Compensation and Pension Record Interchange (CAPRI)

Ischemic Heart Disease (IHD)

Disability Benefits Questionnaire (DBQ)

Workflow

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Revision History

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08/02/2010	Document created for patch 154.	REDACTED	REDACTED
08/17/2010	Added ICD codes and other misc changes for patch 154.	REDACTED	REDACTED
10/12/2010	Answering 'No' to Section 5: Is there evidence of cardiac hypertrophy or dilatation? Allows user to reference the source and date of the test for patch 159.	REDACTED	N/A
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Table of Contents

1 Introduction 2
1.1 Purpose 2
1.2 Overview 2
2 Ischemic Heart Disease (IHD) DBQ – History Tab 3
2.1 Name of patient/Veteran 3
2.2 Section 1. Diagnosis 4
2.3 Section 2. Medical history 8
2.4 Section 3. Congestive heart failure (CHF) 11
2.5 Section 4. Cardiac functional assessment 12
2.6 Section 5. Diagnostic testing 15
2.7 Section 6. Functional impact 18
2.8 Section 7. Remarks, if any 20
3 IHD AMIE-DBQ Worksheet 21

Table of Tables and Figures

Table 1: Rules: DBQ – IHD – Name of patient/Veteran 3
Table 2: Rules: DBQ – IHD – 1. Diagnosis 5
Table 3: Rules: DBQ – IHD – 2. Medical history 8
Table 4: Rules: DBQ – IHD – 3. Congestive heart failure (CHF) 11
Table 5: Rules: DBQ – IHD – 4. Cardiac functional assessment 13
Table 6: Rules: DBQ – IHD – 5. Diagnostic testing 16
Table 7: Rules: DBQ – IHD – 6. Functional impact 19
Table 8: Rules: DBQ – IHD – 7. Remarks, if any 20

Figure 1: Template Example: DBQ – Standard VA Note 2
Figure 2: Print Example: DBQ – Standard VA Note 2
Figure 3: Template Example: DBQ – IHD – Name of patient/Veteran 3
Figure 4: Print Example: DBQ – IHD – Name of patient/Veteran 3
Figure 5: Template Example: DBQ – IHD – 1. Diagnosis 7
Figure 6: Print Example: DBQ – IHD – 1. Diagnosis 7
Figure 7: Template Example: DBQ – IHD – 2. Medical history 10
Figure 8: Print Example: DBQ – IHD – 2. Medical history 11
Figure 9: Template Example: DBQ – IHD – 3. Congestive heart failure (CHF) 12
Figure 10: Print Example: DBQ – IHD – 3. Congestive heart failure (CHF) 12
Figure 11: Template Example: DBQ – IHD – 4. Cardiac functional assessment 14
Figure 12: Print Example: DBQ – IHD – 4. Cardiac functional assessment 15
Figure 13: Template Example: DBQ – IHD – 5. Diagnostic testing 17
Figure 14: Print Example: DBQ – IHD – 5. Diagnostic testing 18
Figure 15: Template Example: DBQ – IHD – 6. Functional impact 19
Figure 16: Print Example: DBQ – IHD – 6. Functional impact 19
Figure 17: Template Example: DBQ – IHD – 7. Remarks, if any 20
Figure 18: Print Example: DBQ – IHD – 7. Remarks, if any 20

1 Introduction

1.1 Purpose

This document provides a high level overview of the contents found on the Ischemic Heart Disease (IHD) 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 Ischemic Heart Disease (IHD) DBQ provides the ability to capture information related to IHD 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 Ischemic Heart Disease (IHD) 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 Ischemic Heart Disease (IHD) 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 as depicted below.

Table 1: Rules: DBQ – IHD – 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
Ischemic Heart Disease (IHD)	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 – IHD – Name of patient/Veteran

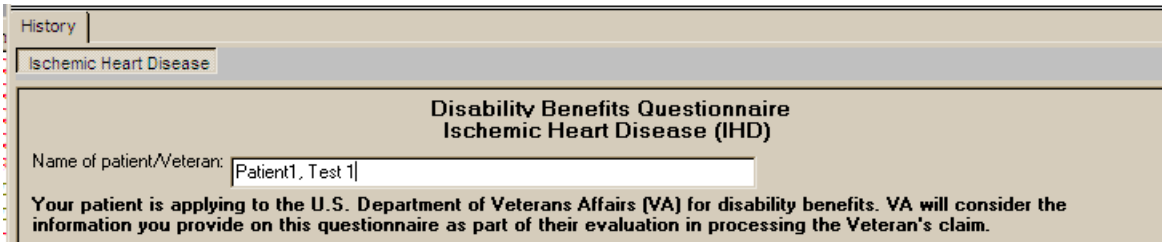


Figure 4: Print Example: DBQ – IHD – Name of patient/Veteran

```
                          Disability Benefits Questionnaire
                            Ischemic Heart Disease (IHD)

Name of patient/Veteran: Patient1, 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.
```

2.2 Section 1. Diagnosis

The question “Does the Veteran have ischemic heart disease (IHD)?” must be answered before this 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.

