Compensation and Pension Record Interchange (CAPRI)

Hematologic and Lymphatic Conditions, including Leukemia

Disability Benefits Questionnaire (DBQ)

Workflow

April 2011

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Description (Patch # if applicable)</th>
<th>Author</th>
<th>Technical Writer</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/11/2010</td>
<td>Document created for Patch 161.</td>
<td>REDACTED</td>
<td>N/A</td>
</tr>
<tr>
<td>1/25/2011</td>
<td>Minor corrections</td>
<td>REDACTED</td>
<td>N/A</td>
</tr>
<tr>
<td>4/1/2011</td>
<td>Changes for Patch 163</td>
<td>REDACTED</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Table of Contents

1 Introduction .......................................................................................................................... 1
  1.1 Purpose .......................................................................................................................... 1
  1.2 Overview ......................................................................................................................... 1

2 Hematologic and Lymphatic Conditions DBQ .................................................................... 2
  2.1 Name of patient/Veteran ............................................................................................... 2
  2.2 Section 1. Diagnosis ..................................................................................................... 3
  2.3 Section 2. Medical history ............................................................................................. 10
  2.4 Section 3. Treatment ..................................................................................................... 11
  2.5 Section 4. Conditions, complications and/or residuals ................................................. 18
  2.6 Section 5. Recurring infections ...................................................................................... 22
  2.7 Section 6. Thrombocytopenia (primary, idiopathic or immune) ..................................... 23
  2.8 Section 7. Polycythemia vera ......................................................................................... 25
  2.9 Section 8. Sickle cell anemia ......................................................................................... 27
  2.10 Section 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms ........................................................................................................... 28
  2.11 Section 10. Diagnostic testing ...................................................................................... 30
  2.12 Section 11. Functional impact ..................................................................................... 32
  2.13 Section 12. Remarks, if any ........................................................................................ 34

3 Hemic and Lymphatic DBQ-AMIE Worksheet .................................................................. 35
1 Introduction

1.1 Purpose

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

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

1.2 Overview

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

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

Figure 1: Template Example: DBQ - Standard VA Note

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

Figure 2: Print Example: DBQ – Standard VA Note

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

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

2.1 Name of patient/Veteran

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

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

<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>Hematologic and Lymphatic Conditions, including Leukemia</td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Disability Benefits Questionnaire</td>
<td>Enabled, 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>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

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

Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran’s claim.
2.2 **Section 1. Diagnosis**

