMITED TO, GRAVES' DISEASE**
- **THYROID ENLARGEMENT, TOXIC**
- **THYROID ENLARGEMENT, NON-TOXIC**
- **HYPOTHYROIDISM**
- **HYPERPARATHYROIDISM**
- **HYPOPARATHYROIDISM**
- **THYROIDITIS**
- **C-CELL HYPERPLASIA**
- **BENIGN NEOPLASM OF THE THYROID**
- **MALIGNANT NEOPLASM OF THE THYROID**
- **BENIGN NEOPLASM OF THE PARATHYROID**
- **MALIGNANT NEOPLASM OF THE PARATHYROID**
- **OTHER (Specify):**
  - **OTHER DIAGNOSIS #1:**
  - **OTHER DIAGNOSIS #2:**

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO THYROID OR PARATHYROID CONDITION(S) LIST USING ABOVE FORMAT.

**SECTION II - MEDICAL HISTORY**

2A. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S THYROID AND/OR PARATHYROID CONDITION *(brief summary)*.

2B. HAS THE VETERAN HAD RADIOACTIVE IODINE TREATMENT FOR A THYROID CONDITION?

- **YES**
- **NO** *(If "Yes," specify the condition and type of treatment)*

2C. HAS THE VETERAN HAD ANY OTHER TYPE OF TREATMENT FOR A THYROID OR PARATHYROID CONDITION?

- **YES**
- **NO** *(If "Yes," specify the condition and type of treatment)*

**WAS A PROPHYLACTIC THYROIDECTOMY PERFORMED (BASED ON GENETIC TESTING?)**

- **YES**
- **NO** *(If "Yes," specify date of surgery)*

2D. DOES THE VETERAN HAVE ANY RESIDUAL ENDOCRINE DYSFUNCTION FOLLOWING TREATMENT FOR THYROID OR PARATHYROID CONDITION?

- **YES**
- **NO** *(If "Yes," check all that apply)*

  - Thyroid endocrine dysfunction
  - Parathyroid endocrine dysfunction
  - Other *(Describe)*:
### SECTION III - THYROID: FINDINGS, SIGNS, AND SYMPTOMS

#### 3A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A THYROID CONDITION?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>YES</td>
<td>☐ NO</td>
</tr>
</tbody>
</table>

*(If "Yes," please select the body systems affected by the diagnoses identified in Section 1B):*

- MUSCULOSKELETAL SYMPTOMS, (complete appropriate musculoskeletal DBQ)
- RESPIRATORY SYMPTOMS, (complete appropriate respiratory DBQ)
- CARDIOVASCULAR SYMPTOMS, (complete appropriate cardiovascular DBQ)
- GASTROINTESTINAL SYMPTOMS, (complete appropriate gastrointestinal DBQ)
- GENITOURINARY SYMPTOMS, (complete appropriate genitourinary DBQ)
- REPRODUCTIVE SYMPTOMS, (complete appropriate gynecological or male reproductive organ DBQ)
- SKIN SYMPTOMS, (complete appropriate dermatological DBQ)
- EYE INVOLVEMENT, (complete appropriate ophthalmological DBQ)
- NEUROLOGICAL SYMPTOMS, (complete appropriate neurological DBQ)
- MENTAL AND PSYCHOLOGICAL SYMPTOMS, (complete appropriate psychological DBQ)
- DENTAL AND ORAL CONDITIONS, (complete appropriate dental and oral DBQ)

#### 3B. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPERTHYROID CONDITION?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>YES</td>
<td>☐ NO</td>
</tr>
</tbody>
</table>

*(If "Yes," list date of initial diagnosis):__________ |

*If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.*

#### 3C. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS OF THYROID ENLARGEMENT?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>YES</td>
<td>☐ NO</td>
</tr>
</tbody>
</table>

*(If "Yes," which type?):* |

- TOXIC  
- NON-TOXIC |

*If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.*

#### 3D. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPOTHYROID CONDITION?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>YES</td>
<td>☐ NO</td>
</tr>
</tbody>
</table>

