



**Compensation and Pension Record  
Interchange (CAPRI)**

**Hematologic and Lymphatic  
Conditions, including Leukemia  
Disability Benefits Questionnaire (DBQ)  
Workflow**

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Department of Veterans Affairs  
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Management & Financial Systems

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# 1 Introduction

## 1.1 Purpose

This document provides a high level overview of the contents found on the Hematologic and Lymphatic Conditions, including Leukemia Disability Benefits Questionnaire (DBQ). The DBQ can be populated via an online template within the CAPRI C&P Worksheets tab and then printed OR it can be printed via AMIE (AUTOMATED MEDICAL INFORMATION EXCHANGE) and then manually populated. This document contains the edit rules for the template as well as an example of how the template will look online in CAPRI or printed from CAPRI. It also contains the layout for the AMIE worksheet to depict how it will look when printed from AMIE.

For more detailed information on standard template functionality not covered in this document, please refer to the *C&P Worksheet Tab Functionalities* section of the [CAPRI GUI User Guide](#).

## 1.2 Overview

The Hematologic and Lymphatic Conditions, including Leukemia DBQ provides the ability to capture information related to Hematologic and Lymphatic Conditions (including Leukemia) and its treatment.

Each DBQ template contains a standard footer containing a note stating that “VA may request additional medical information, including additional examinations if necessary to complete VA’s review of the Veteran’s application.” (see Figure 1 and 2).

**Figure 1: Template Example: DBQ - Standard VA Note**

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

**Figure 2: Print Example: DBQ – Standard VA Note**

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

A number of fields on the Hematologic and Lymphatic Conditions template are mandatory and require a response (value) prior to the exam being marked as completed. Some questions may activate a Pop-up window displaying information as to each question that needs to be answered before the template can be completed.

## 2 Hematologic and Lymphatic Conditions DBQ

### 2.1 Name of patient/Veteran

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 1: Rules: DBQ – Hemic and Lymphatic – Name of patient/Veteran**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>Hematologic and Lymphatic Conditions, including Leukemia</b>	Enabled, Read-Only	N/A	N/A	N/A
<b>Disability Benefits Questionnaire</b>	Enabled, Read-Only	N/A	N/A	N/A
Name of patient/Veteran:	Enabled, Mandatory	N/A	Free Text	Please enter the name of the patient/Veteran.
<b>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.</b>	Enabled, Read-Only	N/A	N/A	N/A

**Figure 3: Template Example: DBQ – Hemic and Lymphatic – Name of patient/Veteran**

**DBQ HEMATOLOGIC AND LYMPHATIC CONDITIONS, INCLUDING LEUKEMIA**

**Author:** GUTHRIE,MARY     **Patient:** VETERAN,TEST     **Date Updated:** MAR 31, 2011@13:10:4  
**Transcriber:**     **SSN:** 666112222

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History | Hematologic and Lymphatic

**Hematologic and Lymphatic Conditions,  
including Leukemia  
Disability Benefits Questionnaire**

Name of patient/Veteran:

**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.**

**Figure 4: Print Example: DBQ – Hemic and Lymphatic – Name of patient/Veteran**

Hematologic and Lymphatic Conditions,  
including Leukemia  
Disability Benefits Questionnaire

Name of patient/Veteran:

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.

## 2.2 Section 1. Diagnosis

The question “Does the Veteran now have or has he/she ever been diagnosed with a hematologic and/or lymphatic condition?” must be answered before the template can be completed.

- If it is answered with Yes, all other questions requiring an answer as described by the rules in this document must be answered before the template can be completed.
- If it is answered with No, the rationale supporting this is required. The remainder of the template may be completed without answering any additional questions or the user may input answers to any of the optional questions as indicated by the rules described in this document.

All questions will be printed even if they have not been answered.

If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below and must be answered before this template can be completed.

**Table 2: Rules: DBQ – Hemic and Lymphatic – 1. Diagnosis**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>1.Diagnosis</b>	Enabled, Read-Only	N/A	N/A	N/A
Does the Veteran now have or has he/she ever been diagnosed with a hematologic and/or lymphatic condition?	Enabled, Mandatory, Choose one valid value	[Yes; No]	N/A	Please answer the question: Does the Veteran now have or has he/she ever been diagnosed with a hematologic and/or lymphatic condition?
If no, provide rationale (e.g., Veteran does not currently have any known hematologic or lymphatic condition(s)):	If <i>Diagnosis = No</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please provide the rationale for stating the Veteran has never been diagnosed with a hematologic and/or lymphatic condition.

If yes, select the Veteran's condition:	If <i>Diagnosis = Yes</i> ; Enabled, Mandatory, Choose one or more valid values  Else; Disabled	[Acute lymphocytic leukemia (ALL); Acute myelogenous leukemia (AML); Chronic myelogenous leukemia (CML); Hodgkin's disease; Non-Hodgkin's lymphoma; Anemia; Thrombocytopenia; Polycythemia vera; Sickle cell anemia; Splenectomy; Hairy cell or other B-cell leukemia: If checked, complete Hairy cell and other B-cell leukemias Questionnaire.; Other hematologic or lymphatic condition(s):]	N/A	Please select the Veteran's condition.
Acute lymphocytic leukemia (ALL) ICD code:	If <i>Acute lymphocytic leukemia (ALL) = Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Acute lymphocytic leukemia (ALL).
Acute lymphocytic leukemia (ALL) Date of diagnosis:	If <i>Acute lymphocytic leukemia (ALL) = Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Acute lymphocytic leukemia (ALL).
Acute myelogenous leukemia (AML) ICD code:	If <i>Acute myelogenous leukemia (AML) = Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Acute myelogenous leukemia (AML).
Acute myelogenous leukemia (AML) Date of diagnosis:	If <i>Acute myelogenous leukemia (AML) = Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Acute myelogenous leukemia (AML).