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

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

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

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

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

<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>Diagnosis</td>
<td>Enabled, 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 a hematologic and/or lymphatic condition?</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 a hematologic and/or lymphatic condition?</td>
</tr>
<tr>
<td>If no, provide rationale (e.g., Veteran does not currently have any known hematologic or lymphatic condition(s)):</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 a hematologic and/or lymphatic condition.</td>
</tr>
<tr>
<td>If yes, select the Veteran’s condition:</td>
<td>If ( Diagnosis = \text{Yes} ); Enabled, Mandatory, Choose one or more valid values Else; Disabled</td>
<td>[Acute lymphocytic leukemia (ALL); Acute myelogenous leukemia (AML); Chronic myelogenous leukemia (CML); Hodgkin’s disease; Non-Hodgkin’s lymphoma; Anemia; Thrombocytopenia; Polycythemia vera; Sickle cell anemia; Splenectomy; Hairy cell or other B-cell leukemia: If checked, complete Hairy cell and other B-cell leukemias Questionnaire.; Other hematologic or lymphatic condition(s):]</td>
<td>N/A</td>
<td>Please select the Veteran’s condition.</td>
</tr>
<tr>
<td>Acute lymphocytic leukemia (ALL) ICD code:</td>
<td>If ( \text{Acute lymphocytic leukemia (ALL)} = \text{Yes} ); Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for Acute lymphocytic leukemia (ALL).</td>
</tr>
<tr>
<td>Acute lymphocytic leukemia (ALL) Date of diagnosis:</td>
<td>If ( \text{Acute lymphocytic leukemia (ALL)} = \text{Yes} ); Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of diagnosis for Acute lymphocytic leukemia (ALL).</td>
</tr>
<tr>
<td>Acute myelogenous leukemia (AML) ICD code:</td>
<td>If ( \text{Acute myelogenous leukemia (AML)} = \text{Yes} ); Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for Acute myelogenous leukemia (AML).</td>
</tr>
<tr>
<td>Acute myelogenous leukemia (AML) Date of diagnosis:</td>
<td>If ( \text{Acute myelogenous leukemia (AML)} = \text{Yes} ); Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of diagnosis for Acute myelogenous leukemia (AML).</td>
</tr>
<tr>
<td>Condition</td>
<td>ICD code:</td>
<td>Date of diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic myelogenous leukemia (CML)</td>
<td>If <em>Chronic myelogenous leukemia (CML)</em> = Yes; Enabled, Mandatory Else: Disabled</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please enter the date of diagnosis for Chronic myelogenous leukemia (CML).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hodgkin’s disease</td>
<td>If <em>Hodgkin’s disease</em> = Yes; Enabled, Mandatory Else: Disabled</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please enter the ICD code for Hodgkin’s disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hodgkin’s lymphoma</td>
<td>If <em>Non-Hodgkin’s lymphoma</em> = Yes; Enabled, Mandatory Else: Disabled</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please enter the ICD code for Non-Hodgkin’s lymphoma.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td>If <em>Anemia</em> = Yes; Enabled, Mandatory Else: Disabled</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please enter the ICD code for Anemia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>If <em>Thrombocytopenia</em> = Yes; Enabled, Mandatory Else: Disabled</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please enter the ICD code for Thrombocytopenia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Date of diagnosis:</td>
<td>ICD code:</td>
<td>ICD code:</td>
<td>Other diagnosis #1:</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>If Thrombocytopenia = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A Free Text</td>
<td>Please enter the date of diagnosis for Thrombocytopenia.</td>
<td></td>
</tr>
<tr>
<td>Polycythemia vera</td>
<td>If Polycythemia vera = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A Free Text</td>
<td>Please enter the ICD code for Polycythemia vera.</td>
<td></td>
</tr>
<tr>
<td>Sickle cell anemia</td>
<td>If Sickle cell anemia = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A Free Text</td>
<td>Please enter the ICD code for Sickle cell anemia.</td>
<td></td>
</tr>
<tr>
<td>Splenectomy</td>
<td>If Splenectomy = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A Free Text</td>
<td>Please enter the ICD code for Splenectomy.</td>
<td></td>
</tr>
<tr>
<td>Other hematologic or lymphatic condition(s)</td>
<td>If Other hematologic or lymphatic condition(s) = Yes; Enabled, Mandatory Else; Enabled, Optional</td>
<td>N/A Free Text</td>
<td>Please enter a value in the 'Other diagnosis #1' field.</td>
<td></td>
</tr>
<tr>
<td>ICD code:</td>
<td>If Other hematologic or lymphatic condition(s) = Yes; Enabled, Mandatory Else; Enabled, Optional</td>
<td>N/A Free Text</td>
<td>Please enter the ICD code for other diagnosis #1.</td>
<td></td>
</tr>
<tr>
<td>Date of diagnosis:</td>
<td>If <em>Other hematologic or lymphatic condition(s) = Yes</em>; Enabled, Mandatory Else; Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of diagnosis for other diagnosis #1.</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Other diagnosis #2:</td>
<td>Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>N/A</td>
</tr>
<tr>
<td>ICD code:</td>
<td>If <em>Other diagnosis #2 is populated</em> and <em>Diagnosis = Yes</em>; Enabled, Mandatory Else; Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for other diagnosis #2.</td>
</tr>
<tr>
<td>Date of diagnosis:</td>
<td>If <em>Other diagnosis #2 is populated</em> and <em>Diagnosis = Yes</em>; Enabled, Mandatory Else; Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of diagnosis for other diagnosis #2.</td>
</tr>
<tr>
<td>Other diagnosis #3:</td>
<td>Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>N/A</td>
</tr>
<tr>
<td>ICD code:</td>
<td>If <em>Other diagnosis #3 is populated</em> and <em>Diagnosis = Yes</em>; Enabled, Mandatory Else; Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for other diagnosis #3.</td>
</tr>
<tr>
<td>Date of diagnosis:</td>
<td>If <em>Other diagnosis #3 is populated</em> and <em>Diagnosis = Yes</em>; Enabled, Mandatory Else; Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of diagnosis for other diagnosis #3.</td>
</tr>
<tr>
<td>If there are additional diagnoses that pertain to hematologic or lymphatic condition(s), list using above format:</td>
<td>Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Figure 5: Template Example: DBQ – Hemic and Lymphatic – 1. Diagnosis

Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran’s claim.

