



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

## **Leukemia Disability Benefits Questionnaire (DBQ) Workflow**

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Department of Veterans Affairs  
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Management & Financial Systems



## Revision History

Date	Description (Patch # if applicable)	Author	Technical Writer
08/02/2010	Document created	REDACTED	REDACTED
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# 1 Introduction

## 1.1 Purpose

This document provides a high level overview of the contents found on the 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 LEUKEMIA DBQ provides the ability to capture information related to Hairy Cell and Other B-Cell Leukemia's and treatment.

Each DBQ template contains a standard footer containing a note stating that the "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 Exmple: 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 LEUKEMIA 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 Leukemia DBQ – History Tab

### 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 – Leukemia – Name of patient/Veteran**

Field/Question	Field Disposition	Valid Values	Format	Error Message
Disability Benefits Questionnaire	Disabled, Read-Only	N/A	N/A	N/A
Hairy Cell and Other B-Cell Leukemias	Disabled, 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.
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.	Disabled, Read-Only	N/A	N/A	N/A

**Figure 3: Template Example: DBQ – Leukemia – Name of patient/Veteran**

History

Hairy Cell & Other B Cell Leukemias

**Disability Benefits Questionnaire**  
**Hairy Cell and Other B-Cell Leukemias**

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 – Leukemia – Name of patient/Veteran**

```

Disability Benefits Questionnaire
Hairy Cell and Other B-Cell Leukemias

Name of patient/Veteran: Patient, Test 2

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 patient/Veteran now have or has he/she ever been diagnosed with hairy cell leukemia or any other B-cell leukemia?” 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 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.

Note: Some questions will activate secondary question(s) when answered. If a secondary question is answered and the primary question that triggered the secondary question is unanswered or if answered in a way where this information is no longer required, the previously entered data will be removed and the question may become disabled if it is no longer relevant.

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 – Leukemia – 1. Diagnosis**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>1.Diagnosis</u>	Disabled, Read-Only	N/A	N/A	N/A
Does the Veteran now have or has he/she ever been diagnosed with hairy cell leukemia or any other B-cell leukemia?	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 hairy cell leukemia or any other B-cell leukemia?
NOTE: Provide only diagnoses that pertain to hairy cell leukemia or any other B-cell leukemias.	Disabled, Read-Only	N/A	N/A	N/A
Diagnosis #1:	If <i>diagnosis = Yes</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter diagnosis #1.
ICD code:	If <i>diagnosis = Yes</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #1.
Date of diagnosis #1:	If <i>diagnosis = Yes</i> ; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis #1.
Diagnosis #2:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If Diagnosis #2 is populated; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #2.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of diagnosis #2:	If Diagnosis #2 is populated; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis #2.
Diagnosis #3:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If Diagnosis #3 is populated; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #3.
Date of diagnosis #3:	If Diagnosis #3 is populated; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis #3.
If additional diagnoses that pertain to hairy cell leukemia or any other B-cell leukemia, list using above format:	Enabled, Optional	N/A	Free Text	N/A

**Figure 5: Template Example: DBQ – Leukemia – 1. Diagnosis**

**1. Diagnosis**  
Does the Veteran now have or has he/she ever been diagnosed with hairy cell leukemia or any other B-cell leukemia?  
 Yes  No

**NOTE:** Provide diagnoses that only pertain to hairy cell or any other B-cell leukemias

Diagnosis #1:

ICD code:

Date of diagnosis #1:

Diagnosis #2:

ICD code:

Date of diagnosis #2:

Diagnosis #3:

ICD code:

Date of diagnosis #3:

If additional diagnoses that pertain to hairy cell leukemia or any other B-cell leukemia, list using above format:

**Figure 6: Print Example: DBQ – Leukemia – 1. Diagnosis**

**1. Diagnosis**  
-----  
Does the Veteran now have or has he/she ever been diagnosed with hairy cell leukemia or any other B-cell leukemia? [X] Yes [ ] No

**NOTE:** Provide diagnoses that only pertain to hairy cell or any other B-cell leukemias

Diagnosis #1: First Diagnosis will be entered here  
 ICD code: First ICD code will be entered here  
 Date of diagnosis #1: First diagnosis date will be entered here

Diagnosis #2: Second Diagnosis will be entered here  
 ICD code: Second ICD code will be entered here  
 Date of diagnosis #2: Second diagnosis date will be entered here

Diagnosis #3: Third Diagnosis will be entered here  
 ICD code: Third ICD code will be entered here  
 Date of diagnosis #3: Third diagnosis date will be entered here

If additional diagnoses that pertain to hairy cell leukemia or any other B-cell leukemia, list using above format: Any additional diagnoses will be entered here, along with the ICD code and date

### 2.3 Section 2. Status of disease

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 – Leukemia – 2. Status of disease**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>2. Status of disease</u>	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value	[Active; Remission]	N/A	Please indicate the status of the disease.
	Else; Enabled, Optional			

**Figure 7: Template Example: DBQ – Leukemia – 2. Status of disease**

2. Status of disease  
 Active  Remission

**Figure 8: Print Example: DBQ – Leukemia – 2. Status of disease**

2. Status of disease  
 -----  
 [ ] Active [X] Remission