Chronic myelogenous leukemia (CML) ICD code:	If <i>Chronic myelogenous leukemia (CML)</i> = <i>Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Chronic myelogenous leukemia (CML).
Chronic myelogenous leukemia (CML) Date of diagnosis:	If <i>Chronic myelogenous leukemia (CML)</i> = <i>Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Chronic myelogenous leukemia (CML).
Hodgkin's disease ICD code:	If <i>Hodgkin's disease</i> = <i>Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Hodgkin's disease.
Hodgkin's disease Date of diagnosis:	If <i>Hodgkin's disease</i> = <i>Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Hodgkin's disease.
Non-Hodgkin's lymphoma ICD code:	If <i>Non-Hodgkin's lymphoma</i> = <i>Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Non-Hodgkin's lymphoma.
Non-Hodgkin's lymphoma Date of diagnosis:	If <i>Non-Hodgkin's lymphoma</i> = <i>Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Non-Hodgkin's lymphoma.
Anemia ICD code:	If <i>Anemia</i> = <i>Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Anemia.
Anemia Date of diagnosis:	If <i>Anemia</i> = <i>Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Anemia.
Thrombocytopenia ICD code:	If <i>Thrombocytopenia</i> = <i>Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Thrombocytopenia.

Thrombocytopenia Date of diagnosis:	If <i>Thrombocytopenia</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Thrombocytopenia.
Polycythemia vera ICD code:	If <i>Polycythemia vera</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Polycythemia vera.
Polycythemia vera Date of diagnosis:	If <i>Polycythemia vera</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Polycythemia vera.
Sickle cell anemia ICD code:	If <i>Sickle cell anemia</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Sickle cell anemia.
Sickle cell anemia Date of diagnosis:	If <i>Sickle cell anemia</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Sickle cell anemia.
Splenectomy ICD code:	If <i>Splenectomy</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for Splenectomy.
Splenectomy Date of diagnosis:	If <i>Splenectomy</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Splenectomy.
Other diagnosis #1:	If <i>Other hematologic or lymphatic condition(s)</i> = Yes; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter a value in the 'Other diagnosis #1' field.
ICD code:	If <i>Other hematologic or lymphatic condition(s)</i> = Yes; Enabled, Mandatory  Else; Enabled , Optional	N/A	Free Text	Please enter the ICD code for other diagnosis #1.

Date of diagnosis:	If <i>Other hematologic or lymphatic condition(s) = Yes</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis for other diagnosis #1.
Other diagnosis #2:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If <i>Other diagnosis #2 is populated and Diagnosis = Yes</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for other diagnosis #2.
Date of diagnosis:	If <i>Other diagnosis #2 is populated and Diagnosis = Yes</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis for other diagnosis #2.
Other diagnosis #3:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If <i>Other diagnosis #3 is populated and Diagnosis = Yes</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for other diagnosis #3.
Date of diagnosis:	If <i>Other diagnosis #3 is populated and Diagnosis = Yes</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis for other diagnosis #3.
If there are additional diagnoses that pertain to hematologic or lymphatic condition(s), list using above format:	Enabled, Optional	N/A	Free Text	N/A



**Figure 5: Template Example: DBQ – Hemic and Lymphatic – 1. Diagnosis**

**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.**

**1. Diagnosis**

Does the Veteran now have or has he/she ever been diagnosed with a hematologic and/or lymphatic condition?  
 Yes  No

If no, provide rationale (e.g., Veteran does not currently have any known hematologic or lymphatic condition(s)):

If yes, select the Veteran's condition:

<input checked="" type="checkbox"/> Acute lymphocytic leukemia (ALL)	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Acute myelogenous leukemia (AML)	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Chronic myelogenous leukemia (CML)	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Hodgkin's disease	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Non-Hodgkin's lymphoma	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Anemia	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Thrombocytopenia	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Polycythemia vera	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Sickle cell anemia	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>
<input type="checkbox"/> Splenectomy	ICD code: <input type="text"/>	Date of diagnosis: <input type="text"/>

Hairy cell and other B-cell leukemia: If checked, complete Hairy cell and other B-cell leukemias

Other hematologic or lymphatic condition(s):

Other diagnosis #1:   
 ICD code:   
 Date of diagnosis:

Other diagnosis #2:   
 ICD code:   
 Date of diagnosis:

Other diagnosis #3:   
 ICD code:   
 Date of diagnosis:

If there are additional diagnoses that pertain to hematologic or lymphatic condition(s), list using above format:

**Figure 6: Print Example: DBQ – Hemic and Lymphatic – 1. Diagnosis**

```
1. Diagnosis
-----
Does the Veteran now have or has he/she ever been diagnosed with a
hematologic and/or lymphatic condition?  Yes    No

If no, provide rationale (e.g., Veteran does not currently have any known
hematologic or lymphatic conditions(s)) :

If yes, select the Veteran's condition:
 Acute lymphocytic leukemia (ALL)
      ICD code:           Date of diagnosis:
 Acute myelogenous leukemia (AML)
      ICD code:           Date of diagnosis:
 Chronic myelogenous leukemia (CML)
      ICD code:           Date of diagnosis:
 Hodgkin's disease
      ICD code:           Date of diagnosis:
 Non-Hodgkin's lymphoma
      ICD code:           Date of diagnosis:
 Anemia
      ICD code:           Date of diagnosis:
 Thrombocytopenia
      ICD code:           Date of diagnosis:
 Polycythemia vera
      ICD code:           Date of diagnosis:
 Sickle cell anemia
      ICD code:           Date of diagnosis:
 Splenectomy
      ICD code:           Date of diagnosis:
 Hairy cell and other B-cell leukemia: If checked, complete Hairy
      cell and other B-cell leukemias Questionnaire.
 Other hematologic or lymphatic condition(s) :

Other diagnosis #1:
      ICD code:
      Date of diagnosis:

Other diagnosis #2:
      ICD code:
      Date of diagnosis:

Other diagnosis #3:
      ICD code:
      Date of diagnosis:

If there are additional diagnoses that pertain to hematologic or
lymphatic condition(s), list using above format:
```

### 2.3 Section 2. Medical history

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 3: Rules: DBQ – Hemic and Lymphatic – 2. Medical history**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>2. Medical history</b>	Enabled, Read Only	N/A	N/A	N/A
a. Describe the history (including onset, course and status) of the Veteran's current condition(s) (brief summary):	If <i>Diagnosis = Yes</i> and <i>a condition is selected in the Diagnosis section</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please describe the history (including onset and course) of the Veteran's current condition(s).
b. Indicate the status of the primary condition:	If <i>Diagnosis = Yes</i> and <i>a condition is selected in the Diagnosis section</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Active; Remission; Not applicable]	N/A	Please indicate the status of the disease.

