Compensation and Pension Record Interchange (CAPRI)

Eating Disorders
Disability Benefits Questionnaire (DBQ)
Workflow

February 2011

Department of Veterans Affairs
Office of Enterprise Development
Management & Financial Systems
# Revision History

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<th>Author</th>
</tr>
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<tr>
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<td>Document created for Patch 161.</td>
<td>C. Gawronski</td>
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<td>M. Guthrie</td>
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1 Introduction

1.1 Purpose

This document provides a high level overview of the contents found on the EATING DISORDERS 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 and then manually populated. This document contains the edit rules for the template as well as examples 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 EATING DISORDERS DBQ provides the ability to capture information related to Eating Disorders and their 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 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 EATING DISORDERS 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 Eating Disorders DBQ – History Tab

2.1 Name of patient/Veteran

All questions in this section must 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 displaying the error message described below.
<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Benefits Questionnaire</td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of patient/Veteran</td>
<td>Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the name of the patient/Veteran.</td>
</tr>
<tr>
<td>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.</td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NOTE: If the Veteran experiences a mental health emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. You may also contact the VA Suicide Prevention Hotline at 1-800-273-TALK. Stay on the Hotline until help can link the Veteran to emergency care.</td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NOTE: In order to conduct an examination for eating disorders, the examiner must meet one of the following criteria: a board-certified or board-eligible psychiatrist; a licensed doctorate-level psychologist; a doctorate-level mental health provider under the close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; a psychiatry resident under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; or a clinical or counseling psychologist completing a one-year internship or residency (for purposes of a doctorate-level degree) under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist.</td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
In order to conduct a review examination for eating disorders, the examiner must meet one of the criteria from above, OR be a licensed clinical social worker (LCSW), a nurse practitioner, a clinical nurse specialist, or a physician assistant, under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist.

Figure 3: Template Example: DBQ – Eating Disorders – Name of patient/Veteran

<table>
<thead>
<tr>
<th>DBQ EATING DISORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
</tr>
<tr>
<td>Transcriber:</td>
</tr>
<tr>
<td>Patient: CMSPATIENT.CHEYDEV.DEVM</td>
</tr>
<tr>
<td>SSN: 666666660</td>
</tr>
<tr>
<td>Date Updated: NOW</td>
</tr>
</tbody>
</table>

History

Eating Disorders

Disability Benefits Questionnaire

Eating Disorders

Name of patient/Veteran: Veteran, Test 1

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.

NOTE: If the Veteran experiences a mental health emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. You may also contact the VA Suicide Prevention Hotline at 1-800-273-TALK. Stay on the Hotline until help can link the Veteran to emergency care.

NOTE: In order to conduct an examination for eating disorders, the examiner must meet one of the following criteria: a board-certified or board-eligible psychiatrist; a licensed doctorate-level psychologist; a doctorate-level mental health provider under the close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; a psychiatry resident under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; or a clinical or counseling psychologist completing a one-year internship or residency (for purposes of a doctorate-level degree) under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist.

Figure 4: Print Example: DBQ – Eating Disorders – Name of patient/Veteran

<table>
<thead>
<tr>
<th>Disability Benefits Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating Disorders</td>
</tr>
</tbody>
</table>

Name of patient/Veteran: Veteran, Test 1

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.

NOTE: If the Veteran experiences a mental health emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. You may also contact the VA Suicide Prevention Hotline at 1-800-273-TALK. Stay on the Hotline until help can link the Veteran to emergency care.

NOTE: In order to conduct an examination for eating disorders, the examiner must meet one of the following criteria: a board-certified or board-eligible psychiatrist; a licensed doctorate-level psychologist; a doctorate-level mental health provider under the close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; a psychiatry resident under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; or a clinical or counseling psychologist completing a one-year internship or residency (for purposes of a doctorate-level degree) under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist.
2.2 Section 1. Diagnosis

The question “Does the Veteran now have or has he/she ever been diagnosed with an eating disorder(s)?” 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 for 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.

psychiatrist or licensed doctorate-level psychologist.