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

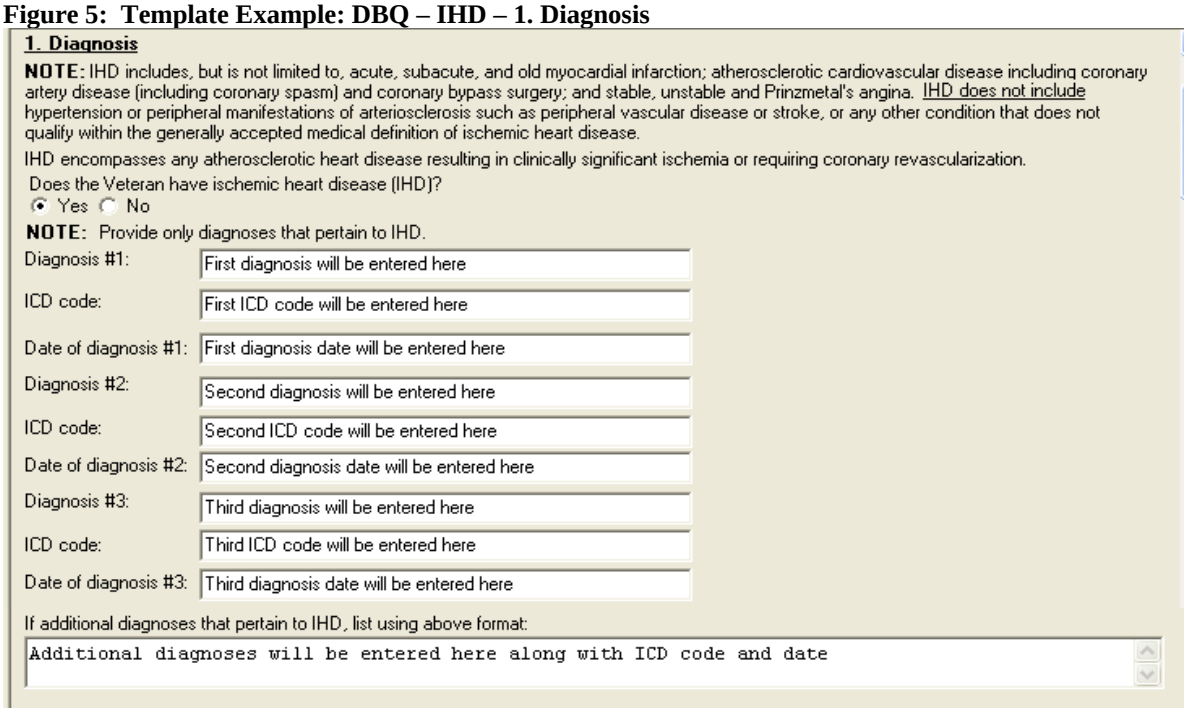
If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below and must be answered before this template can be completed.

Table 2: Rules: DBQ – IHD – 1. Diagnosis

Field/Question	Field Disposition	Valid Values	Format	Error Message
1. Diagnosis	Disabled; Read-Only	N/A	N/A	N/A
***NOTE**: IHD includes, but is not limited to, acute, subacute, and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal's angina**.** IHD does not include hypertension or peripheral manifestations of arteriosclerosis such as peripheral vascular disease or stroke, or any other condition that does not qualify within the generally accepted medical definition of ischemic heart disease.* *IHD encompasses any atherosclerotic heart disease resulting in clinically significant ischemia or requiring coronary revascularization.*	Disabled, Read Only	N/A	N/A	N/A
Does the Veteran have ischemic heart disease (IHD)?	Enabled, Mandatory, Choose one valid value	[Yes; No]	N/A	Please answer the question: Does the Veteran have ischemic heart disease (IHD)?
NOTE: Provide only diagnoses that pertain to IHD.	Disabled, Read Only	N/A	N/A	N/A
Diagnosis #1:	If *diagnosis* = *Yes*; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter a value in the 'Diagnosis #1' field.
ICD code:	If *diagnosis* = *Yes*; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #1.
Date of diagnosis #1:	If *diagnosis* = *Yes*; 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,	N/A	Free Text	Please enter the ICD code for diagnosis #2.