**Figure 7: Template Example: DBQ – Hemic and Lymphatic – 2. Medical history**

**2. Medical history**

a. Describe the history (including onset, course and status) of the Veteran's current condition(s) (brief summary):

b. Indicate the status of the primary condition:

Active

Remission

Not applicable

**Figure 8: Print Example: DBQ – Hemic and Lymphatic – 2. Medical history**

```

2. Medical history
-----
a. Describe the history (including onset, course and status) of the
  Veteran's current condition(s) (brief summary):

b. Indicate the status of the primary condition:
  [ ] Active
  [ ] Remission
  [ ] Not applicable
    
```

## 2.4 Section 3. Treatment

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 4: Rules: DBQ – Hemic and Lymphatic – 3. Treatment**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>3.Treatment</b>	Enabled, Read Only	N/A	N/A	N/A
a. Has the Veteran completed any treatment or is the Veteran currently undergoing any treatment for any lymphatic or hematologic condition, including leukemia?	If <i>Diagnosis = Yes</i> and a <i>condition is selected in the Diagnosis section</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No, watchful waiting]	N/A	Please answer the question: Has the Veteran completed any treatment or is the Veteran currently undergoing any treatment for any lymphatic or hematologic condition, including leukemia?
If yes, indicate treatment type(s) (check all that apply):	If <i>the previous question = Yes</i> ; Enabled, Mandatory; Choose one or more valid values  Else; Disabled	[Treatment completed, currently in watchful waiting status; Bone marrow transplant ; Surgery; Radiation therapy ; Antineoplastic chemotherapy; Other therapeutic procedure and/or treatment (describe):]	Free Text	Please check at least one applicable treatment type.
Date of hospital admission and location:	If <i>treatment types include Bone marrow transplant</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	For the bone marrow transplant, please provide the date of hospital admission and location.
Date of hospital discharge after transplant:	If <i>treatment types include Bone marrow transplant</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	For the bone marrow transplant, please provide the date of hospital discharge after transplant.
If checked, describe:	If <i>treatment type includes Surgery</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe the surgical procedure performed.
Date(s) of surgery:	If <i>treatment types include Surgery</i> ; Enabled, Mandatory	N/A	Free Text	Please enter the date of surgery.

	Else; Disabled			
Date of most recent treatment:	If <i>treatment types include Radiation therapy</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of the most recent radiation therapy treatment.
Date of completion of treatment or anticipated date of completion:	If <i>treatment types include Radiation therapy</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the radiation therapy's date of completion (actual or anticipated).
Date of most recent treatment:	If <i>treatment types include Antineoplastic chemotherapy</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of the most recent antineoplastic chemotherapy treatment.
Date of completion of treatment or anticipated date of completion:	If <i>treatment types include Antineoplastic chemotherapy</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the antineoplastic chemotherapy treatment's date of completion (actual or anticipated).
Other therapeutic procedure and/or treatment (describe):	If <i>treatment types include Other therapeutic procedure and/or treatment</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe the other therapeutic procedure and/or treatment performed.
Date of procedure:	If <i>treatment types include Other therapeutic procedure and/or treatment</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of the most recent other therapeutic procedure and/or treatment.
Date of completion of treatment or anticipated date of completion:	If <i>treatment types include Other therapeutic procedure and/or treatment</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of completion (actual or anticipated) of the other therapeutic procedure and/or treatment.
b. Does the	If <i>Diagnosis = Yes</i> and <i>a</i>	[Yes; No]	N/A	Please answer

Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?	<i>condition is selected in the Diagnosis section;</i> Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional			the question: Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?
(If “yes”, answer both questions 3.b.i and 3.b.ii)	If <i>Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?</i> = Yes; Enabled, Read-Only  Else; Disabled	N/A	N/A	N/A
i. Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?	If <i>Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?</i> = Yes; Enabled, Mandatory Choose one valid value  Else; Disabled	[Yes; No]	N/A	Please answer the question: Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?
If yes, provide the name of the other condition:	If <i>Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please provide the name of the other hematologic or lymphatic condition that caused the secondary anemia.
ii. Is continuous medication required for control of the anemia?	If <i>Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?</i> = Yes; Enabled, Mandatory Choose one valid value  Else; Disabled	[Yes; No]	N/A	Please indicate whether or not continuous medication is required for control of the anemia.
If yes, list medication(s):	If <i>Is continuous medication required for control of the anemia?</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please list medication(s) continuously needed to control anemia.
c. Does the Veteran have thrombocyte	If <i>Diagnosis = Yes and a condition is selected in the Diagnosis section;</i>	[Yes; No]	N/A	Please answer the question: Does the

nia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?	Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional			Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?
(If “yes”, answer both questions 3.c.i and 3.c.ii)	If <i>Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?</i> = Yes; Enabled, Read-Only  Else; Disabled	N/A	N/A	N/A
i. Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition?	If <i>Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?</i> = Yes; Enabled, Mandatory Choose one valid value  Else; Disabled	[Yes; No]	N/A	Please answer the question: Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition?
If yes, provide the name of the other condition:	If <i>Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition?</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please provide the name of the other hematologic or lymphatic condition that caused the secondary thrombocytopenia.
ii. Is continuous medication required for control of the thrombocytopenia?	If <i>Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?</i> = Yes; Enabled, Mandatory Choose one valid value  Else; Disabled	[Yes; No]	N/A	Please indicate whether or not continuous medication is required for control of the thrombocytopenia.
If yes, list medication(s):	If <i>Is continuous medication required for control of the thrombocytopenia?</i> = Yes; Enabled, Mandatory	N/A	Free Text	Please list medication(s) continuously needed to