1. **Diagnosis**

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

[ ] Yes  [ ] No

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

If yes, select the Veteran’s condition:

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD code</th>
<th>Date of diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute lymphocytic leukemia (ALL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute myelogenous leukemia (AML)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic myelogenous leukemia (CML)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hodgkin's disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hodgkin's lymphoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polycythemia vera</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle cell anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Splenectomy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, select the Veteran’s condition:

<table>
<thead>
<tr>
<th>Other diagnosis #1:</th>
<th>ICD code</th>
<th>Date of diagnosis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other diagnosis #2:</th>
<th>ICD code</th>
<th>Date of diagnosis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other diagnosis #3:</th>
<th>ICD code</th>
<th>Date of diagnosis</th>
</tr>
</thead>
</table>

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

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

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

If yes, select the Veteran's condition:
[X] Acute lymphocytic leukemia (ALL)
   ICD code: Date of diagnosis:
[ ] Acute myelogenous leukemia (AML)
   ICD code: Date of diagnosis:
[ ] Chronic myelogenous leukemia (CML)
   ICD code: Date of diagnosis:
[ ] Hodgkin's disease
   ICD code: Date of diagnosis:
[ ] Non-Hodgkin's lymphoma
   ICD code: Date of diagnosis:
[ ] Anemia
   ICD code: Date of diagnosis:
[ ] Thrombocytopenia
   ICD code: Date of diagnosis:
[ ] Polycythemia vera
   ICD code: Date of diagnosis:
[ ] Sickle cell anemia
   ICD code: Date of diagnosis:
[ ] Splenectomy
   ICD code: Date of diagnosis:
[ ] Hairy cell and other B-cell leukemia: If checked, complete Hairy cell and other B-cell leukemias Questionnaire.
[ ] Other hematologic or lymphatic condition(s):
   Other diagnosis #1:
     ICD code: Date of diagnosis:

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

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

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

2.3 Section 2. Medical history

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.
Table 3: Rules: DBQ – Hemic and Lymphatic – 2. Medical history

<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>Enabled, Read Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Describe the history</td>
<td>If Diagnosis = Yes and a</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the history (including onset and course) of the Veteran’s current condition(s).</td>
</tr>
<tr>
<td>(including onset, course and</td>
<td>condition is selected in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>status) of the Veteran’s</td>
<td>the Diagnosis section;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>current condition(s)</td>
<td>Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Enabled, Optional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Indicate the status of</td>
<td>If Diagnosis = Yes and a</td>
<td>[Active;</td>
<td>N/A</td>
<td>Please indicate the status of the disease.</td>
</tr>
<tr>
<td>the primary condition:</td>
<td>condition is selected in</td>
<td>Remission;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>the Diagnosis section;</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enabled, Mandatory,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Choose one valid value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Enabled, Optional</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

2.4 Section 3. Treatment

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.
**Table 4: Rules**  
*DBQ – Hemic and Lymphatic – 3. Treatment*