	Optional			
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 IHD, list using above format:	Enabled, Optional	N/A	Free Text	N/A

Figure 5: Template Example: DBQ – IHD – 1. Diagnosis



1. Diagnosis

NOTE: IHD includes, but is not limited to, acute, subacute, and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal's angina. IHD does not include hypertension or peripheral manifestations of arteriosclerosis such as peripheral vascular disease or stroke, or any other condition that does not qualify within the generally accepted medical definition of ischemic heart disease.

IHD encompasses any atherosclerotic heart disease resulting in clinically significant ischemia or requiring coronary revascularization.

Does the Veteran have ischemic heart disease (IHD)?
(•) Yes ( ) No

NOTE: Provide only diagnoses that pertain to IHD.

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 IHD, list using above format:

Additional diagnoses will be entered here along with ICD code and date

Figure 6: Print Example: DBQ – IHD – 1. Diagnosis

```
1. Diagnosis
------------

NOTE:  IHD includes, but is not limited to, acute, subacute, and old
       myocardial infarction; atherosclerotic cardiovascular disease including
       Coronary artery disease (including coronary spasm) and coronary bypass
       surgery; and stable, unstable and Prinzmetal's angina.  IHD does not
       include hypertension or peripheral manifestations of arteriosclerosis such
       as peripheral vascular disease or stroke, or any other condition that does
       not qualify within the generally accepted medical definition of ischemic
       heart disease.

IHD encompasses any atherosclerotic heart disease resulting in clinically
significant ischemia or requiring coronary revascularization.

Does the Veteran have ischemic heart disease (IHD)? [X] Yes   [ ] No

NOTE:  Provide only diagnoses that pertain to IHD.

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 IHD, list using above format:
       Additional diagnoses will be entered here along with ICD code and date
```

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 and must be answered before this template can be completed.

Table 3: Rules: DBQ – IHD – 2. Medical history

Field/Question	Field Disposition	Valid Values	Format	Error Message
2. Medical history	Disabled; Read-Only	N/A	N/A	N/A
Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition?	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition?
List medications:	If preceding question = *Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please list medications.
Is there a History of:	Disabled, Read Only	N/A	N/A	N/A
Percutaneous coronary intervention (PCI)	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer whether or not there is a history of percutaneous coronary intervention (PCI).
Percutaneous coronary intervention Treatment facility/date:	If *History of PCI = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the percutaneous coronary intervention (PCI) treatment facility/date.
Myocardial infarction	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer whether or not there is a history of myocardial Infarction.
Myocardial infarction Treatment facility/date:	If *History of Myocardial infarction = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the myocardial infarction treatment facility/date.
Coronary bypass surgery	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer whether or not there is a history of coronary bypass surgery.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Coronary bypass surgery Treatment facility/date:	If *History of Coronary bypass surgery = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the coronary bypass surgery treatment facility/date.
Heart transplant	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer whether or not there is a history of heart transplant.
Heart transplant Treatment facility/date:	If *History of Heart transplant = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the heart transplant treatment facility/date.
If yes, is it as likely as not that the Veteran's heart transplant is due to IHD?	If *History of Heart transplant = Yes*; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: If yes, is it as likely as not that the Veteran's heart transplant is due to IHD?
Implanted cardiac pacemaker	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer whether or not there is a history of Implanted cardiac pacemaker.
Implanted cardiac pacemaker Treatment facility/date:	If *History of Implanted cardiac pacemaker = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the implanted cardiac pacemaker treatment facility/date.
If yes, is it as likely as not that the Veteran's pacemaker is due to IHD?	If *History of Implanted cardiac pacemaker = Yes*; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: If yes, is it as likely as not that the Veteran's pacemaker is due to IHD?
Implanted automatic implantable cardioverter defibrillator (AICD)	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer whether or not there is a history of implanted automatic implantable cardioverter defibrillator (AICD).
Implanted automatic implantable cardioverter defibrillator (AICD) Treatment facility/date:	If *History of AICD = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the implanted automatic implantable cardioverter defibrillator (AICD) treatment facility/date.

Field/Question	Field Disposition	Valid Values	Format	Error Message
If yes, is it as likely as not that the Veteran's AICD is due to IHD?	If *History of AICD = Yes*; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: If yes, is it as likely as not that the Veteran's AICD is due to IHD?