	Else; Disabled			control thrombocytope nia.
--	----------------	--	--	----------------------------------

**Figure 9: Template Example: DBQ – Hemic and Lymphatic – 3. Treatment**

**3. Treatment**

a. Has the Veteran completed any treatment or is the Veteran currently undergoing any treatment for any lymphatic or hematologic condition, including leukemia?

Yes  No; watchful waiting

If yes, indicate treatment type(s) (check all that apply):

Treatment completed; currently in watchful waiting status

Bone marrow transplant

If checked, provide:

Date of hospital admission and location:

Date of hospital discharge after transplant:

Surgery

If checked, describe:

Date(s) of surgery:

Radiation therapy

Date of most recent treatment:

Date of completion of treatment or anticipated date of completion:

Antineoplastic chemotherapy

Date of most recent treatment:

Date of completion of treatment or anticipated date of completion:

Other therapeutic procedure and/or treatment (describe):

Date of procedure:

Date of completion of treatment or anticipated date of completion:

b. Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?

Yes  No (if "yes", answer both questions 3.b.i and 3.b.ii)

i. Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?

Yes  No

If yes, provide the name of the other condition:

ii. Is continuous medication required for control of the anemia?

Yes  No

If yes, list medication(s):

c. Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?

Yes  No (if "yes", answer both questions 3.c.i and 3.c.ii)

i. Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition?

Yes  No

If yes, provide the name of the other condition:

ii. Is continuous medication required for control of the thrombocytopenia?

Yes  No

If yes, list medication(s):

**Figure 10: Print Example: DBQ – Hemic and Lymphatic – 3. Treatment**

```
3. Treatment
-----
a. Has the Veteran completed any treatment or is the Veteran currently
undergoing any treatment for any lymphatic or hematologic condition, including
leukemia?
[X] Yes   [ ] No; watchful waiting

If yes, indicate treatment type(s) (check all that apply):
[ ] Treatment completed; currently in watchful waiting status
[X] Bone marrow transplant
    If checked, provide:
        Date of hospital admission and location:
        Date of hospital discharge after transplant:
[X] Surgery
    If checked, describe:
    Date(s) of surgery:
[X] Radiation therapy
    Date of most recent treatment:
    Date of completion of treatment or anticipated date of
    completion:
[X] Antineoplastic chemotherapy
    Date of most recent treatment:
    Date of completion of treatment or anticipated date of
    completion:
[X] Other therapeutic procedure and/or treatment (describe):
    Date of procedure:
    Date of completion of treatment or anticipated date of
    completion:

b. Does the Veteran have anemia, including anemia caused by treatment for a
hematologic or lymphatic condition?
[X] Yes   [ ] No (if "yes", answer both questions 3.b.i and 3.b.ii)

    i. Is the anemia caused secondary to treatment of another hematologic
    or lymphatic condition?
    [X] Yes   [ ] No
        If yes, provide the name of the other condition:

    ii. Is continuous medication required for control of the anemia?
    [X] Yes   [ ] No
        If yes, list medication(s):

c. Does the Veteran have thrombocytopenia, including thrombocytopenia caused
by treatment for a hematologic or lymphatic condition?
[X] Yes   [ ] No (if "yes", answer both questions 3.c.i and 3.c.ii)

    i. Is the thrombocytopenia caused secondary to treatment of another
    hematologic or lymphatic condition?
    [X] Yes   [ ] No
        If yes, provide the name of the other condition:

    ii. Is continuous medication required for control of the
    thrombocytopenia?
    [X] Yes   [ ] No
        If yes, list medication(s):
```

**2.5 Section 4. Conditions, complications and/or residuals**

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 5: Rules: DBQ – Hemic and Lymphatic – 4. Conditions, complications and/or residuals**

<b>Field/Question</b>	<b>Field Disposition</b>	<b>Valid Values</b>	<b>Format</b>	<b>Error Message</b>
<b><u>4. Conditions, complications and/or residuals</u></b>	Enabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder?	If <i>Diagnosis = Yes</i> and <i>a condition is selected in the Diagnosis section</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder?
If yes, check all that apply:	If <i>previous question is Yes</i> ; Enabled, Mandatory, Choose one or more valid values  Else; Disabled	[Weakness; Easy fatigability; Light-headedness; Shortness of breath; Headaches; Dyspnea on mild exertion; Dyspnea at rest; Tachycardia; Syncope; Cardiomegaly; High output congestive heart failure; Complications or residuals of treatment requiring transfusion of platelets or red blood cells]	N/A	Please check at least one applicable condition, complication or residual.

<b>Field/Question</b>	<b>Field Disposition</b>	<b>Valid Values</b>	<b>Format</b>	<b>Error Message</b>
If checked, indicate frequency:	If <i>Does the Veteran currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder = Complications or residuals of treatment requiring transfusion of platelets or red blood cells</i> ; Enabled, Mandatory, Choose one valid value  Else; Disabled	[ At least once per year but less than once every 3 months; At least once every 3 months; At least once every 6 weeks]	N/A	Please indicate the frequency that transfusion of platelets or red blood cells is required.
b. Does the Veteran currently have any other conditions, complications and/or residuals of treatment from a hematologic or lymphatic disorder?	If <i>Diagnosis = Yes</i> and <i>a condition is selected in the Diagnosis section</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran currently have any other conditions, complications and/or residuals of treatment from a hematologic or lymphatic disorder?
If yes, describe (brief summary):	If <i>previous question = Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe any other conditions, complications and/or residuals.