<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. Treatment</td>
<td>Enabled, Read Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Has the Veteran completed any treatment or is the Veteran currently undergoing any treatment for any lymphatic or hematologic condition, including leukemia?</td>
<td>If Diagnosis = Yes and a condition is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional</td>
<td>[Yes; No, watchful waiting]</td>
<td>N/A</td>
<td>Please answer the question: Has the Veteran completed any treatment or is the Veteran currently undergoing any treatment for any lymphatic or hematologic condition, including leukemia?</td>
</tr>
<tr>
<td>If yes, indicate treatment type(s) (check all that apply):</td>
<td>If the previous question = Yes; Enabled, Mandatory; Choose one or more valid values Else; Disabled</td>
<td>[Treatment completed, currently in watchful waiting status; Bone marrow transplant; Surgery; Radiation therapy; Antineoplastic chemotherapy; Other therapeutic procedure and/or treatment (describe):]</td>
<td>Free Text</td>
<td>Please check at least one applicable treatment type.</td>
</tr>
<tr>
<td>Date of hospital admission and location:</td>
<td>If treatment types include Bone marrow transplant; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>For the bone marrow transplant, please provide the date of hospital admission and location.</td>
</tr>
<tr>
<td>Date of hospital discharge after transplant:</td>
<td>If treatment types include Bone marrow transplant; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>For the bone marrow transplant, please provide the date of hospital discharge after transplant.</td>
</tr>
<tr>
<td>If checked, describe:</td>
<td>If treatment type includes Surgery; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the surgical procedure performed.</td>
</tr>
<tr>
<td>Date(s) of surgery:</td>
<td>If treatment types include Surgery; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of surgery.</td>
</tr>
<tr>
<td><strong>Date of most recent treatment:</strong></td>
<td><strong>If treatment types include Radiation therapy; Enabled, Mandatory</strong></td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of the most recent radiation therapy treatment.</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----</td>
<td>-----------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of completion of treatment or anticipated date of completion:</strong></td>
<td><strong>If treatment types include Radiation therapy; Enabled, Mandatory</strong></td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the radiation therapy's date of completion (actual or anticipated).</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of most recent treatment:</strong></td>
<td><strong>If treatment types include Antineoplastic chemotherapy; Enabled, Mandatory</strong></td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of the most recent antineoplastic chemotherapy treatment.</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of completion of treatment or anticipated date of completion:</strong></td>
<td><strong>If treatment types include Antineoplastic chemotherapy; Enabled, Mandatory</strong></td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the antineoplastic chemotherapy treatment's date of completion (actual or anticipated).</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other therapeutic procedure and/or treatment (describe):</strong></td>
<td><strong>If treatment types include Other therapeutic procedure and/or treatment; Enabled, Mandatory</strong></td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the other therapeutic procedure and/or treatment performed.</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of procedure:</strong></td>
<td><strong>If treatment types include Other therapeutic procedure and/or treatment; Enabled, Mandatory</strong></td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of the most recent other therapeutic procedure and/or treatment.</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of completion of treatment or anticipated date of completion:</strong></td>
<td><strong>If treatment types include Other therapeutic procedure and/or treatment; Enabled, Mandatory</strong></td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of completion (actual or anticipated) of the other therapeutic procedure and/or treatment.</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Does the <strong>Diagnosis</strong> = Yes and a</td>
<td><strong>[Yes; No]</strong></td>
<td>N/A</td>
<td>Please answer</td>
<td>Please answer</td>
</tr>
<tr>
<td>Question</td>
<td>Condition is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value</td>
<td>Else; Enabled, Optional</td>
<td>the question: Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?</td>
<td>If <em>Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?</em> = Yes; Enabled, Read-Only Else; Disabled</td>
<td>N/A</td>
<td>N/A N/A N/A</td>
<td></td>
</tr>
<tr>
<td>(If “yes”, answer both questions 3.b.i and 3.b.ii)</td>
<td>If <em>Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?</em> = Yes; Enabled, Mandatory Choose one valid value Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A Please answer the question: Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?</td>
<td></td>
</tr>
<tr>
<td>i. Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?</td>
<td>If <em>Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?</em> = Yes; Enabled, Mandatory Choose one valid value Else; Disabled</td>
<td>N/A</td>
<td>Free Text Please provide the name of the other hematologic or lymphatic condition that caused the secondary anemia.</td>
<td></td>
</tr>
<tr>
<td>If yes, provide the name of the other condition:</td>
<td>If <em>Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?</em> = Yes; Enabled, Mandatory Choose one valid value Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A Please indicate whether or not continuous medication is required for control of the anemia.</td>
<td></td>
</tr>
<tr>
<td>ii. Is continuous medication required for control of the anemia?</td>
<td>If <em>Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?</em> = Yes; Enabled, Mandatory Choose one valid value Else; Disabled</td>
<td>N/A</td>
<td>Free Text Please list medication(s) continuously needed to control anemia.</td>
<td></td>
</tr>
<tr>
<td>If yes, list medication(s):</td>
<td>If <em>Is continuous medication required for control of the anemia?</em> = Yes; Enabled, Mandatory Choose one valid value Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A Please answer the question: Does the</td>
<td></td>
</tr>
<tr>
<td>c. Does the Veteran have thrombocytopenia</td>
<td>If <em>Diagnosis = Yes and a condition is selected in the Diagnosis section:</em></td>
<td>[Yes; No]</td>
<td>N/A Please answer the question: Does the</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Description</td>
<td>Answer</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Is the thrombocytopenia caused by treatment for a hematologic or lymphatic condition?</td>
<td>Enabled, Mandatory, Choose one valid value Else: Enabled, Optional</td>
<td>N/A</td>
<td>Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?</td>
<td></td>
</tr>
<tr>
<td>(If “yes”, answer both questions 3.c.i and 3.c.ii)</td>
<td>If Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition? = Yes; Enabled, Read-Only Else: Disabled</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>i. Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition?</td>
<td>If Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition? = Yes; Enabled, Mandatory Choose one valid value Else: Disabled</td>
<td>[Yes; No]</td>
<td>Please answer the question: Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition?</td>
<td></td>
</tr>
<tr>
<td>If yes, provide the name of the other condition:</td>
<td>If Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition? = Yes; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text Please provide the name of the other hematologic or lymphatic condition that caused the secondary thrombocytopenia.</td>
<td></td>
</tr>
<tr>
<td>ii. Is continuous medication required for control of the thrombocytopenia?</td>
<td>If Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition? = Yes; Enabled, Mandatory Choose one valid value Else: Disabled</td>
<td>[Yes; No]</td>
<td>N/A Please indicate whether or not continuous medication is required for control of the thrombocytopenia.</td>
<td></td>
</tr>
<tr>
<td>If yes, list medication(s):</td>
<td>If Is continuous medication required for control of the thrombocytopenia? = Yes; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text Please list medication(s) continuously needed to</td>
<td></td>
</tr>
</tbody>
</table>
control thrombocytopenia.

