

# Gulf War General Medical Examination (Including Burn Pits) Disability Benefits Questionnaire

*\* Internal VA or DoD Use Only\**

Name of patient/Veteran: \_\_\_\_\_ SSN: \_\_\_\_\_

**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.**

DEFINITIONS: VA statutes and regulations provide for service connecting certain chronic disability patterns based on exposure to environmental hazards experienced during military service in Southwest Asia. The environmental hazards may have included: exposure to smoke and particles from oil well fires; exposure to pesticides and insecticides; exposure to indigenous infectious diseases; exposure to solvent and fuel fumes; ingestion of pyridostigmine bromide tablets, as a nerve gas antidote; the combined effect of multiple vaccines administered upon deployment; and inhalation of ultra fine-grain sand particles. In addition, there may have been exposure to smoke and particles from military installation "burn pit" fires that incinerated a wide range of toxic waste materials.

The chronic disability patterns associated with these Southwest Asia environmental hazards have two distinct outcomes. One is referred to as "undiagnosed illnesses" and the other as "diagnosed medically unexplained chronic multisymptom illnesses". An undiagnosed illness is established when findings are present that cannot be attributed to a known, clearly defined diagnosis, after all likely diagnostic possibilities for such abnormalities have been ruled out. Examples of medically unexplained chronic multi-symptom illnesses include, but are not limited to: (1) chronic fatigue syndrome, (2) fibromyalgia, and (3) irritable bowel syndrome. Diseases of "partially explained etiology," such as diabetes or multiple sclerosis, are not considered by VA to be in the category of medically unexplained chronic multisymptom illnesses.

The following list of signs and symptoms may represent an "undiagnosed illness" or "diagnosed medically unexplained chronic multisymptom illness" for which a Gulf War Veteran may be presumptively service connected:

- Fatigue
- Signs or symptoms involving the skin
- Headache
- Muscle pain
- Joint pain
- Neurological signs and symptoms
- Neuropsychological signs or symptoms
- Upper or lower respiratory system signs or symptoms
- Sleep disturbances
- Gastrointestinal signs or symptoms
- Cardiovascular signs or symptoms
- Abnormal weight loss
- Menstrual disorders

## 1. Evidence Review

Evidence Reviewed (check all that apply):

- No records were reviewed
- Not requested
- VA claims file (hard copy paper C-file)
- VA e-folder (VBMS or Virtual VA)
- CPRS
- Other (please identify other evidence reviewed):

Evidence Comments:

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## **2. Medical History**

Identify each affected system/area (This is the system/area/condition the Veteran is claiming or for which an exam has been requested). In particular, identify all systems/areas for any conditions the Veteran has claimed as secondary to Southwest Asia exposure or that could represent "undiagnosed illness" or "diagnosed medically unexplained chronic multisymptom illness."

Under each identified system/area, select the appropriate associated Questionnaires (check all that apply). Complete the associated Questionnaires as part of this General Medical exam report.

- a. No symptoms, abnormal findings or complaints
- b. Skin and scars
  - Skin Diseases
  - Scars
- c. Hematologic/lymphatic
  - Hematologic (including Anemia) and Lymphatic (Including Non-Hodgkin's Lymphoma)
  - Hairy Cell & Other B-Cell Leukemias
- d. Eye

Note: Vision evaluations must be conducted by a specialist.
- e. Hearing loss, tinnitus and ear
  - Hearing Loss and Tinnitus
  - Ear Conditions

Note: Audio evaluations must be conducted by a specialist.
- f. Sinus, nose, throat, dental and oral
  - Dental and Oral Conditions (including mouth, lips and tongue)
  - Loss of Sense of Smell and/or Taste
  - Sinusitis/Rhinitis and Other Conditions of the Nose, Throat, Larynx and Pharynx
  - Temporomandibular Joint
- g. Breast
- h. Respiratory
  - Respiratory Conditions (other than tuberculosis and sleep apnea)
  - Sleep Apnea
  - Tuberculosis
- i. Cardiovascular
  - Artery & Vein Conditions (vascular diseases including varicose veins)
  - Hypertension
  - Heart Disease (including arrhythmias, valvular disease, and cardiac surgery)
  - Ischemic Heart Disease
- j. Digestive and abdominal wall
  - Abdominal, Inguinal, and Femoral Hernias
  - Esophageal Disorders (GERD and Hiatal Hernia)
  - Gallbladder and Pancreas
  - Infectious Intestinal Conditions
  - Intestinal Conditions (other than Surgical and Infectious)
  - Intestinal Surgery
  - Liver Conditions, including hepatitis and cirrhosis

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- Peritoneal Adhesions
- Rectum and Anus (Including Hemorrhoids)
- Stomach and Duodenal Conditions

- k. Kidney and urinary tract
- Kidney Conditions
  - Urinary Tract (including Bladder and Urethral) Conditions

- l. Reproductive
- Gynecological Conditions
  - Male Reproductive Organs
  - Prostate Cancer