**Figure 11: Template Example: DBQ – Hemic and Lymphatic – 4. Conditions, complications and/or residuals**

**4. Conditions, complications and/or residuals**

a. Does the Veteran currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder?

Yes  No

If yes, check all that apply:

- Weakness
- Easy fatigability
- Light-headedness
- Shortness of breath
- Headaches
- Dyspnea on mild exertion
- Dyspnea at rest
- Tachycardia
- Syncope
- Cardiomegaly
- High output congestive heart failure
- Complications or residuals of treatment requiring transfusion of platelets or red blood cells

If checked, indicate frequency:

- At least once per year but less than once every 3 months
- At least once every 3 months
- At least once every 6 weeks

b. Does the Veteran currently have any other conditions, complications and/or residuals of treatment from a hematologic or lymphatic disorder?

Yes  No

If yes, describe (brief summary):

**Figure 12: Print Example: DBQ – Hemic and Lymphatic – 4. Conditions, complications and/or residuals**

4. Conditions, complications and/or residuals  
-----

a. Does the Veteran currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder?

[X] Yes [ ] No

If yes, check all that apply:

- [ ] Weakness
- [ ] Easy fatigability
- [ ] Light-headedness
- [ ] Shortness of breath
- [ ] Headaches
- [ ] Dyspnea on mild exertion
- [ ] Dyspnea at rest
- [ ] Tachycardia
- [ ] Syncope
- [ ] Cardiomegaly
- [ ] High output congestive heart failure
- [X] Complications or residuals of treatment requiring transfusion of platelets or red blood cells

If checked, indicate frequency:

- [ ] At least once per year but less than once every 3 months
- [ ] At least once every 3 months
- [ ] At least once every 6 weeks

b. Does the Veteran currently have any other conditions, complications and/or residuals of treatment from a hematologic or lymphatic disorder?

[X] Yes [ ] No

If yes, describe (brief summary):

## 2.6 Section 5. Recurring infections

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 6: Rules: DBQ – Hemic and Lymphatic – 5. Recurring infections**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>5. Recurring infections</b>	Enabled, Read-Only	N/A	N/A	N/A
Does the Veteran currently have any conditions, complications and/or residuals of treatment for a hematologic or lymphatic disorder that result in recurring infections?	If <i>Diagnosis = Yes</i> and a <i>condition is selected in the Diagnosis section</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran currently have any conditions, complications and/or residuals of treatment for a hematologic or lymphatic disorder that result in recurring infections?
If yes, indicate frequency of infections:	If <i>previous question = Yes</i> ; Enabled, Mandatory; Choose one valid value  Else; Disabled	[Less than once per year; At least once per year but less than once every 3 months; At least once every 3 months; At least once every 6 weeks]	N/A	Please indicate the frequency of infections.

**Figure 13: Template Example: DBQ – Hemic and Lymphatic – 5. Recurring infections**

**5. Recurring infections**  
Does the Veteran currently have any conditions, complications and/or residuals of treatment for a hematologic or lymphatic disorder that result in recurring infections?  
 Yes  No

If yes, indicate frequency of infections:  
 Less than once per year  
 At least once per year but less than once every 3 months  
 At least once every 3 months  
 At least once every 6 weeks

**Figure 14: Print Example: DBQ – Hemic and Lymphatic – 5. Recurring infections**

5. Recurring infections  
-----  
Does the Veteran currently have any conditions, complications and/or

residuals of treatment for a hematologic or lymphatic disorder that result in recurring infections?

Yes     No

If yes, indicate frequency of infections:

Less than once per year

At least once per year but less than once every 3 months

At least once every 3 months

At least once every 6 weeks

## 2.7 Section 6. Thrombocytopenia (primary, idiopathic or immune)

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 7: Rules: DBQ – Hemic and Lymphatic – 6. Thrombocytopenia (primary, idiopathic or immune)**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b><u>6. Thrombocytopenia (primary, idiopathic or immune)</u></b>	If <i>Condition = thrombocytopenia</i> ; Enabled, Read-Only  Else; Disabled	N/A	N/A	N/A
Does the Veteran have thrombocytopenia?	If <i>Condition = thrombocytopenia</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran have thrombocytopenia?
If yes, check all that apply:	If <i>Does the Veteran have thrombocytopenia = Yes</i> ; Enabled, Mandatory; Choose one or more valid values  Else; Disabled	[Stable platelet count of 100,000 or more; Stable platelet count between 70,000 and 100,000; Platelet count between 20,000 and 70,000; Platelet count of less than 20,000; With active bleeding; Requiring treatment with medication; Requiring treatment with transfusions]	N/A	Please check all applicable statements regarding the Veteran's thrombocytopenia.

**Figure 15: Template Example: DBQ – Hemic and Lymphatic – 6. Thrombocytopenia (primary, idiopathic or immune)**

**6. Thrombocytopenia (primary, idiopathic or immune)**

Does the Veteran have thrombocytopenia?  
 Yes  No

If yes, check all that apply:

- Stable platelet count of 100,000 or more
- Stable platelet count between 70,000 and 100,000
- Platelet count between 20,000 and 70,000
- Platelet count of less than 20,000
- With active bleeding
- Requiring treatment with medication
- Requiring treatment with transfusions

**Figure 16: Print Example: DBQ – Hemic and Lymphatic – 6. Thrombocytopenia (primary, idiopathic or immune)**

```

6. Thrombocytopenia (primary, idiopathic or immune)
-----
Does the Veteran have thrombocytopenia?
[X] Yes   [ ] No

    If yes, check all that apply:
    [ ] Stable platelet count of 100,000 or more
    [X] Stable platelet count between 70,000 and 100,000
    [ ] Platelet count between 20,000 and 70,000
    [ ] Platelet count of less than 20,000
    [X] With active bleeding
    [X] Requiring treatment with medication
    [X] Requiring treatment with transfusions