Figure 9: Template Example: DBQ – Hemic and Lymphatic – 3. Treatment
3. Treatment
a. Has the Veteran completed any treatment or is the Veteran currently undergoing any treatment for any lymphatic or hematologic condition, including leukemia?
   - Yes
   - No, watchful waiting
   If yes, indicate treatment type(s) (check all that apply):
   - Treatment completed; currently in watchful waiting status
   - Bone marrow transplant
     If checked, provide:
     - Date of hospital admission and location:
     - Date of hospital discharge after transplant:
   - Surgery
     If checked, describe:
     - Date(s) of surgery:
   - Radiation therapy
     - Date of most recent treatment:
     - Date of completion of treatment or anticipated date of completion:
   - Antineoplastic chemotherapy
     - Date of most recent treatment:
     - Date of completion of treatment or anticipated date of completion:
   - Other therapeutic procedure and/or treatment (describe):
     - Date of procedure:
     - Date of completion of treatment or anticipated date of completion:

b. Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?
   - Yes
   - No
   - If "yes", answer both questions 3.b.i and 3.b.ii
   i. Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?
      - Yes
      - No
      - If yes, provide the name of the other condition:
   ii. Is continuous medication required for control of the anemia?
      - Yes
      - No
      - If yes, list medication(s):

c. Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?
   - Yes
   - No
   - If "yes", answer both questions 3.c.i and 3.c.ii
   i. Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition?
      - Yes
      - No
      - If yes, provide the name of the other condition:
   ii. Is continuous medication required for control of the thrombocytopenia?
      - Yes
      - No
      - If yes, list medication(s):
3. Treatment

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

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

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

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

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

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

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

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

2.5 Section 4. Conditions, complications and/or residuals
All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.
<table>
<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>4. Conditions, complications and/or residuals</strong></td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Does the Veteran currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder?</td>
<td>If Diagnosis = Yes and a condition is selected in the Diagnosis section; 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 currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder?</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td>If previous question is Yes; Enabled, Mandatory, Choose one or more valid values Else; Disabled</td>
<td>[Weakness; Easy fatigability; Light-headedness; Shortness of breath; Headaches; Dyspnea on mild exertion; Dyspnea at rest; Tachycardia; Syncope; Cardiomegaly; High output congestive heart failure; Complications or residuals of treatment requiring transfusion of platelets or red blood cells]</td>
<td>N/A</td>
<td>Please check at least one applicable condition, complication or residual.</td>
</tr>
<tr>
<td>Field/Question</td>
<td>Field Disposition</td>
<td>Valid Values</td>
<td>Format</td>
<td>Error Message</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>If checked, indicate frequency:</td>
<td>If Does the Veteran currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder = Complications or residuals of treatment requiring transfusion of platelets or red blood cells; Enabled, Mandatory, Choose one valid value Else; Disabled</td>
<td>[ At least once per year but less than once every 3 months; At least once every 3 months; At least once every 6 weeks]</td>
<td>N/A</td>
<td>Please indicate the frequency that transfusion of platelets or red blood cells is required.</td>
</tr>
<tr>
<td>b. Does the Veteran currently have any other conditions, complications and/or residuals of treatment from a hematologic or lymphatic disorder?</td>
<td>If Diagnosis = Yes and a condition is selected in the Diagnosis section; 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 currently have any other conditions, complications and/or residuals of treatment from a hematologic or lymphatic disorder?</td>
</tr>
<tr>
<td>If yes, describe (brief summary):</td>
<td>If previous question = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe any other conditions, complications and/or residuals.</td>
</tr>
</tbody>
</table>

