Compensation and Pension Record Interchange (CAPRI)

Leukemia

Disability Benefits Questionnaire (DBQ)

Workflow

November 2010

Revision History

Date	Description (Patch # if applicable)	Author	Technical Writer
08/02/2010	Document created	C. Gawronski	J. Headen
08/11/10	Incorporated ICD and other new changes	C. Gawronski	J. Headen
10/28/10	Changed wording in standard note in introduction for Patch 159.	C.Gawronski	N/A

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1 Introduction

1.1 Purpose

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

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

1.2 Overview

The LEUKEMIA DBQ provides the ability to capture information related to Hairy Cell and Other B-Cell Leukemia's and treatment.

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

Figure 1: Template Example: DBQ - Standard VA Note

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

Figure 2: Print Exmaple: DBQ – Standard VA Note

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

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

2 Leukemia DBQ – History Tab

2.1 Name of patient/Veteran

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

Table 1: Rules: DBQ – Leukemia – Name of patient/Veteran

Field/Question	Field Disposition	Valid Values	Format	Error Message
Disability Benefits Questionnaire	Disabled, Read-Only	N/A	N/A	N/A
Hairy Cell and Other B-Cell Leukemias	Disabled, Read-Only	N/A	N/A	N/A
Name of patient/Veteran:	Enabled, Mandatory	N/A	Free Text	Please enter the name of the patient/Veteran.
Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.	Disabled, Read-Only	N/A	N/A	N/A

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

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

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                        Disability Benefits Questionnaire
                        Hairy Cell and Other B-Cell Leukemias


Name of patient/Veteran: Patient, Test 2

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

The question "Does the patient/Veteran now have or has he/she ever been diagnosed with hairy cell leukemia or any other B-cell leukemia?" must be answered before the template can be completed.

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

rules described in this document.

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

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

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

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

Field/Question	Field Disposition	Valid Values	Format	Error Message
1.Diagnosis	Disabled, Read-Only	N/A	N/A	N/A
Does the Veteran now have or has he/she ever been diagnosed with hairy cell leukemia or any other B-cell leukemia?	Enabled, Mandatory, Choose one valid value	[Yes; No]	N/A	Please answer the question: Does the Veteran now have or has he/she ever been diagnosed with hairy cell leukemia or any other B-cell leukemia?
NOTE: Provide only diagnoses that pertain to hairy cell leukemia or any other B-cell leukemias.	Disabled, Read-Only	N/A	N/A	N/A
Diagnosis #1:	If *diagnosis = Yes*; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter diagnosis #1.
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, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #2.

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

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

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

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

    NOTE: Provide diagnoses that only pertain to hairy cell or any other
    B-cell leukemias
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Diagnosis #1: First Diagnosis will be entered here
ICD code: First ICD code will be entered here
Date of diagnosis #1: First diagnosis date will be entered here