```

## 2.8 Section 7. Polycythemia vera

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 8: Rules: DBQ – Hemic and Lymphatic – 7. Polycythemia vera**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>7. Polycythemia vera</b>	If <i>Condition = polycythemia vera</i> ; Enabled, Read-Only  Else; Disabled	N/A	N/A	N/A
Does the Veteran have polycythemia vera?	If <i>Condition = polycythemia vera</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran have polycythemia vera?
If yes, check all that apply:	If <i>Does the Veteran have polycythemia vera? = Yes</i> ; Enabled, Mandatory; Choose one or more valid values  Else; Disabled	[Stable, with or without continuous medication; Requiring phlebotomy; Requiring myelosuppressant treatment ]	N/A	Please check all applicable statements regarding the Veteran's polycythemia vera.
NOTE: If there are complications due to polycythemia vera such as hypertension, gout, stroke or thrombotic disease, also complete appropriate Questionnaire(s).	If <i>Does the Veteran have polycythemia vera? = Yes</i> ; Enabled, Read-Only  Else; Disabled	N/A	N/A	N/A

**Figure 17: Template Example: DBQ – Hemic and Lymphatic – 7. Polycythemia vera**

**7. Polycythemia vera**  
 Does the Veteran have polycythemia vera?  
 Yes  No  
 If yes, check all that apply:  
 Stable, with or without continuous medication  
 Requiring phlebotomy  
 Requiring myelosuppressant treatment  
 NOTE: If there are complications due to polycythemia vera such as hypertension, gout, stroke or thrombotic disease, also complete appropriate Questionnaire(s).

**Figure 18: Print Example: DBQ – Hemic and Lymphatic – 7. Polycythemia vera**

```

7. Polycythemia vera
-----
Does the Veteran have polycythemia vera?
[X] Yes   [ ] No

    If yes, check all that apply:
    [X] Stable, with or without continuous medication
    [X] Requiring phlebotomy
    [X] Requiring myelosuppressant treatment

NOTE:  If there are complications due to polycythemia vera such as
        hypertension, gout, stroke or thrombotic disease, also complete
        appropriate Questionnaire(s).
  
```

2.9 Section 8. Sickle cell anemia

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 9: Rules: DBQ – Hemic and Lymphatic – 8. Sickle cell anemia**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>8. Sickle cell anemia</b>	If <i>Condition = Sickle cell anemia</i> ; Enabled, Read-Only  Else; Disabled	N/A	N/A	N/A
Does the Veteran have sickle cell anemia?	If <i>Condition = Sickle cell anemia</i> ; Enabled, Mandatory, Choose one valid value  Else; Disabled	[Yes; No]	N/A	Please answer the question: Does the Veteran have sickle cell anemia?
If yes, check all that apply:	If <i>Does the Veteran have sickle cell anemia? = Yes</i> ; Enabled, Mandatory  Else; Disabled	[Asymptomatic; In remission; With identifiable organ impairment; Following repeated hemolytic sickling crises with continuing impairment of health; Painful crises several times a year; Repeated painful crises, occurring in skin, joints, bones or any major organs; With anemia, thrombosis and infarction; Symptoms preclude other than light manual labor ; Symptoms preclude even light manual labor]	N/A	Please check all applicable statements regarding the Veteran's sickle cell anemia.

**Figure 19: Template Example: DBQ – Hemic and Lymphatic – 8. Sickle cell anemia**

**8. Sickle cell anemia**  
Does the Veteran have sickle cell anemia?  
 Yes  No  
If yes, check all that apply:  
 Asymptomatic  
 In remission  
 With identifiable organ impairment  
 Following repeated hemolytic sickling crises with continuing impairment of health  
 Painful crises several times a year  
 Repeated painful crises, occurring in skin, joints, bones or any major organs  
 With anemia, thrombosis and infarction  
 Symptoms preclude other than light manual labor  
 Symptoms preclude even light manual labor

**Figure 20: Print Example: DBQ – Hemic and Lymphatic – 8. Sickle cell anemia**

```
8. Sickle cell anemia
-----
Does the Veteran have sickle cell anemia?
[X] Yes   [ ] No

      If yes, check all that apply:
      [ ] Asymptomatic
      [ ] In remission
      [X] With identifiable organ impairment
      [X] Following repeated hemolytic sickling crises with continuing
          impairment of health
      [X] Painful crises several times a year
      [X] Repeated painful crises, occurring in skin, joints, bones or any
          major organs
      [X] With anemia, thrombosis and infarction
      [ ] Symptoms preclude other than light manual labor
      [X] Symptoms preclude even light manual labor
```

**2.10 Section 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms**

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 10: Rules: DBQ – Hemic and Lymphatic – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b><u>9. Other pertinent physical findings, complications, conditions, signs and/or symptoms</u></b>	Enabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?	If <i>Diagnosis = Yes</i> and a condition is selected in the <i>Diagnosis</i> section; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?
If yes, describe(brief summary):	If <i>Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms= Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe any other pertinent physical findings, complications, conditions, signs and/or symptoms.
b. 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?	If <i>Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms= Yes</i> ; Enabled, Mandatory  Else; Disabled	[Yes; No]	N/A	Please answer the question: 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?
If yes, also complete a Scars Questionnaire for each scar.	Disabled; Read-Only	N/A	N/A	N/A

**Figure 21: Template Example: DBQ – Hemic and Lymphatic – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms**

**9. Other pertinent physical findings, complications, conditions, signs and/or symptoms**

a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?  
 Yes  No

If yes, describe (brief summary):

b. Does the Veteran have any scars (surgical or otherwise) related to any condition or to the treatment of any conditions listed in the Diagnosis section above:  
 Yes  No

If yes, also complete a Scars Questionnaire for each scar.