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

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

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

   - [X] Yes  [ ] No

   If yes, check all that apply:
   - [ ] Weakness
   - [ ] Easy fatigability
   - [ ] Light-headedness
   - [ ] Shortness of breath
   - [ ] Headaches
   - [ ] Dyspnea on mild exertion
   - [ ] Dyspnea at rest
   - [ ] Tachycardia
   - [ ] Syncope
   - [ ] Cardiomegaly
   - [ ] High output congestive heart failure

   - [X] Complications or residuals of treatment requiring transfusion of platelets or red blood cells

   If checked, indicate frequency:
   - [ ] At least once per year but less than once every 3 months
   - [ ] At least once every 3 months
   - [ ] At least once every 6 weeks

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

   - [X] Yes  [ ] No

   If yes, describe (brief summary):

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

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

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

   - [X] Yes  [ ] No

   If yes, check all that apply:
   - [ ] Weakness
   - [ ] Easy fatigability
   - [ ] Light-headedness
   - [ ] Shortness of breath
   - [ ] Headaches
   - [ ] Dyspnea on mild exertion
   - [ ] Dyspnea at rest
   - [ ] Tachycardia
   - [ ] Syncope
   - [ ] Cardiomegaly
   - [ ] High output congestive heart failure

   - [X] Complications or residuals of treatment requiring transfusion of platelets or red blood cells

   If checked, indicate frequency:
   - [ ] At least once per year but less than once every 3 months
   - [ ] At least once every 3 months
   - [ ] At least once every 6 weeks

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

   - [X] Yes  [ ] No
If yes, describe (brief summary):

2.6 **Section 5. Recurring infections**

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

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

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

**5. Recurring infections**

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

☑ Yes ☐ No

If yes, indicate frequency of infections:

☐ Less than once per year

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

☐ At least once every 3 months

☐ At least once every 6 weeks

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

5. Recurring infections

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

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

2.7 Section 6. Thrombocytopenia (primary, idiopathic or immune)
All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.
Table 7: Rules: DBQ – Hemic and Lymphatic – 6. Thrombocytopenia (primary, idiopathic or immune)

<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. Thrombocytopenia (primary, idiopathic or immune)</td>
<td>If Condition = thrombocytopenia; Enabled, Read-Only Else; Disabled</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran have thrombocytopenia?</td>
<td>If Condition = thrombocytopenia; 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 thrombocytopenia?</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td>If Does the Veteran have thrombocytopenia = Yes; Enabled, Mandatory; Choose one or more valid values Else; Disabled</td>
<td>[Stable platelet count of 100,000 or more; Stable platelet count between 70,000 and 100,000; Platelet count between 20,000 and 70,000; Platelet count of less than 20,000; With active bleeding; Requiring treatment with medication; Requiring treatment with transfusions]</td>
<td>N/A</td>
<td>Please check all applicable statements regarding the Veteran's thrombocytopenia.</td>
</tr>
</tbody>
</table>

Figure 15: Template Example: DBQ – Hemic and Lymphatic – 6. Thrombocytopenia (primary, idiopathic or immune)
2.8 **Section 7. Polycythemia vera**

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.
Table 8: Rules: DBQ – Hemic and Lymphatic – 7. Polycythemia vera

<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>7. Polycythemia vera</td>
<td>If ( \text{Condition} = \text{polycythemia vera} ); Enabled, Read-Only; Else; Disabled</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran have polycythemia vera?</td>
<td>If ( \text{Condition} = \text{polycythemia vera} ); 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 polycythemia vera?</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td>If ( \text{Does the Veteran have polycythemia vera?} = \text{Yes} ); Enabled, Mandatory; Choose one or more valid values; Else; Disabled</td>
<td>[Stable, with or without continuous medication; Requiring phlebotomy; Requiring myelosuppressant treatment]</td>
<td>N/A</td>
<td>Please check all applicable statements regarding the Veteran's polycythemia vera.</td>
</tr>
<tr>
<td>NOTE: If there are complications due to polycythemia vera such as hypertension, gout, stroke or thrombotic disease, also complete appropriate Questionnaire(s).</td>
<td>If ( \text{Does the Veteran have polycythemia vera?} = \text{Yes} ); Enabled, Read-Only; Else; Disabled</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

```
7. Polycythemia vera

Does the Veteran have polycythemia vera?
[X] Yes  [ ] No

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

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

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