Figure 7: Template Example: DBQ – IHD – 2. Medical history

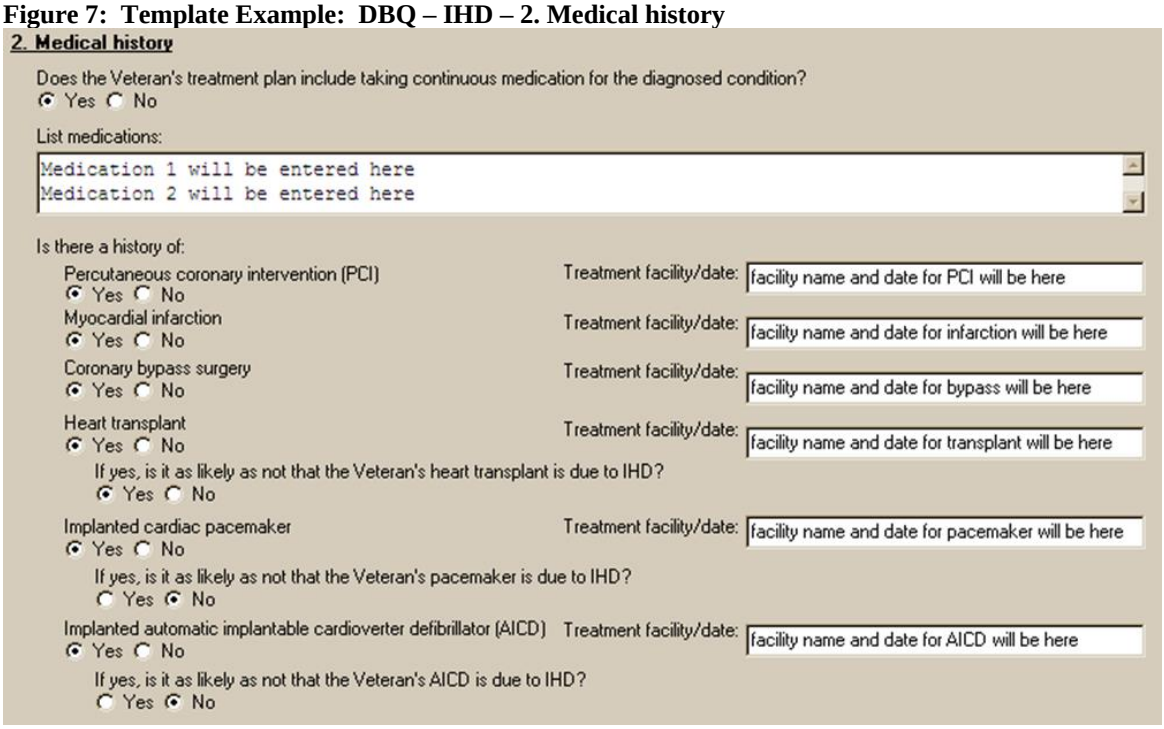


Figure 8: Print Example: DBQ – IHD – 2. Medical history

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2. Medical history
------------------
Does the Veteran's treatment plan include taking continuous medication
for the diagnosed condition?  [X] Yes  [ ] No
List medication: Medication 1 will be entered here

Medication 2 will be entered here

Is there a history of:
Percutaneous coronary intervention (PCI)   [X] Yes  [ ] No
Treatment facility/date: facility name and date for PCI will be here

Myocardial infarction                      [X] Yes  [ ] No
Treatment facility/date: facility name and date for infarction will be here

Coronary bypass surgery                    [X] Yes  [ ] No
Treatment facility/date: facility name and date for bypass will be here

Heart transplant                           [X] Yes  [ ] No
Treatment facility/date: facility name and date for transplant will be here

If yes, is it as likely as not that the Veteran's heart transplant is due
to IHD?                                    [X] Yes  [ ] No

Implanted cardiac pacemaker                [X] Yes  [ ] No
Treatment facility/date: facility name and date for pacemaker will be here

If yes, is it as likely as not that the Veteran's pacemaker is due to IHD?
                                           [ ] Yes  [X] No

Implanted automatic implantable cardioverter defibrillator (AICD)
                                           [X] Yes  [ ] No
Treatment facility/date: facility name and date for AICD will be here