- m. Musculoskeletal

## Spine

- Back (Thoracolumbar Spine) Conditions
- Neck (Cervical Spine) Conditions

## Joints and extremities

- Ankle
- Elbow and Forearm
- Hands and Fingers
- Hip and Thigh
- Knee and Lower Leg
- Shoulder and Arm
- Wrist

## Feet

- Flatfeet
- Foot (other than Flatfeet)

## Miscellaneous musculoskeletal

- Amputations
- Arthritis (non-degenerative arthritis, including inflammatory, autoimmune, crystalline and infectious arthritis) and dysbaric osteonecrosis)
- Bone conditions, miscellaneous, including osteomyelitis
- Fibromyalgia
- Muscle Injuries
- Osteoporosis/osteopenia

If checked, provide DexaScan results: \_\_\_\_\_ Date of scan: \_\_\_\_\_

If checked, are there joint manifestations of osteoporosis/osteopenia (Osteoporosis may or may not present as spine or joint disease)?

- Yes  No

If yes, complete appropriate Questionnaire for affected joint(s)/spine.

- n. Endocrine
- Diabetes Mellitus
  - Endocrine Diseases (other than Thyroid, Parathyroid, or Diabetes Mellitus)
  - Thyroid and Parathyroid

- o. Neurologic
- Amyotrophic Lateral Sclerosis (ALS)
  - Cranial Nerves Diseases
  - Diabetic Sensory-Motor Peripheral Neuropathy

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- Disease of the Central Nervous System
- Fibromyalgia
- Headaches (including Migraine Headaches)
- Narcolepsy
- Multiple Sclerosis
- Parkinson's disease
- Peripheral Nerves
- Seizure Disorder (Epilepsy)
- Traumatic Brain Injury (Initial or Review)

(The Initial and Review TBI Questionnaire may only be completed by a VA clinician who has completed the TBI C&P certification. The initial diagnosis of TBI must be made by a specialist, but a certified generalist can complete the disability exam for TBI.)

p. Psychiatric

- Eating Disorders
- Mental Disorders (Other Than PTSD)
- PTSD (Initial or Review)

Note: Mental disorder evaluations must be conducted by a specialist

q. Infectious disease, immune disorder or nutritional deficiency

- 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

r. Miscellaneous conditions

- Cold Injury Residuals
- Former Prisoner of War (POW) Protocol

### **3. Diagnosed illnesses with no etiology**

From the conditions identified and for which Questionnaires were completed, are there any diagnosed illnesses for which no etiology was established?

- Yes     No

If yes, list diagnoses for diagnosed illnesses for which no etiology was established:

Diagnosis #1: \_\_\_\_\_  
ICD code(s): \_\_\_\_\_  
Date of diagnosis: \_\_\_\_\_  
Name of Questionnaire: \_\_\_\_\_

Diagnosis #2: \_\_\_\_\_  
ICD code(s): \_\_\_\_\_  
Date of diagnosis: \_\_\_\_\_  
Name of Questionnaire: \_\_\_\_\_

Diagnosis #3: \_\_\_\_\_  
ICD code(s): \_\_\_\_\_  
Date of diagnosis: \_\_\_\_\_  
Name of Questionnaire: \_\_\_\_\_

If there are additional diagnoses, list using above format: \_\_\_\_\_

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## **4. Additional signs and/or symptoms that may represent an “undiagnosed illness” or “diagnosed medically unexplained chronic multisymptom illness”**

Does the Veteran report any additional signs and/or symptoms not addressed through completion of DBQs identified in the above sections?

Yes  No

If yes, check all that apply

- Fatigue
- Signs or symptoms involving the skin
- Headache
- Muscle pain
- Joint pain
- Neurological signs and symptoms
- Neuropsychological signs or symptoms
- Upper or lower respiratory system signs or symptoms
- Sleep disturbances
- Gastrointestinal signs or symptoms
- Cardiovascular signs or symptoms
- Abnormal weight loss
- Menstrual disorders
- Other, describe: \_\_\_\_\_

For all checked signs and symptoms in this section, provide pertinent information related to each (e.g. frequency, duration, severity, precipitating/relieving factors, physical exam, studies):

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## **5. Physical Exam**

- Normal PE
- Normal PE, except as noted on additional Questionnaires included as part of this report
- Other, describe: \_\_\_\_\_

## **6. Functional impact of additional signs and/or symptoms that may represent an “undiagnosed illness” or “diagnosed medically unexplained chronic multisymptom illness”**

Does the Veteran have any additional signs and/or symptoms checked above in question 4 that impact his or her ability to work (and that are not addressed in other Questionnaires)?

Yes  No

If yes, describe the impact of each additional sign and/or symptom that impacts his or her ability to work, providing one or more examples: \_\_\_\_\_

**7. Remarks, if any:** \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician printed name: \_\_\_\_\_

National Provider Identifier (NPI) #: \_\_\_\_\_

Physician address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NOTE:** VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

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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 15 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](http://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.