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

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

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

2.3 Section 2. Status of disease

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

Table 3: Rules: DBQ – Leukemia – 2. Status of disease

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

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

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

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

2.4 Section 3. Treatment

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

Table 4: Rules: DBQ – Leukemia – 3. Treatment

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

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

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

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3. Treatment
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 [ ]   The Veteran is currently undergoing treatment for this leukemia with
       surgical, radiation, immunotherapy, antineoplastic chemotherapy
       and/or other therapeutic procedures.
[X]    The Veteran has completed treatment for this leukemia.
           Date of discontinuance of treatment: date will be entered here
```

2.5   Section 4. Residual complications

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

Table 5: Rules: DBQ – Leukemia – 4. Residual complications

Field/Question	Field Disposition	Valid Values	Format	Error Message
4. Complications or residuals of treatment	Disabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran currently have any complications or residuals of treatment?	If *diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran have any complications or residuals of treatment?
b. Are there any complications or residuals requiring transfusion of platelets or red cells?	If *does the Veteran currently have any residual complications = YES*; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please indicate whether or not complications or residuals require the transfusion of platelets or red cells.
If yes, indicate frequency	If *does the Veteran currently have any residual complications = YES*; Enabled, Mandatory, Choose one valid value Else; Disabled	[At least once per year but less than once every 3 months; At least once every 3 months; At least once every 6 weeks;]	N/A	Please select the frequency that complications or residuals require the transfusion of platelets or red blood cells.
c. Are there any complications or residuals causing recurring infections?	If *does the Veteran currently have any residual complications = YES*; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please indicate whether or not there are any complications or residuals causing recurring infections.
If yes, indicate frequency	If *does the Veteran currently have any residual complications = YES*; Enabled, Mandatory, Choose one valid value Else; Disabled	[At least once per year but less than once every 3 months; At least once every 3 months; At least once every 6 weeks;]	N/A	Please select the frequency that residual complications cause recurring infections.
d. Are there any complications or residuals related to anemia?	If *does the Veteran currently have any residual complications = YES*; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please indicate whether or not there are any complications or residuals related to anemia.

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

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

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

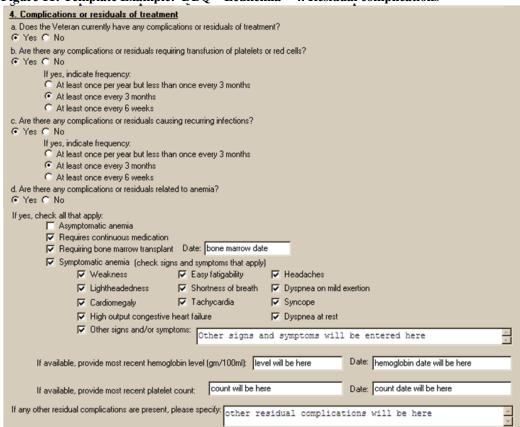**Figure 12: Print Example: DBQ – Leukemia – 4. Residual complications**

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

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

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

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

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

2.6 Section 5. Functional impact

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

Table 6: Rules: DBQ – Leukemia – 5. Functional impact

Field/Question	Field Disposition	Valid Values	Format	Error Message
Does the Veteran's B-cell leukemia impact his or her Veteran's ability to work?	If *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 B-cell leukemia impact his or her ability to work?
If yes, describe impact, providing one or more examples:	If *Does the Veteran's B-cell leukemia impact the Veteran's ability to work = Yes*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the impact of B-cell leukemia on the Veteran's ability to work, providing one or more examples.

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

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

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

2.7   Section 6. Remarks

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

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

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

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

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

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

3 Leukemia AMIE Worksheet

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

Disability Benefits Questionnaire
Hairy Cell and other B-cell Leukemias

Name of patient/Veteran: _____ SSN: _____

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

1. Diagnosis

   Does the Veteran now have or has he/she ever been diagnosed with hairy cell leukemia or any other B-cell leukemia?
   ___Yes ___No

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

   Diagnosis #1: _____
   ICD code: _____
   Date of diagnosis #1: _____

   Diagnosis #2: _____
   ICD code: _____
   Date of diagnosis #2: _____

   Diagnosis #3: _____
   ICD code: _____
   Date of diagnosis #3: _____

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

2. Status of disease

   ___ Active   ___ Remission

3. Treatment

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

   ____ The Veteran has completed treatment for this leukemia.

   Date of discontinuance of treatment: _____

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

4. Complications or residuals of treatment

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

   ___Yes   ___No

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

   ___Yes   ___No

   If yes, indicate frequency:

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

   ___ At least once every 3 months

   ___ At least once every 6 weeks

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

   ___Yes   ___No

   If yes, indicate frequency:

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

   ___ At least once every 3 months

   ___ At least once every 6 weeks

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

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

___Yes   ___No

If yes, check all that apply:

___ Asymptomatic anemia

___ Requires continuous medication

___ Requiring bone marrow transplant   Date:_____

___ Symptomatic anemia (check signs and symptoms that apply)

__ Weakness   __ Easy fatigability   __ Headaches

__ Lightheadedness __ Shortness of breath

__ Dyspnea on mild exertion

__ Cardiomegaly   __ Tachycardia __ Syncope

__ High output congestive heart failure   __ Dyspnea at rest

___ Other signs and/or symptoms: _____

_____

If available, provide most recent hemoglobin level

(gm/100ml): _____ Date: _____

If available, provide most recent platelet count: _____ Date: _____

If any other residual complications are present, please specify: _____

_____

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

5. Functional impact

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

___Yes   ___No

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

_____

6. Remarks, if any _____

_____

Physician signature: _____ Date: _____

Physician printed name: _____ Phone: _____

Medical license #: _____

Physician address: _____

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