In order to conduct a REVIEW examination for eating disorders, the examiner must meet one of the criteria from above, OR be a licensed clinical social worker (LCSW), a nurse practitioner, a clinical nurse specialist, or a physician assistant, under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist.
<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Diagnosis</strong></td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran now have or has he/she ever been diagnosed with an eating disorder(s)?</td>
<td>Enabled, Mandatory, Choose one valid value</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer the question: Does the Veteran now have or has he/she ever been diagnosed with an eating disorder(s)?</td>
</tr>
<tr>
<td>If no, provide rationale (e.g., Veteran does not currently have any diagnosed eating disorders):</td>
<td>If Diagnosis = No; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please provide the rationale for stating the Veteran has never been diagnosed with an eating disorder.</td>
</tr>
<tr>
<td>If yes, check all diagnoses that apply:</td>
<td>If Diagnosis = Yes; Enabled, Mandatory Choose one or more valid values Else; Disabled</td>
<td>[Bulimia; Anorexia; Eating disorder not otherwise specified]</td>
<td>N/A</td>
<td>Please select at least one diagnosed eating disorder.</td>
</tr>
<tr>
<td>Date of diagnosis:</td>
<td>If Bulimia = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter a value in the date of diagnosis field for bulimia.</td>
</tr>
<tr>
<td>ICD code:</td>
<td>If Bulimia = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for bulimia.</td>
</tr>
<tr>
<td>Name of diagnosing facility or clinician:</td>
<td>If Bulimia = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the name of the diagnosing facility or clinician for bulimia.</td>
</tr>
<tr>
<td>Date of diagnosis:</td>
<td>If Anorexia = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter a value in the date of diagnosis field for anorexia.</td>
</tr>
<tr>
<td>ICD code:</td>
<td>If Anorexia = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for anorexia.</td>
</tr>
<tr>
<td>Name of diagnosing facility or clinician:</td>
<td>If Anorexia = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the name of the diagnosing facility or clinician for anorexia.</td>
</tr>
<tr>
<td>Date of diagnosis:</td>
<td>If Eating disorder not otherwise specified = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter a value in the date of diagnosis field for the eating disorder not otherwise specified.</td>
</tr>
<tr>
<td><strong>ICD code:</strong></td>
<td><strong>If Eating disorder not otherwise specified = Yes; Enabled, Mandatory</strong></td>
<td><strong>N/A</strong></td>
<td><strong>Free Text</strong></td>
<td><strong>Please enter the ICD code for eating disorder not otherwise specified.</strong></td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------------------------------------------</td>
<td>--------</td>
<td>---------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Name of diagnosing facility or clinician:</strong></td>
<td><strong>If Eating disorder not otherwise specified = Yes; Enabled, Mandatory</strong></td>
<td><strong>N/A</strong></td>
<td><strong>Free Text</strong></td>
<td><strong>Please enter the name of the diagnosing facility or clinician for eating disorder not otherwise specified.</strong></td>
</tr>
</tbody>
</table>

**Figure 5: Template Example: DBQ – Eating Disorders – 1. Diagnosis**

1. **Diagnosis**

Does the Veteran now have or has he/she ever been diagnosed with an eating disorder(s)? [X] Yes  [ ] No

If no, provide rationale (e.g., Veteran does not currently have any diagnosed eating disorders):

If yes, check all diagnoses that apply:

[X] Bulimia  
  Date of diagnosis: Bulimia diagnosis date  
  ICD code: Bulimia ICD code  
  Name of diagnosing facility or clinician: Bulimia diagnosing facility

[X] Anorexia  
  Date of diagnosis: Anorexia diagnosis date  
  ICD code: Anorexia ICD code  
  Name of diagnosing facility or clinician: Anorexia diagnosing facility

[X] Eating disorder not otherwise specified  
  Date of diagnosis: Other diagnosis date  
  ICD code: Other ICD code  
  Name of diagnosing facility or clinician: Other diagnosing facility

**Figure 6: Print Example: DBQ – Eating Disorders – 1. Diagnosis**

1. **Diagnosis**

   Does the Veteran now have or has he/she ever been diagnosed with an eating disorder(s)? [X] Yes  [ ] No

   If no, provide rationale (e.g., Veteran does not currently have any diagnosed eating disorders):

   If yes, check all diagnoses that apply:

   [X] Bulimia  
     Date of diagnosis: Bulimia diagnosis date  
     ICD code: Bulimia ICD code  
     Name of diagnosing facility or clinician: Bulimia diagnosing facility

   [X] Anorexia  
     Date of diagnosis: Anorexia diagnosis date  
     ICD code: Anorexia ICD code  
     Name of diagnosing facility or clinician: Anorexia diagnosing facility

   [X] Eating disorder not otherwise specified  
     Date of diagnosis: Other diagnosis date  
     ICD code: Other ICD code  
     Name of diagnosing facility or clinician: Other diagnosing facility
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 displaying the error message depicted below.