**Figure 22: Print Example: DBQ – Hemic and Lymphatic – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms**

9. Other pertinent physical findings, complications, conditions, signs and/or symptoms  
-----  
Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?  
 Yes     No

    If yes, describe (brief summary): Other pertinent findings will be entered here

b. 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, also complete a Scars Questionnaire for each scar.

**2.11 Section 10. Diagnostic testing**

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 11: Rules: DBQ – Hemic and Lymphatic – 10. Diagnostic testing**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>10. Diagnostic testing</b>	Enabled, Read-Only	N/A	N/A	N/A
If testing has been performed and reflects Veteran’s current condition, no further testing is required. Provide most recent CBC, hemoglobin level or platelet count appropriate to the Veteran’s condition:	Enabled, Read-Only	N/A	N/A	N/A
a. CBC:	Enabled, Optional	N/A	Free Text	N/A
Date:	If <i>CBC is populated</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date the CBC test was performed.
b. Hemoglobin level (gm/100ml):	Enabled, Optional	N/A	Free Text	N/A
Date:	If <i>Hemoglobin level is populated</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date the hemoglobin level test was performed.
c. Platelet count:	Enabled, Optional	N/A	Free Text	N/A
Date:	If <i>Platelet count is populated</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date the platelet count test was performed.
d. Are there any other significant diagnostic test findings and/or results?	If <i>Diagnosis = Yes</i> and <i>a condition is selected in the Diagnosis section</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Are there any other significant diagnostic test findings and/or results?
If yes, provide type of test or procedure, date and results (brief summary):	If <i>Are there any significant diagnostic test findings and/or results= Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please provide the type of diagnostic test or procedure, the date and the results.

**Figure 23: Template Example: DBQ – Hemic and Lymphatic – 10. Diagnostic testing**

**10. Diagnostic testing**  
If testing has been performed and reflects Veteran's current condition, no further testing is required.  
Provide most recent CBC, hemoglobin level or platelet count appropriate to the Veteran's condition:

a. CBC:  Date:

b. Hemoglobin level (gm/100ml):  Date:

c. Platelet count:  Date:

d. 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):

**Figure 24: Print Example: DBQ – Hemic and Lymphatic – 10. Diagnostic testing**

10. Diagnostic testing  
-----  
If testing has been performed and reflects Veteran's current condition, no further testing is required.

Provide most recent CBC, hemoglobin level or platelet count appropriate to the Veteran's condition:

a. CBC: Date:

b. Hemoglobin level (gm/100ml): Date:

c. Platelet count: Date:

d. 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):

**2.12 Section 11. Functional impact**

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

**Table 12: Rules: DBQ – Hemic and Lymphatic – 11. Functional impact**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>11. Functional Impact</b>	Enabled, Read-Only	N/A	N/A	N/A
Does the Veteran’s hematologic and/or lymphatic condition(s) impact his or her ability to work?	If <i>Diagnosis = Yes</i> and a condition is selected in the <i>Diagnosis section</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran's hematologic and/or lymphatic condition(s) impact his or her ability to work?
If yes, describe impact of each of the Veteran’s hematologic and/or lymphatic conditions, providing one or more examples:	If <i>Does the Veteran’s hematologic and/or lymphatic condition(s) impact the Veteran’s ability to work = Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe the impact of each hematologic and/or lymphatic condition on the Veteran's ability to work, providing one or more examples.

**Figure 25: Template Example: DBQ – Hemic and Lymphatic – 11. Functional impact**

**11. Functional impact**  
 Does the Veteran's hematologic and/or lymphatic conditions(s) impact his or her ability to work?  
 Yes  No  
 If yes, describe impact of each of the Veteran's hematologic and/or lymphatic conditions, providing one or more examples:

---

**Figure 26: Print Example: DBQ – Hemic and Lymphatic – 11. Functional impact**

```

11. Functional impact
-----
Does the Veteran's hematologic and/or lymphatic condition(s) impact his or
her ability to work?
[X] Yes   [ ] No

      If yes, describe impact of each of the Veteran's hematologic and/or
      lymphatic conditions, providing one or more examples:
  
```

2.13 Section 12. Remarks, if any

All questions in this section may be answered as described by the rules below.

**Table 13: Rules: DBQ – Hemic and Lymphatic – 12. Remarks, if any**

Field/Question	Field Disposition	Valid Values	Format	Error Message
12. Remarks, if any	Enabled, Optional	N/A	Free Text	N/A

**Figure 27: Template Example: DBQ – Hemic and Lymphatic – 12. Remarks, if any**

**12. Remarks, if any:**

**Figure 28: Print Example: DBQ – Hemic and Lymphatic – 12. Remarks, if any**

12. Remarks, if any:  
-----

### 3 Hemic and Lymphatic DBQ-AMIE Worksheet

The DBQ-AMIE worksheets are accessed via the Print Blank C&P Worksheet menu [DVBA C PRINT BLANK C&P WORKSHE] option. Select the "DBQ HEMIC AND LYMPHATIC CONDITIONS INCLUDING LEUKEMIA" worksheet. DBQ-AMIE worksheets should be sent to a printer.

Hematologic and Lymphatic Conditions  
Including Leukemia  
Disability Benefits Questionnaire

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.

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with a hematologic and/or lymphatic condition?

Yes  No

If no, provide rationale (e.g., Veteran does not currently have any known hematologic or lymphatic condition(s)): \_\_\_\_\_

If yes, select the Veteran's condition:

- Acute lymphocytic leukemia (ALL)  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Acute myelogenous leukemia (AML)  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Chronic myelogenous leukemia (CML)  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Hodgkin's disease  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Non-Hodgkin's lymphoma  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Anemia  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Thrombocytopenia  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Polycythemia vera  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Sickle cell anemia  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Splenectomy  
ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Hairy cell and other B-cell leukemia: If checked, complete Hairy cell and other B-cell leukemias Questionnaire.