*(If "Yes," check all that apply):*

- MYXEDEMA  
- COLD INTOLERANCE  
- MUSCULAR WEAKNESS  
- CARDIOVASCULAR INVOLVEMENT *(including, but not limited to hypotension, bradycardia, and pericardial effusion)*  
- Other:________________________ |

- MENTAL DISTURBANCE  
- DEMENTIA  
- SLOWING OF THOUGHT  
- DEPRESSION  
- Other:________________________ |

*If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.*

#### 3E. DOES THE VETERAN CURRENTLY HAVE A DIAGNOSIS OF THYROIDITIS?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>YES</td>
<td>☐ NO</td>
</tr>
</tbody>
</table>

*(If "Yes," is the thyroid function normal):*

- YES  
- NO |

*(If the thyroid function is abnormal, does the thyroiditis manifest as):*

- HYPOTHYROIDISM  
- HYPERTHYROIDISM
SECTION IV - PARATHYROID: FINDINGS, SIGNS, AND SYMPTOMS

4A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A PARATHYROID CONDITION?

- [ ] YES
- [ ] NO

(If "Yes," please select the body systems affected by the diagnoses identified in Section 1B):

- [ ] MUSCULOSKELETAL SYMPTOMS, (complete appropriate musculoskeletal DBQ)
- [ ] RESPIRATORY SYMPTOMS, (complete appropriate respiratory DBQ)
- [ ] CARDIOVASCULAR SYMPTOMS, (complete appropriate cardiovascular DBQ)
- [ ] GASTROINTESTINAL SYMPTOMS, (complete appropriate gastrointestinal DBQ)
- [ ] GENITOURINARY SYMPTOMS, (complete appropriate genitourinary DBQ)
- [ ] REPRODUCTIVE SYMPTOMS, (complete appropriate gynecological or genitourinary DBQ)
- [ ] SKIN SYMPTOMS, (complete appropriate skin DBQ)
- [ ] EYE INVOLVEMENT, (complete appropriate ophthalmological DBQ)
- [ ] NEUROLOGICAL SYMPTOMS, (complete appropriate neurological DBQ)
- [ ] MENTAL AND PSYCHOLOGICAL SYMPTOMS, (complete appropriate psychological DBQ)
- [ ] DENTAL AND ORAL CONDITIONS, (complete appropriate dental and oral DBQ)

4B. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPERPARATHYROID CONDITION?

- [ ] YES
- [ ] NO

IS THE CONDITION CURRENTLY ASYMPTOMATIC?

- [ ] YES
- [ ] NO

IS THE VETERAN AN INDIVIDUAL WHO IS NOT A CANDIDATE FOR SURGERY BUT REQUIRES CONTINUOUS MEDICATION FOR CONTROL OF A HYPERPARATHYROID CONDITION?

- [ ] YES
- [ ] NO

HAS THE VETERAN UNDERGONE SURGERY FOR A HYPERPARATHYROID CONDITION?

- [ ] YES
- [ ] NO

(If "Yes," specify type of surgery): __________________________

(Date of surgery): __________________________

(Date of discharge following surgery): __________________________

AS A RESULT OF HYPERPARATHYROID DYSFUNCTION, DOES THE VETERAN CURRENTLY HAVE ANY OF THE FOLLOWING SYMPTOMS THAT OCCUR DESPITE SURGERY?

- [ ] YES
- [ ] NO

(If "Yes," check all that apply):

- [ ] FATIGUE
- [ ] ANOREXIA
- [ ] NAUSEA
- [ ] CONSTIPATION

DOES THE VETERAN NOW HAVE OR DID THE VETERAN EVER HAVE HYPERCALCEMIA THAT MEETS THE CRITERIA BELOW?