If yes, is it as likely as not that the Veteran's ACID is due to IHD?
                                           [ ] Yes  [X] No
```

2.4 Section 3. Congestive heart failure (CHF)

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 – IHD – 3. Congestive heart failure (CHF)

Field/Question	Field Disposition	Valid Values	Format	Error Message
3. Congestive heart failure (CHF)	Disabled; Read-Only	N/A	N/A	N/A
Does the Veteran have CHF?	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have CHF?

Field/Question	Field Disposition	Valid Values	Format	Error Message
Is the Veteran's CHF chronic?	If *Does the Veteran have CHF = Yes;* Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Is the Veteran's CHF chronic?
If the Veteran's CHF is not chronic, has the Veteran had more than one episode of acute CHF in the past year?	If *Is the Veteran's CHF chronic = No;* Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: If the Veteran's CHF is not chronic, has the Veteran had more than one episode of acute CHF in the past year?
Treatment facility/date of most recent episode of CHF:	If *Is the Veteran's CHF is not chronic, has the Veteran had more than one episode of acute CHF in the past year = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the treatment facility/date of most recent episode of CHF.

Figure 9: Template Example: DBQ – IHD – 3. Congestive heart failure (CHF)

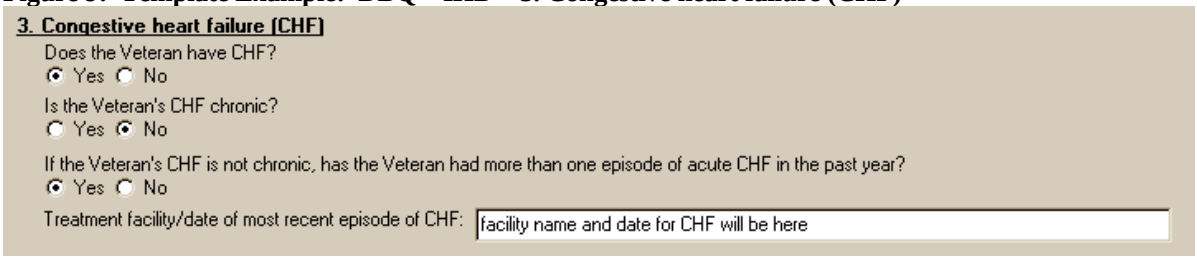

Figure 10: Print Example: DBQ – IHD – 3. Congestive heart failure (CHF)

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3. Congestive heart failure (CHF)
---------------------------------
Does the Veteran have CHF?                    [X] Yes  [ ] No
Is the Veteran's CHF chronic?                 [ ] Yes  [X] No
If the Veteran's CHF is not chronic, has the Veteran had more than one episode
of acute CHF in the past year?                [X] Yes  [ ] No
Treatment facility/date of most recent episode of CHF: facility
name and date for CHF will be here
```

2.5 Section 4. Cardiac functional assessment

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 – IHD – 4. Cardiac functional assessment

Field/Question	Field Disposition	Valid Values	Format	Error Message
4. Cardiac functional assessment	Disabled; Read-Only	N/A	N/A	N/A
Has a diagnostic exercise test been conducted?	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Has a diagnostic exercise test been conducted?
a. If yes, provide level of METs the Veteran can perform as shown by most recent diagnostic exercise testing:	If *Has a diagnostic exercise test been conducted = YES*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter a value indicating the level of METs testing the Veteran can perform as shown by diagnostic exercise testing.
Date of most recent diagnostic exercise test:	If *Has a diagnostic exercise test been conducted = YES*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent diagnostic exercise test.
b. If exercise METs testing was not completed because it is not required as part of Veteran's treatment plan, complete the following METs test based on the Veteran's responses: Lowest level of activity at which the Veteran reports symptoms (check all symptoms that apply)	If *Has a diagnostic exercise test been conducted = No*; Enabled, Mandatory, Choose one or move values Else; Enabled, Optional	[dyspnea; fatigue; angina; dizziness; syncope]	N/A	Please check one or more boxes to indicate which symptoms occur.

Field/Question	Field Disposition	Valid Values	Format	Error Message
		[(1-3 Mets) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks.; (>3-5 Mets) This METs level has been found to be consistent with activities such as light yard work (weeding) , mowing lawn (power mower), brisk walking (4 mph).; (>5-7 METs) This METs level has been found to be consistent with activities such as golfing (without cart), mowing lawn (push mower), heavy yard work (digging).; (>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph).; The Veteran denies experiencing above symptoms with any level of physical activity.]		Please check one of the boxes to indicate the METs level at which symptoms occur.