Table 3: Rules: DBQ – Eating Disorders – 2. Medical history

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.Medical history</td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Describe the history (including onset and course) of the Veteran’s eating disorder (brief summary):</td>
<td>If Diagnosis = Yes; Enabled, Mandatory Else; Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the history, including onset and course, of the Veteran's eating disorder.</td>
</tr>
</tbody>
</table>

Figure 7: Template Example: DBQ – Eating Disorders – 2. Medical history

```
2. Medical history
Describe the history (including onset and course) of the Veteran's eating disorder (brief summary):
<history>
```

Figure 8: Print Example: DBQ – Eating Disorders – 2. Medical history

```
2. Medical history
------------------
Describe the history (including onset and course) of the Veteran's eating disorder (brief summary):  <history>
```

2.4 Section 3. Findings

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 displaying the error message depicted below.
### Table 4: Rules: DBQ – Eating Disorders – 3. Findings

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Findings</td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NOTE: For VA purposes, an incapacitating episode is defined as a period during which bedrest and treatment by a physician are required.</td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>If Diagnosis = Yes; Enabled, Choose one Valid Value Else; Enabled, Optional</td>
<td>[Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder but without incapacitating episodes; Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder and incapacitating episodes of up to two weeks total duration per year; Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of more than two but less than six weeks total duration per year; Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of six or more weeks total duration per year; Self-induced weight loss to less than 80 percent of expected minimum weight, with incapacitating episodes of at least six weeks total duration per year, and requiring hospitalization more than twice a year for parenteral nutrition or tube feeding]</td>
<td>N/A</td>
<td>Please check one item in section 3.</td>
</tr>
</tbody>
</table>
### Figure 9: Template Example: DBQ – Eating Disorders – 3. Findings

**NOTE:** For VA purposes, an incapacitating episode is defined as a period during which bedrest and treatment by a physician are required.

- [ ] Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder but without incapacitating episodes
- [ ] Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder and incapacitating episodes of up to two weeks total duration per year
- [ ] Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of more than two but less than six weeks total duration per year
- [ ] Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of six or more weeks total duration per year
- [ ] Self-induced weight loss to less than 80 percent of expected minimum weight, with incapacitating episodes of at least six weeks total duration per year, and requiring hospitalization more than twice a year for parenteral nutrition or tube feeding

### Figure 10: Print Example: DBQ – Eating Disorders – 3. Findings

3. Findings

**NOTE:** For VA purposes, an incapacitating episode is defined as a period during which bedrest and treatment by a physician are required.

- [ ] Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with a diagnosis of an eating disorder but without incapacitating episodes
- [ ] Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with a diagnosis of an eating disorder and incapacitating episodes of up to two weeks total duration per year
- [X] Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of more than two but less than six weeks total duration per year
- [ ] Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of six or more weeks total duration per year
- [ ] Self-induced weight loss to less than 80 percent of expected minimum weight, with incapacitating episodes of at least six weeks total duration per year, and requiring hospitalization more than twice a year for parenteral nutrition or tube feeding
2.5 Section 4. Other 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 displaying the error message depicted below.

Table 5: Rules: DBQ – Eating Disorders – 4. Other symptoms

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Other symptoms</td>
<td>Disabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran have any other symptoms attributable to an eating disorder?</td>
<td>If diagnosis = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer the question: Does the Veteran have any other symptoms attributable to an eating disorder?</td>
</tr>
<tr>
<td>If yes, describe:</td>
<td>If Does the Veteran have any other symptoms attributable to an eating disorder = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe any other symptoms attributable to an eating disorder.</td>
</tr>
</tbody>
</table>

Figure 11: Template Example: DBQ – Eating Disorders – 4. Other symptoms

4. Other symptoms

Does the Veteran have any other symptoms attributable to an eating disorder?

[X] Yes    [ ] No

If yes, describe:

Figure 12: Print Example: DBQ – Eating Disorders – 4. Other symptoms

4. Other symptoms

Does the Veteran have any other symptoms attributable to an eating disorder?

[X] Yes    [ ] No

If yes, describe: Other Symptoms Go 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 displaying the error message depicted below.