- [ ] YES
- [ ] NO

(If "Yes," check all that apply):

- [ ] Hypercalcemia (indicated by bone mineral density T-score less than 2.5 SD (below mean) at any site)
- [ ] Hypercalcemia (indicated by bone mineral density T-score less than 2.5 SD (below mean) at previous fragility fracture)
- [ ] Hypercalcemia (indicated by creatinine clearance less than 60 mL/min)
- [ ] Hypercalcemia (indicated by ionized Ca greater than 5.6mg/dL (2-2.25 mmol/L))
- [ ] Hypercalcemia (indicated by total Ca greater than 12 mg/dL (3-3.5 mmol/L))

(If "Yes," did the hypercalcemia require pharmacologic treatment?):

- [ ] YES
- [ ] NO

(If "Yes," date treatment began): __________________________

NOTE: Where surgical intervention is not indicated, six months following when pharmacologic treatment began, please evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.
SECTION IV - PARATHYROID: FINDINGS, SIGNS, AND SYMPTOMS (CONTINUED)

4C. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPOPARATHYROID CONDITION?

- [ ] YES
- [ ] NO

(If "Yes," date of initial diagnosis): 

If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

SECTION V - PHYSICAL EXAM

5A. EYES:
- [ ] NORMAL, NO EXOPHTHALMOS
- [ ] ABNORMAL (If checked, describe):

(If "Abnormal," complete the appropriate Ophthalmological DBQ)

5B. NECK:
- [ ] NORMAL, NO PALPABLE THYROID ENLARGEMENT OR NODULES
- [ ] ABNORMAL, DIFFUSELY ENLARGED THYROID GLAND
- [ ] ABNORMAL, ENLARGED THYROID NODULE (If checked, describe location, size and consistency):
- [ ] ABNORMAL, WITHOUT DISFIGUREMENT OF THE HEAD OR NECK DUE TO ENLARGEMENT OF THE THYROID GLAND
- [ ] ABNORMAL, WITH DISFIGUREMENT OF THE HEAD DUE TO ENLARGEMENT OF THE THYROID GLAND
- [ ] ABNORMAL, WITH DISFIGUREMENT OF THE NECK DUE TO ENLARGEMENT OF THE THYROID GLAND
- [ ] OTHER (Describe):

5C. PULSE
- [ ] REGULAR
- [ ] IRREGULAR (Provide heart rate: 

5D. BLOOD PRESSURE
(Provide blood pressure: 

SECTION VI - REFLEX EXAM

6. REFLEXES (Rate deep tendon reflexes (DTRs) according to the following scale):

0 Absent
1+ Hypoactive
2+ Normal
3+ Hyperactive without clonus
4+ Hyperactive with clonus

- [ ] ALL NORMAL

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>BICEPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1+</td>
<td>1+</td>
<td>1+</td>
</tr>
<tr>
<td>2+</td>
<td>2+</td>
<td>2+</td>
</tr>
<tr>
<td>3+</td>
<td>3+</td>
<td>3+</td>
</tr>
<tr>
<td>4+</td>
<td>4+</td>
<td>4+</td>
</tr>
</tbody>
</table>

| KNEE     |       |      |
| 0        | 0     | 0    |
| 1+       | 1+    | 1+   |
| 2+       | 2+    | 2+   |
| 3+       | 3+    | 3+   |
| 4+       | 4+    | 4+   |

| TRICEPS  |       |      |
| 0        | 0     | 0    |
| 1+       | 1+    | 1+   |
| 2+       | 2+    | 2+   |
| 3+       | 3+    | 3+   |
| 4+       | 4+    | 4+   |

| ANKLE    |       |      |
| 0        | 0     | 0    |
| 1+       | 1+    | 1+   |
| 2+       | 2+    | 2+   |
| 3+       | 3+    | 3+   |
| 4+       | 4+    | 4+   |

| BRACHIORADIALIS |       |      |
| Right  | 0     | 0    |
| Left   | 0     | 0    |
| 1+     | 1+    | 1+   |
| 2+     | 2+    | 2+   |
| 3+     | 3+    | 3+   |
| 4+     | 4+    | 4+   |

SECTION VII - SCARS OR OTHER DISFIGUREMENT

7. DOES THE VETERAN HAVE ANY SCARS OR OTHER DISFIGUREMENT (of the skin) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

- [ ] YES
- [ ] NO

(If "Yes," also complete appropriate dermatological DBQ)
SECTION VIII - TUMORS AND NEOPLASMS

8A. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION?