### 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 – Leukemia – 3. Treatment**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>3.Treatment</u>	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[The Veteran is currently undergoing treatment for this leukemia with surgical, radiation, immunotherapy, antineoplastic chemotherapy and/or other therapeutic procedures.; The Veteran has completed treatment for this leukemia.]	N/A	Please indicate whether the Veteran is currently undergoing treatment or has completed treatment for this leukemia.
Date of discontinuance of treatment	If Treatment = <i>The Veteran has completed treatment for this leukemia.</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of discontinuance of treatment.

**Figure 9: Template Example: DBQ – Leukemia – 3. Treatment**

**3. Treatment**

The Veteran is currently undergoing treatment for this leukemia with surgical, radiation, immunotherapy, antineoplastic chemotherapy and/or other therapeutic procedures.

The Veteran has completed treatment for this leukemia.

Date of discontinuance of treatment:

**Figure 10: Print Example: DBQ – Leukemia – 3. Treatment**

**3. Treatment**  
-----

[ ] The Veteran is currently undergoing treatment for this leukemia with surgical, radiation, immunotherapy, antineoplastic chemotherapy and/or other therapeutic procedures.

[X] The Veteran has completed treatment for this leukemia.  
Date of discontinuance of treatment: date will be entered here

## 2.5 Section 4. Residual complications

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 – Leukemia – 4. Residual complications**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>4. Complications or residuals of treatment</u>	Disabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran currently have any complications or residuals of treatment?	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran have any complications or residuals of treatment?
b. Are there any complications or residuals requiring transfusion of platelets or red cells?	If <i>does the Veteran currently have any residual complications = YES</i> ; Enabled, Mandatory, Choose one valid value  Else; Disabled	[Yes; No]	N/A	Please indicate whether or not complications or residuals require the transfusion of platelets or red cells.
If yes, indicate frequency	If <i>does the Veteran currently have any residual complications = YES</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 select the frequency that complications or residuals require the transfusion of platelets or red blood cells.
c. Are there any complications or residuals causing recurring infections?	If <i>does the Veteran currently have any residual complications = YES</i> ; Enabled, Mandatory, Choose one valid value  Else; Disabled	[Yes; No]	N/A	Please indicate whether or not there are any complications or residuals causing recurring infections.
If yes, indicate frequency	If <i>does the Veteran currently have any residual complications = YES</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 select the frequency that residual complications cause recurring infections.
d. Are there any complications or residuals related to anemia?	If <i>does the Veteran currently have any residual complications = YES</i> ; Enabled, Mandatory, Choose one valid value  Else; Disabled	[Yes; No]	N/A	Please indicate whether or not there are any complications or residuals related to anemia.

<b>Field/Question</b>	<b>Field Disposition</b>	<b>Valid Values</b>	<b>Format</b>	<b>Error Message</b>
If yes, check all that apply:	If <i>does the Veteran currently have any residual complications</i> = YES; Enabled, Mandatory, Choose one valid value  Else; Disabled	[Asymptomatic anemia; Requires continuous medication; Requiring bone marrow transplant; Symptomatic anemia (check signs and symptoms that apply)]  Note: Cannot choose both Asymptomatic anemia and Symptomatic anemia	N/A	Please select the applicable complications or residuals related to anemia.
Date:	If <i>Residual complications related to anemia = Requiring bone marrow transplant</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free format	Please indicate the date of the bone marrow transplant due to anemia.
Symptomatic anemia [check signs and symptoms that apply]	If <i>Residual complications related to anemia = Symptomatic anemia</i> ; Enabled, Mandatory, Choose one or more valid values  Else; Disabled	[weakness; easy fatigability; headaches; lightheadedness ; shortness of breath; dyspnea on mild exertion; cardiomegaly; tachycardia; syncope; high output congestive heart failure; dyspnea at rest; Other signs and/or symptoms:]	N/A	Please check at least one of the symptomatic anemia signs or symptoms.
Symptomatic anemia Other signs and/or symptoms:	If Symptomatic anemia signs and symptoms = <i>Other signs and/or symptoms</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the description of other signs and/or symptoms.

Field/Question	Field Disposition	Valid Values	Format	Error Message
If available, provide most recent hemoglobin level (gm/100ml):	Enabled, Optional	N/A	Free Text	N/A
Date:	If <i>most recent hemoglobin level</i> entered; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date of the most recent hemoglobin level.
If available, provide most recent platelet count:	Enabled, Optional	N/A	Free Text	N/A
Date:	If <i>most recent platelet count</i> entered; Enabled, Mandatory  Else; Enabled, Optional	N/A	Free Text	Please enter the date of the most recent platelet count.
If any other residual complications are present, please specify:	Enabled, Optional	N/A	Free Text	N/A

Figure 11: Template Example: DBQ – Leukemia – 4. Residual complications

**4. Complications or residuals of treatment**

a. Does the Veteran currently have any complications or residuals of treatment?  
 Yes  No

b. Are there any complications or residuals requiring transfusion of platelets or red cells?  
 Yes  No  
 If yes, 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

c. Are there any complications or residuals causing recurring infections?  
 Yes  No  
 If yes, 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

d. Are there any complications or residuals related to anemia?  
 Yes  No

If yes, check all that apply:

Asymptomatic anemia

Requires continuous medication

Requiring bone marrow transplant Date:

Symptomatic anemia (check signs and symptoms that apply)

Weakness       Easy fatigability       Headaches

Lightheadedness       Shortness of breath       Dyspnea on mild exertion

Cardiomegaly       Tachycardia       Syncope

High output congestive heart failure       Dyspnea at rest

Other signs and/or symptoms:

If available, provide most recent hemoglobin level (gm/100ml):  Date:

If available, provide most recent platelet count:  Date:

If any other residual complications are present, please specify:

**Figure 12: Print Example: DBQ – Leukemia – 4. Residual complications**