Other hematologic or lymphatic condition(s):

Other diagnosis #1: \_\_\_\_\_

ICD code: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Other diagnosis #2: \_\_\_\_\_

ICD code: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

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Other diagnosis #3: \_\_\_\_\_  
ICD code: \_\_\_\_\_  
Date of diagnosis: \_\_\_\_\_

If there are additional diagnoses that pertain to hematologic or lymphatic condition(s), list using above format: \_\_\_\_\_

2. Medical history

a. Describe the history (including onset, course and status) of the Veteran's current condition(s) (brief summary): \_\_\_\_\_

b. Indicate the status of the primary condition:

- Active
- Remission
- Not applicable

3. Treatment

a. Has the Veteran completed any treatment or is the Veteran currently undergoing any treatment for any lymphatic or hematologic condition, including leukemia?

Yes  No; watchful waiting

If yes, indicate treatment type(s) (check all that apply):

- Treatment completed; currently in watchful waiting status
- Bone marrow transplant  
If checked, provide:  
Date of hospital admission and location: \_\_\_\_\_  
Date of hospital discharge after transplant: \_\_\_\_\_
- Surgery  
If checked, describe: \_\_\_\_\_  
Date(s) of surgery: \_\_\_\_\_
- Radiation therapy  
Date of most recent treatment: \_\_\_\_\_  
Date of completion of treatment or anticipated date of completion: \_\_\_\_\_
- Antineoplastic chemotherapy  
Date of most recent treatment: \_\_\_\_\_  
Date of completion of treatment or anticipated date of completion: \_\_\_\_\_
- Other therapeutic procedure and/or treatment (describe): \_\_\_\_\_  
Date of procedure: \_\_\_\_\_  
Date of completion of treatment or anticipated date of completion: \_\_\_\_\_

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Hematologic and Lymphatic Conditions

b. Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?

Yes  No (if "yes", answer both question 3.b.i and 3.b.ii)

i. Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?

Yes  No

If yes, provide the name of the other condition: \_\_\_\_\_

ii. Is continuous medication required for control of the anemia?

Yes  No

If yes, list medication(s): \_\_\_\_\_

c. Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?

Yes  No (if "yes", answer both question 3.c.i and 3.c.ii)

i. Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition?

Yes  No

If yes, provide the name of the other condition: \_\_\_\_\_

ii. Is continuous medication required for control of the thrombocytopenia?

Yes  No

If yes, list medication(s): \_\_\_\_\_

#### 4. Conditions, complications and/or residuals

a. Does the Veteran currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder?

Yes  No

If yes, check all that apply:

Weakness

Easy fatigability

Light-headedness

Shortness of breath

Headaches

Dyspnea on mild exertion

Dyspnea at rest

Tachycardia

Syncope

Cardiomegaly

High output congestive heart failure

Complications or residuals of treatment requiring transfusion of platelets or red blood cells

If checked, indicate frequency:

At least once per year but less than once every 3 months

At least once every 3 months

At least once every 6 weeks

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Hematologic and Lymphatic Conditions

b. Does the Veteran currently have any other conditions, complications and/or residuals of treatment from a hematologic or lymphatic disorder?

Yes  No

If yes, describe (brief summary): \_\_\_\_\_

#### 5. Recurring infections

Does the Veteran currently have any conditions, complications and/or residuals of treatment for a hematologic or lymphatic disorder that result in recurring infections?

Yes  No

If yes, indicate frequency of infections:

- Less than once per year
- At least once per year but less than once every 3 months
- At least once every 3 months
- At least once every 6 weeks

6. Thrombocytopenia (primary, idiopathic or immune)

Does the Veteran have thrombocytopenia?

Yes  No

If yes, check all that apply:

- Stable platelet count of 100,000 or more
- Stable platelet count between 70,000 and 100,000
- Platelet count between 20,000 and 70,000
- Platelet count of less than 20,000
- With active bleeding
- Requiring treatment with medication
- Requiring treatment with transfusions

7. Polycythemia vera

Does the Veteran have polycythemia vera?

Yes  No

If yes, check all that apply:

- Stable, with or without continuous medication
- Requiring phlebotomy
- Requiring myelosuppressant treatment

NOTE: If there are complications due to polycythemia vera such as hypertension, gout, stroke or thrombotic disease, also complete appropriate Questionnaire(s).

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8. Sickle cell anemia

Does the Veteran have sickle cell anemia?

Yes  No

If yes, check all that apply:

- Asymptomatic
- In remission
- With identifiable organ impairment
- Following repeated hemolytic sickling crises with continuing impairment of health
- Painful crises several times a year
- Repeated painful crises, occurring in skin, joints, bones or any major organs
- With anemia, thrombosis and infarction
- Symptoms preclude other than light manual labor

Symptoms preclude even light manual labor

9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?

Yes  No

If yes, describe (brief summary): \_\_\_\_\_

b. 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, also complete a Scars Questionnaire for each scar.

10. Diagnostic testing

If testing has been performed and reflects Veteran's current condition, no further testing is required.

Provide most recent CBC, hemoglobin level or platelet count appropriate to the Veteran's condition:

a. CBC: \_\_\_\_\_ Date: \_\_\_\_\_

b. Hemoglobin level (gm/100ml): \_\_\_\_\_ Date: \_\_\_\_\_

c. Platelet count: \_\_\_\_\_ Date: \_\_\_\_\_

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d. 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): \_\_\_\_\_

11. Functional impact

Does the Veteran's hematologic and/or lymphatic condition(s) impact his or her ability to work?

Yes  No

If yes, describe impact of each of the Veteran's hematologic and/or lymphatic conditions, providing one or more examples: \_\_\_\_\_

12. Remarks, if any: \_\_\_\_\_

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

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

Medical license #: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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