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

8B. IS THE NEOPLASM

☐ BENIGN ☐ MALIGNANT

(If malignant, indicate status of disease)

☐ Active

☐ Surgery, describe
☐ Antineoplastic chemotherapy
☐ Radiation
☐ X-ray treatment
☐ Watchful waiting
☐ Other, describe

Anticipated date of final treatment (surgical, antineoplastic chemotherapy, radiation, X-ray treatment, or other): ______________________

☐ Remission

☐ Surgery, describe
☐ Antineoplastic chemotherapy
☐ Radiation
☐ X-ray treatment
☐ Watchful waiting
☐ Other, describe

Date treatment was completed or date of anticipated final treatment (surgical, antineoplastic chemotherapy, radiation, X-ray treatment, or other): ______________________

8C. DOES THE VETERAN CURRENTLY HAVE ANY RESIDUAL CONDITIONS OR COMPLICATIONS DUE TO THE NEOPLASM (INCLUDING METASTASES) OR ITS TREATMENT, OTHER THAN THOSE ALREADY DOCUMENTED IN THE REPORT ABOVE?

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

8D. 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 IX - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, AND SYMPTOMS

9A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

If YES, describe (brief summary):

9B. COMMENTS, IF ANY:
SECTION X - DIAGNOSTIC TESTING

NOTE: If diagnostic test results are in the medical record and reflect the Veteran's current thyroid or parathyroid condition, repeat testing is not required.

10A. HAVE IMAGING STUDIES BEEN PERFORMED?

☐ YES  ☐ NO

(If "Yes," check all that apply):

☐ Magnetic resonance imaging (MRI)  Date:  Results:  
☐ Computed tomography (CT)  Date:  Results:  
☐ Thyroid scan  Date:  Results:  
☐ Thyroid ultrasound  Date:  Results:  
☐ Other:  Date:  Results:  

10B. HAS LABORATORY TESTING BEEN PERFORMED?

☐ YES  ☐ NO  If "Yes," check all that apply and provide date of most recent test and results:

☐ TSH  Date:  Results:  
☐ Free T4  Date:  Results:  
☐ Free T3  Date:  Results:  
☐ Thyroid antibodies  Date:  Results:  
☐ Parathyroid hormone (PTH)  Date:  Results:  
☐ Calcium  Date:  Results:  
☐ Ionized calcium  Date:  Results:  
☐ Other:  Date:  Results:  

10C. HAS A BIOPSY BEEN PERFORMED?

☐ YES  ☐ NO

Site of biopsy:  Date of test:  Results:  

10D. 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 XI - FUNCTIONAL IMPACT

11. DOES THE VETERAN'S THYROID OR PARATHYROID CONDITION IMPACT HIS OR HER ABILITY TO WORK?

☐ YES  ☐ NO  If "Yes," describe impact of the veteran's thyroid and/or parathyroid condition, providing one or more examples:
## SECTION XII - REMARKS

12. REMARKS, if any:

## SECTION XIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

<table>
<thead>
<tr>
<th>13A. PHYSICIAN'S SIGNATURE</th>
<th>13B. PHYSICIAN'S PRINTED NAME</th>
<th>13C. DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13D. PHYSICIAN'S PHONE AND FAX NUMBERS</th>
<th>13E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13F. PHYSICIAN'S MEDICAL LICENSE NUMBER AND STATE</th>
<th>13G. PHYSICIAN'S ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>