```
4. Complications or residuals of treatment
-----
a. Does the Veteran currently have any complications or residuals of treatment?
[X] Yes [ ] No

b. Are there any complications or residuals requiring transfusion of platelets
or red cells?
[X] Yes [ ] No
If yes, indicate frequency
[ ] At least once per year but less than once every 3 months
[X] At least once every 3 months
[ ] At least once every 6 weeks

c. Are there any complications or residuals causing recurring infections?
[X] Yes [ ] No
If yes, indicate frequency
[ ] At least once per year but less than once every 3 months
[X] At least once every 3 months
[ ] At least once every 6 weeks

d. Are there any complications or residuals related to anemia?
[X] Yes [ ] No
If yes, check all that apply:
[ ] Asymptomatic anemia
[X] Requires continuous medication
[X] Requiring bone marrow transplant Date: bone marrow date
[X] Symptomatic anemia (check signs and symptoms that apply)
[X] Weakness [X] Easy fatigability [X] Headaches
[X] Lightheadedness [X] Shortness of Breath
[X] Dyspnea on mild exertion
[X] Cardiomegaly [X] Tachycardia [X] Syncope
[X] High output congestive heart failure [X] Dyspnea at rest
[X] Other signs and/or symptoms: Other signs and symptoms will
be entered here