```
7. Polycythemia vera

Does the Veteran have polycythemia vera?
[X] Yes  [ ] No

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

NOTE: If there are complications due to polycythemia vera such as hypertension, gout, stroke or thrombotic disease, also complete appropriate Questionnaire(s).
```
2.9  **Section 8. Sickle cell anemia**

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

<table>
<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>8. Sickle cell anemia</td>
<td>If Condition = Sickle cell anemia; Enabled, Read-Only Else; Disabled</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran have sickle cell anemia?</td>
<td>If Condition = Sickle cell anemia; Enabled, Mandatory, Choose one valid value Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer the question: Does the Veteran have sickle cell anemia?</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td>If Does the Veteran have sickle cell anemia? = Yes; Enabled, Mandatory Else; Disabled</td>
<td>[Asymptomatic; In remission; With identifiable organ impairment; Following repeated hemolytic sickling crises with continuing impairment of health; Painful crises several times a year; Repeated painful crises, occurring in skin, joints, bones or any major organs; With anemia, thrombosis and infarction; Symptoms preclude other than light manual labor ; Symptoms preclude even light manual labor]</td>
<td>N/A</td>
<td>Please check all applicable statements regarding the Veteran's sickle cell anemia.</td>
</tr>
</tbody>
</table>
Figure 19: Template Example: DBQ – Hemic and Lymphatic – 8. Sickle cell anemia

8. Sickle cell anemia

Does the Veteran have sickle cell anemia?

[X] Yes  [ ] No

If yes, check all that apply:

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

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

8. Sickle cell anemia

-----------------------------------

Does the Veteran have sickle cell anemia?

[X] Yes  [ ] No

If yes, check all that apply:

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

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

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.
### Table 10: Rules: DBQ – Hemic and Lymphatic – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

<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>9. Other pertinent physical findings, complications, conditions, signs and/or symptoms</td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?</td>
<td>If Diagnosis = Yes and a condition is selected in the Diagnosis section; 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 pertinent physical findings, complications, conditions, signs and/or symptoms?</td>
</tr>
<tr>
<td>If yes, describe(brief summary):</td>
<td>If Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms= Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe any other pertinent physical findings, complications, conditions, signs and/or symptoms.</td>
</tr>
<tr>
<td>b. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis section above?</td>
<td>If Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms= Yes; Enabled, Mandatory Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer the question: Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis section?</td>
</tr>
<tr>
<td>If yes, also complete a Scars Questionnaire for each scar.</td>
<td>Disabled; Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

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

a. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?
   - [ ] Yes
   - [ ] No
   If yes, describe (brief summary):

b. Does the Veteran have any scars (surgical or otherwise) related to any condition or to the treatment of any conditions listed in the Diagnosis section above?
   - [ ] Yes
   - [ ] No
   If yes, also complete a Scars Questionnaire for each scar.
9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

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

[X] Yes   [ ] No

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

b. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis section above?

[ ] Yes   [ ] No

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

2.11 Section 10. Diagnostic testing

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.
### Table 11: Rules: DBQ – Hemic and Lymphatic – 10. Diagnostic testing

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

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

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

a. CBC: ___________________________ Date: ___________________________

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

c. Platelet count: ___________________________ Date: ___________________________

d. Are there any other significant diagnostic test findings and/or results?
   [ ] Yes   [ ] No

   If yes, provide type of test or procedure, date and results (brief summary):


2.12 Section 11. Functional impact

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.
Table 12: Rules: DBQ – Hemic and Lymphatic – 11. Functional impact

<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>11. Functional Impact</strong></td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran’s hematologic and/or lymphatic condition(s) impact his or her ability to work?</td>
<td>If Diagnosis = Yes and a condition is selected in the Diagnosis section; 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’s hematologic and/or lymphatic condition(s) impact his or her ability to work?</td>
</tr>
<tr>
<td>If yes, describe impact of each of the Veteran’s hematologic and/or lymphatic conditions, providing one or more examples:</td>
<td>If Does the Veteran’s hematologic and/or lymphatic condition(s) impact the Veteran’s ability to work = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the impact of each hematologic and/or lymphatic condition on the Veteran’s ability to work, providing one or more examples.</td>
</tr>
</tbody>
</table>

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

11. Functional impact

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

[ ] Yes   [ ] No

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

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