Figure 11: Template Example: DBQ – IHD – 4. Cardiac functional assessment

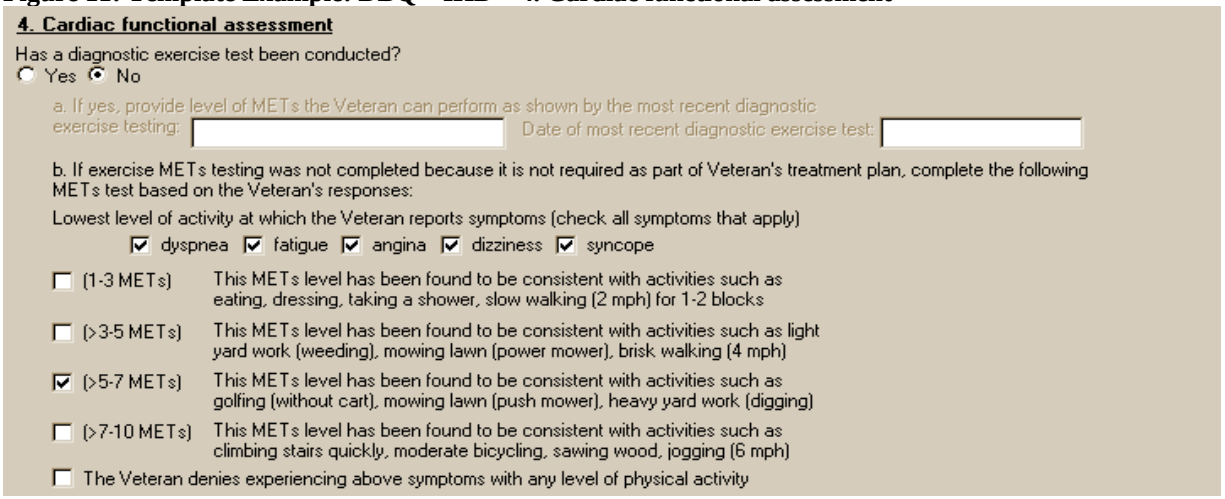

Figure 12: Print Example: DBQ – IHD – 4. Cardiac functional assessment

```
4. Cardiac functional assessment
--------------------------------
Has a diagnostic exercise test been conducted? [ ] Yes  [X] No
   a. If yes, provide level of METs the Veteran can perform as shown by
      the most recent diagnostic exercise testing:
      Date of most recent diagnostic exercise test:

   b. If exercise METs testing was not completed because it is not required
      as part of Veteran's treatment plan, complete the following METs test
      based on the Veteran's responses:

   Lowest level of activity at which the Veteran reports symptoms:
   (check all symptoms that apply)
   [X] dyspnea  [X] fatigue  [X] angina  [X] dizziness  [X] syncope

    [ ] (1-3 METs)     This METs level has been found to be consistent with
                       activities such as eating, dressing, taking a
                       shower, slow walking (2 mph) for 1-2 blocks

    [ ] (>3-5 METs)    This METs level has been found to be consistent with
                       activities such as light yard work (weeding),
                       mowing lawn (power mower), brisk walking (4 mph)

    [X] (>5-7 METs)    This METs level has been found to be consistent with
                       activities such as golfing (without cart), mowing
                       lawn (push mower), heavy yard work (digging)

    [ ] (>7-10 METs)   This METs level has been found to be consistent with
                       activities such as climbing stairs quickly,
                       moderate bicycling, sawing wood, jogging (6 mph)

    [ ]                The Veteran denies experiencing above symptoms with
                       any level of physical activity
```

2.6 Section 5. 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 6: Rules: DBQ – IHD – 5. Diagnostic testing

Field/Question	Field Disposition	Valid Values	Format	Error Message
5. Diagnostic testing	Disabled; Read-Only	N/A	N/A	N/A
Determination of cardiac hypertrophy/dilatation is required; the suggested order of testing for cardiac hypertrophy/dilatation is EKG, then chest x-ray (PA and lateral), then echocardiogram. Echocardiogram is only necessary if the other two tests are negative. A limited echocardiogram, if available, is appropriate to determine if cardiac hypertrophy/dilatation is present by measuring only left ventricular dimension, wall thickness and ejection fraction.	Disabled, Read-Only	N/A	N/A	N/A
Is there evidence of cardiac hypertrophy or dilatation?	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Is there evidence of cardiac hypertrophy or dilatation?
Diagnostic test (provide most recent test only)	If previous question = Yes, Enabled, Mandatory, Choose one or more valid value Else; Enabled, Optional	[EKG; Chest x-ray; Echocardiogram; Other study (specify)]	N/A	Please check one or more boxes to specify the diagnostic test(s) performed.
Date of EKG	If *EKG = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent EKG.
Date of CXR:	If *Chest x-ray = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent CXR.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of echocardiogram:	If *echocardiogram = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent echocardiogram.
Name of other diagnostic test study	If *Other study = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please specify the name of the other diagnostic test study.
Date of other study:	If *Other study = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent other study.
Left ventricular ejection fraction (LVEF), if known:	Enabled, Optional	N/A	Free Text %	N/A
Date of test:	If *LVEF is populated*; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the date of the LVEF test.
If LVEF testing is not of record, but available medical information sufficiently reflects the severity of the Veteran's cardiovascular condition, LVEF testing is not required.	Disabled, Read-Only	N/A	N/A	N/A

