



**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

Date	Description (Patch # if applicable)	Author
9/30/10	Document created for Patch 161.	C. Gawronski
2/22/11	Corrections and revisions	M. Guthrie



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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 1: Rules: DBQ – Eating Disorders – 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
Eating Disorders	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.
<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>	Disabled, Read-Only	N/A	N/A	N/A
<b>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.</b>	Disabled, Read-Only	N/A	N/A	N/A
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.	Disabled, Read-Only	N/A	N/A	N/A

<p>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.</p>				
---	--	--	--	--

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

**DBQ EATING DISORDERS**

**Author:** GAWRONSKI,CINDI    **Patient:** CMGPATIENT,CHEYDEV DEVM    **Date Updated:** NOW  
**Transcriber:**    **SSN:** 666666660

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.

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

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.

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.

## 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.

**Table 2: Rules: DBQ – Eating Disorders – 1. Diagnosis**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>1.Diagnosis</b>	Disabled, Read-Only	N/A	N/A	N/A
Does the Veteran now have or has he/she ever been diagnosed with an eating disorder(s)?	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 an eating disorder(s)?
If no, provide rationale (e.g., Veteran does not currently have any diagnosed eating disorders):	If <i>Diagnosis</i> = No; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please provide the rationale for stating the Veteran has never been diagnosed with an eating disorder.
If yes, check all diagnoses that apply:	If <i>Diagnosis</i> = Yes; Enabled, Mandatory, Choose one or more valid values  Else; Disabled	[Bulimia; Anorexia; Eating disorder not otherwise specified]	N/A	Please select at least one diagnosed eating disorder.
Date of diagnosis:	If <i>Bulimia</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter a value in the date of diagnosis field for bulimia.
ICD code:	If <i>Bulimia</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for bulimia.
Name of diagnosing facility or clinician:	If <i>Bulimia</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the name of the diagnosing facility or clinician for bulimia.
Date of diagnosis:	If <i>Anorexia</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter a value in the date of diagnosis field for anorexia.
ICD code:	If <i>Anorexia</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for anorexia.
Name of diagnosing facility or clinician:	If <i>Anorexia</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the name of the diagnosing facility or clinician for anorexia.
Date of diagnosis:	If <i>Eating disorder not otherwise specified</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter a value in the date of diagnosis field for the eating disorder not otherwise specified.

ICD code:	If <i>Eating disorder not otherwise specified</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for eating disorder not otherwise specified.
Name of diagnosing facility or clinician:	If <i>Eating disorder not otherwise specified</i> = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the name of the diagnosing facility or clinician for eating disorder not otherwise specified.

**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)?  
 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: Bulimia diagnosis date  
ICD code: Bulimia ICD code  
Name of diagnosing facility or clinician: Bulimia diagnosing facility

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

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**

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

**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**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>3.Findings</b>	Disabled, Read-Only	N/A	N/A	N/A
NOTE: For VA purposes, an incapacitating episode is defined as a period during which bedrest and treatment by a physician are required.	Disabled, Read-Only	N/A	N/A	N/A
N/A	If <i>Diagnosis = Yes</i> ; Enabled, Choose one Valid Value  Else; Enabled, Optional	[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]	N/A	Please check one item in section 3.

**Figure 9: Template 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 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**

Field/Question	Field Disposition	Valid Values	Form at	Error Message
<b>4. Other symptoms</b>	Disabled, Read-Only	N/A	N/A	N/A
Does the Veteran have any other symptoms attributable to an eating disorder?	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 other symptoms attributable to an eating disorder?
If yes, describe:	If <i>Does the Veteran have any other symptoms attributable to an eating disorder = Yes</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe any other symptoms attributable to an eating disorder.

**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?

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**

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

**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?

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**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b><u>6. Remarks, if any</u></b>	Enabled, Optional	N/A	Free Text	N/A

**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  
-----  
Remarks go here

### 3 Eating Disorders AMIE-DBQ Worksheet

The AMIE-DBQ worksheets are accessed via the [DVBA C PRINT BLANK C&P WORKSHE] 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: \_\_\_\_\_

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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

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Disability Benefits Questionnaire for Eating Disorders

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.