11. Functional impact

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

[ ] Yes   [ ] No

If yes, describe impact of each of the Veteran's hematologic and/or lymphatic conditions, providing one or more examples:
2.13 **Section 12. Remarks, if any**

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

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

<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>12. Remarks, if any</td>
<td>Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

12. Remarks, if any

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

12. Remarks, if any:

______________________
3 Hemic and Lymphatic DBQ-AMIE Worksheet

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

Hematologic and Lymphatic Conditions
Including Leukemia
Disability Benefits Questionnaire

Name of patient/Veteran: _______________________   SSN: ________________

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

1. Diagnosis

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

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

If yes, select the Veteran's condition:

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

___ Other hematologic or lymphatic condition(s):
Other diagnosis #1: ___________________
ICD code: _____________________________
Date of diagnosis: ____________________

Other diagnosis #2: ___________________
ICD code: _____________________________
Date of diagnosis: ____________________
Other diagnosis #3: __________________________
ICD code: _____________________________
Date of diagnosis: ______________________

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

2. Medical history

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

b. Indicate the status of the primary condition:
   ___ Active
   ___ Remission
   ___ Not applicable

3. Treatment

a. Has the Veteran completed any treatment or is the Veteran currently undergoing any treatment for any lymphatic or hematologic condition, including leukemia?
   ___ Yes   ___ No; watchful waiting

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

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

Page: 3
b. Does the Veteran have anemia, including anemia caused by treatment for a hematologic or lymphatic condition?
   ___ Yes   ___ No (if "yes", answer both question 3.b.i and 3.b.ii)
   
   i. Is the anemia caused secondary to treatment of another hematologic or lymphatic condition?
   ___ Yes   ___ No
   
   If yes, provide the name of the other condition: ____________________
   
   ii. Is continuous medication required for control of the anemia?
   ___ Yes   ___ No
   
   If yes, list medication(s): ________________________________
   
   c. Does the Veteran have thrombocytopenia, including thrombocytopenia caused by treatment for a hematologic or lymphatic condition?
   ___ Yes   ___ No (if "yes", answer both question 3.c.i and 3.c.ii)
   
   i. Is the thrombocytopenia caused secondary to treatment of another hematologic or lymphatic condition?
   ___ Yes   ___ No
   
   If yes, provide the name of the other condition: ____________________
   
   ii. Is continuous medication required for control of the thrombocytopenia?
   ___ Yes   ___ No
   
   If yes, list medication(s): ________________________________
   
4. Conditions, complications and/or residuals

a. Does the Veteran currently have any conditions, complications and/or residuals due to a hematologic or lymphatic disorder or due to treatment for a hematologic or lymphatic disorder?
   ___ Yes   ___ No
   
   If yes, check all that apply:
   ___ Weakness
   ___ Easy fatigability
   ___ Light-headedness
   ___ Shortness of breath
   ___ Headaches
   ___ Dyspnea on mild exertion
   ___ Dyspnea at rest
   ___ Tachycardia
   ___ Syncope
   ___ Cardiomegaly
   ___ High output congestive heart failure
   ___ Complications or residuals of treatment requiring transfusion of platelets or red blood cells
     If checked, indicate frequency:
     ___ At least once per year but less than once every 3 months
     ___ At least once every 3 months
     ___ At least once every 6 weeks

b. Does the Veteran currently have any other conditions, complications and/or residuals of treatment from a hematologic or lymphatic disorder?
   ___ Yes   ___ No
   
   If yes, describe (brief summary): ___________________________________________

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

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

6. Thrombocytopenia (primary, idiopathic or immune)

Does the Veteran have thrombocytopenia?
___ Yes   ___ No

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

7. Polycythemia vera

Does the Veteran have polycythemia vera?
___ Yes   ___ No

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

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

Page: 5

Disability Benefits Questionnaire for Hematologic and Lymphatic Conditions

8. Sickle cell anemia

Does the Veteran have sickle cell anemia?
___ Yes   ___ No

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

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

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

   If yes, describe (brief summary):

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

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

10. Diagnostic testing

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

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

a. CBC: __________________ Date: ____________

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

c. Platelet count: __________________ Date: ____________

11. Functional impact

Does the Veteran's hematologic and/or lymphatic condition(s) impact his or her ability to work?
   ___ Yes   ___ No

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

12. Remarks, if any:

Physician signature: ___________________________ Date: ____________

Physician printed name: _______________________ Phone: ____________

Medical license #: ____________________________ Fax: ____________
Physician address: __________________________________________________________

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