Figure 13: Template Example: DBQ – IHD – 5. Diagnostic testing

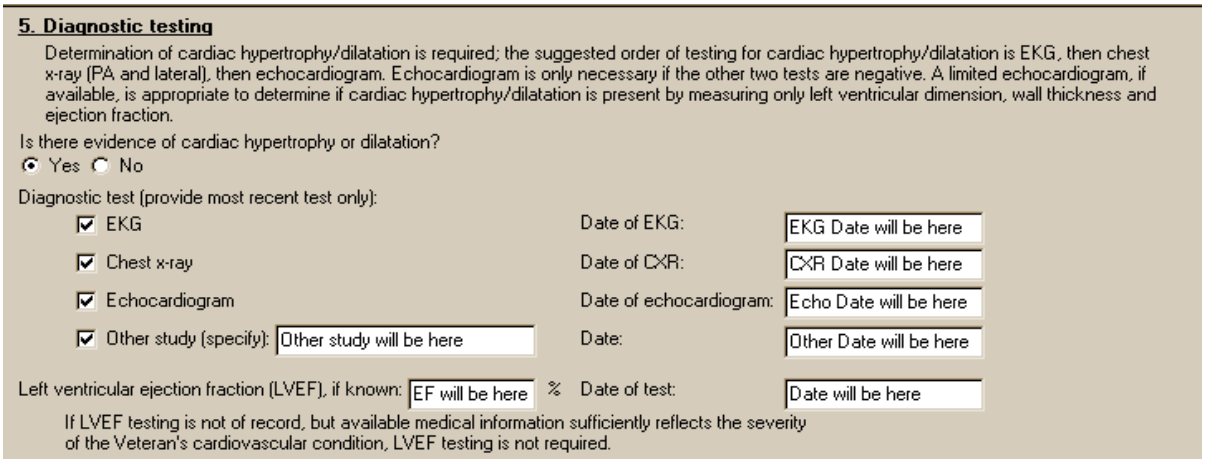

Figure 14: Print Example: DBQ – IHD – 5. Diagnostic testing

```
5. Diagnostic testing
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Determination of cardiac hypertrophy/dilatation is required; the suggested
order of testing for cardiac hypertrophy/dilatation is EKG, then chest x-
ray (PA and lateral), then echocardiogram. Echocardiogram is only necessary
if the other two tests are negative. A limited echocardiogram, if
available, is appropriate to determine if cardiac hypertrophy/dilatation is
present by measuring only left ventricular dimension, wall thickness and
ejection fraction.

 Is there evidence of cardiac hypertrophy or dilatation?
   [X] Yes  [ ] No
 Diagnostic test (provide most recent test only):
   [X] EKG                        Date of EKG:  EKG Date will be here
   [X] Chest x-ray                Date of CXR:  CXR Date will be here
   [X] Echocardiogram             Date of echocardiogram: Echo Date will be here
   [X] Other study (specify): Other study will be here
                                  Date:Other Date will be here

 Left ventricular ejection fraction (LVEF), if known: LVEF will be here %
 Date of test: Date will be here
     If LVEF testing is not of record, but available medical information
     sufficiently reflects the severity of the Veteran's cardiovascular
     condition, LVEF testing is not required.
```

2.7 Section 6. 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 7: Rules: DBQ – IHD – 6. Functional impact

Field/Question	Field Disposition	Valid Values	Format	Error Message
6. Functional impact	Disabled; Read-Only	N/A	N/A	N/A
Does the Veteran's ischemic heart disease impact his or her ability to work?	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran's ischemic heart disease impact his or her ability to work?
If yes, describe impact, providing one or more examples:	If *Does the Veteran's ischemic heart disease impact his or her ability to work = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the impact of IHD on the Veteran's ability to work, providing one or more examples.

Figure 15: Template Example: DBQ – IHD – 6. Functional impact

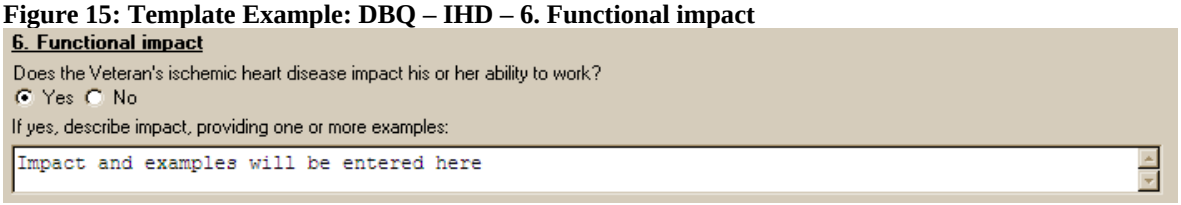

Figure 16: Print Example: DBQ – IHD – 6. Functional impact

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6. Functional impact
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Does the Veteran's ischemic heart disease impact his or her ability to work?
    [X] Yes  [ ] No
If yes, describe impact, providing one or more examples:  Impact and examples
will be entered here
```

2.8 Section 7. Remarks, if any

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

Table 8: Rules: DBQ – IHD – 7. Remarks, if any

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

Figure 17: Template Example: DBQ – IHD – 7. Remarks, if any

Figure 18: Print Example: DBQ – IHD – 7. Remarks, if any

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7. Remarks, if any
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Remarks will be entered here
```

3 IHD AMIE-DBQ Worksheet

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

Disability Benefits Questionnaire
Ischemic Heart Disease (IHD)

Name of patient/Veteran: _____ SSN: _____

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will use the information you provide on this questionnaire to process the Veteran's claim.