If available, provide most recent hemoglobin level (gm/100ml):
level will be here
Date: hemoglobin date will be here
If available, provide most recent platelet count: count will be
here
Date: count date will be here
If any other residual complications are present, please specify: other
residual complications will be here
```

## 2.6 Section 5. 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 6: Rules: DBQ – Leukemia – 5. Functional impact**

Field/Question	Field Disposition	Valid Values	Format	Error Message
Does the Veteran’s B-cell leukemia impact his or her Veteran’s ability to work?	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran's B-cell leukemia impact his or her ability to work?
If yes, describe impact, providing one or more examples:	If <i>Does the Veteran’s B-cell leukemia impact the Veteran’s ability to work = Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe the impact of B-cell leukemia on the Veteran's ability to work, providing one or more examples.

**Figure 13: Template Example: DBQ – Leukemia – 5. Functional impact**

**5. Functional impact**  
 Does the Veteran's B-cell leukemia impact his or her ability to work?  
 Yes  No  
 If yes, describe impact, providing one or more examples:  
 How it impacts work will be entered here

**Figure 14: Print Example: DBQ – Leukemia – 5. Functional impact**

5. Functional impact  
 -----  
 Does the Veteran's B-cell leukemia impact the Veteran's ability to work?  
 Yes  No  
 If yes, describe impact, providing one or more examples: How it impacts work will be entered here

**2.7 Section 6. Remarks**

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

**Table 7: Rules: DBQ – Leukemia – 6. Remarks**

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

**Figure 15: Template Example: DBQ – Leukemia – 6. Remarks**

**6. Remarks, if any**  
 Any additional remarks will be entered here

**Figure 16: Print Example: DBQ – Leukemia – 6. Remarks**

6. Remarks, if any  
 -----  
 Any additional remarks will be entered here

### 3 Leukemia AMIE Worksheet

The AMIE worksheets are accessed via the [DVBA C PRINT BLANK C&P WORKSHE] Print Blank C&P Worksheet menu DBQ LEUKEMIA option.

Disability Benefits Questionnaire  
Hairy Cell and other B-cell Leukemias

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 hairy cell leukemia or any other B-cell leukemia?  
 Yes  No

NOTE: Provide only diagnoses that pertain to hairy cell or any other B-cell leukemias

Diagnosis #1: \_\_\_\_\_  
ICD code: \_\_\_\_\_  
Date of diagnosis #1: \_\_\_\_\_

Diagnosis #2: \_\_\_\_\_  
ICD code: \_\_\_\_\_  
Date of diagnosis #2: \_\_\_\_\_

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

If additional diagnoses that pertain to hairy cell leukemia or any other B-cell leukemia, list using above format: \_\_\_\_\_

2. Status of disease

Active  Remission

3. Treatment

The Veteran is currently undergoing treatment for this leukemia with surgical, radiation, immunotherapy, antineoplastic chemotherapy and/or other therapeutic procedures.

The Veteran has completed treatment for this leukemia.

Date of discontinuance of treatment: \_\_\_\_\_

Disability Benefits Questionnaire for  
Hairy Cell and other B-cell Leukemias

4. Complications or residuals of treatment

a. Does the Veteran currently have any complications or residuals of treatment?

Yes  No

b. Are there any complications or residuals requiring transfusion of platelets or red cells?

Yes  No

If yes, 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

c. Are there any complications or residuals causing recurring infections?

Yes  No

If yes, 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

Disability Benefits Questionnaire for  
Hairy Cell and other B-cell Leukemias

d. Are there any complications or residuals related to anemia?

Yes  No

If yes, check all that apply:

Asymptomatic anemia

Requires continuous medication

Requiring bone marrow transplant Date: \_\_\_\_\_

Symptomatic anemia (check signs and symptoms that apply)

Weakness  Easy fatigability  Headaches

Lightheadedness  Shortness of breath

Dyspnea on mild exertion

Cardiomegaly  Tachycardia  Syncope

High output congestive heart failure  Dyspnea at rest

Other signs and/or symptoms: \_\_\_\_\_

If available, provide most recent hemoglobin level

(gm/100ml): \_\_\_\_\_ Date: \_\_\_\_\_

If available, provide most recent platelet count: \_\_\_\_\_ Date: \_\_\_\_\_

If any other residual complications are present, please specify: \_\_\_\_\_

Disability Benefits Questionnaire for  
Hairy Cell and other B-cell Leukemias

5. Functional impact

Does the Veteran's B-cell leukemia impact his or her ability to work?

Yes  No

If yes, describe impact, providing one or more examples: \_\_\_\_\_

\_\_\_\_\_

6. Remarks, if any \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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