Table 6: Rules: DBQ – Eating Disorders – 5. Functional impact

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Functional Impact</td>
<td>Disabled, Read only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran’s eating disorder(s) impact his or her ability to work?</td>
<td>If diagnosis = Yes; Enabled, Mandatory, Choose one value Else; Enabled, Optional</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer the question: Does the Veteran's eating disorder(s) impact his or her ability to work?</td>
</tr>
<tr>
<td>If yes, describe impact, providing one or more examples:</td>
<td>If preceding question = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the impact of the eating disorder(s) on the Veteran's ability to work, providing one or more examples.</td>
</tr>
</tbody>
</table>

Figure 13: Template Example: DBQ – Eating Disorders – 5. Functional impact

5. Functional impact

Does the Veteran’s eating disorder(s) impact his or her ability to work?
[X] Yes  [ ] No

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

Figure 14: Print Example: DBQ – Eating Disorders – 5. Functional impact

5. Functional Impact

Does the Veteran's eating disorder(s) impact his or her ability to work?
[X] Yes  [ ] No

If yes, describe impact, providing one or more examples: Functional Impact Goes Here
2.7 Section 6. Remarks, if any

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

Table 7: Rules: DBQ – Eating Disorders – 6. Remarks, if any

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Remarks, if any</td>
<td>Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Figure 15: Template Example: DBQ – Eating Disorders – 6. Remarks, if any

6. Remarks, if any

Figure 16: Print Example: DBQ – Eating Disorders – 6. Remarks, if any

6. Remarks, if any

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Remarks go here
3 Eating Disorders AMIE-DBQ Worksheet

The AMIE-DBQ worksheets are accessed via the [DVBA C PRINT BLANK C&P WORKSHEET] 
Print Blank C&P Worksheet DBQ EATING DISORDERS (MENTAL DISORDERS) menu option.

Disability Benefits Questionnaire
Eating Disorders

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.

NOTE: If the Veteran experiences a mental health emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. You may also contact the VA Suicide Prevention Hotline at 1-800-273-TALK. Stay on the Hotline until help can link the Veteran to emergency care.

NOTE: In order to conduct an examination for eating disorders, the examiner must meet one of the following criteria: a board-certified or board-eligible psychiatrist; a licensed doctorate-level psychologist; a doctorate-level mental health provider under the close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; a psychiatry resident under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; or a clinical or counseling psychologist completing a one-year internship or residency (for purposes of a doctorate-level degree) under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist.

In order to conduct a REVIEW examination for eating disorders, the examiner must meet one of the criteria from above, OR be a licensed clinical social worker (LCSW), a nurse practitioner, a clinical nurse specialist, or a physician assistant, under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist.

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with an eating disorder(s)?
___ Yes  ___ No

If no, provide rationale (e.g., Veteran does not currently have any diagnosed eating disorders): ____________________________________________________________

If yes, check all diagnoses that apply:
___ Bulimia

Date of diagnosis: ______________________

ICD code: ______________________

Name of diagnosing facility or clinician: ______________________

Page: 2

Disability Benefits Questionnaire for
Eating Disorders

___ Anorexia

Date of diagnosis: ________________

ICD code: __________

Name of diagnosing facility or clinician: ______________________________

___ Eating disorder not otherwise specified

Date of diagnosis: ________________

ICD code: __________

Name of diagnosing facility or clinician: ______________________________

2. Medical History

Describe the history (including onset and course) of the Veteran's eating disorder (brief summary):

____________________________________________________________________________

3. Findings

NOTE: For VA purposes, an incapacitating episode is defined as a period during which bedrest and treatment by a physician are required.

___ Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder but without incapacitating episodes

___ Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder and incapacitating episodes of up to two weeks total duration per year

___ Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of more than two but less than six weeks total duration per year

___ Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of six or more weeks total duration per year

___ Self-induced weight loss to less than 80 percent of expected minimum weight, with incapacitating episodes of at least six weeks total duration per year, and requiring hospitalization more than twice a year for parenteral nutrition or tube feeding

4. Other symptoms

Does the Veteran have any other symptoms attributable to an eating disorder?

___ Yes ___ No

If yes, describe: ____________________________________________________________

5. Functional impact

Does the Veteran's eating disorder(s) impact his or her ability to work?

___ Yes ___ No
If yes, describe impact, providing one or more examples: ______________________
____________________________________________________________________________

6. Remarks, if any _________________________________________________________
____________________________________________________________________________

Psychiatrist/Psychologist/examiner signature & title: ________________________
Psychiatrist/Psychologist/examiner printed name: ___________________________
Date: _________________________  Phone: _________________________________
License #: _____________
Psychiatrist/Psychologist/examiner address: ________________________________
________________________________________________________________________

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