1. Diagnosis

NOTE: IHD includes, but is not limited to, acute, subacute, and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal's angina. IHD does not include hypertension or peripheral manifestations of arteriosclerosis such as peripheral vascular disease or stroke, or any other condition that does not qualify within the generally accepted medical definition of ischemic heart disease.
IHD encompasses any atherosclerotic heart disease resulting in clinically significant ischemia or requiring coronary revascularization.

Does the Veteran have ischemic heart disease (IHD)? ___ Yes ___ No

NOTE: Provide only diagnoses that pertain to IHD.
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 IHD, list using above format:
_____

Page: 2

Disability Benefits Questionnaire for
Ischemic Heart Disease (IHD)

2. Medical history

Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition? ___ Yes ___ No
List medications: _____

Is there a history of:

Percutaneous coronary intervention (PCI) ___ Yes ___ No
Treatment facility/date:_____

Myocardial infarction ___ Yes ___ No
Treatment facility/date:_____

Coronary bypass surgery ___ Yes ___ No
Treatment facility/date:_____

Heart transplant ___ Yes ___ No
Treatment facility/date:_____
If yes, is it as likely as not that the Veteran's heart transplant is due to IHD? ___ Yes ___ No

Implanted cardiac pacemaker ___ Yes ___ No
Treatment facility/date:_____
If yes, is it as likely as not that the Veteran's pacemaker is due to IHD? ___ Yes ___ No

Implanted automatic implantable cardioverter defibrillator (AICD)
___ Yes ___ No
Treatment facility/date: _____
If yes, is it as likely as not that the Veteran's AICD is due to IHD?
___ Yes ___ No

3. Congestive heart failure (CHF)
Does the Veteran have CHF? ___ Yes ___ No
Is the Veteran's CHF chronic? ___ Yes ___ No

If the Veteran's CHF is not chronic, has the Veteran had more than one episode of acute CHF in the past year? ___ Yes ___ No

Treatment facility/date of most recent episode of CHF: _____

_____

4. Cardiac functional assessment

Has a diagnostic exercise test been conducted? ___ Yes ___ No

a. If yes, provide level of METs the Veteran can perform as shown by the most recent diagnostic exercise testing: _____

Date of most recent diagnostic exercise test:_____

b. If exercise METs testing was not completed because it is not required as part of Veteran's treatment plan, complete the following METs test based on the Veteran's responses:

Lowest level of activity at which the Veteran reports symptoms (check all symptoms that apply)

___ dyspnea ___ fatigue ___ angina ___ dizziness ___ syncope

___ (1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks

___ (>3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)

___ (>5-7 METs) This METs level has been found to be consistent with activities such as golfing (without cart), mowing lawn (push mower), heavy yard work (digging)

___ (>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)

___ The Veteran denies experiencing above symptoms with any level of physical activity

5. Diagnostic testing

Determination of cardiac hypertrophy/dilatation is required; the suggested order of testing for cardiac hypertrophy/dilatation is EKG, then chest x-ray (PA and lateral), then echocardiogram. Echocardiogram is only necessary if the other two tests are negative. A limited echocardiogram, if available, is appropriate to determine if cardiac hypertrophy/dilatation is present by measuring only left ventricular dimension, wall thickness and ejection fraction.

Is there evidence of cardiac hypertrophy or dilatation?
___ Yes ___ No

Diagnostic test (provide most recent test only):

___ EKG Date of EKG: _____
___ Chest x-ray Date of CXR: _____
___ Echocardiogram Date of echocardiogram:_____
___ Other study (specify): _____ Date:_____

Left ventricular ejection fraction (LVEF), if known: _____%
Date of test: _____

If LVEF testing is not of record, but available medical information sufficiently reflects the severity of the Veteran's cardiovascular condition, LVEF testing is not required.

6. Functional impact
Does the Veteran's ischemic heart disease impact his or her ability to work?

___ Yes ___ No

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

_____

Disability Benefits Questionnaire for
Ischemic Heart Disease (IHD)

7. 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.