OMB Control No. 2900-0778 Respondent Burden: 15 Minutes Expiration Date: 09/30/2019

## HEADACHES (INCLUDING MIGRAINE HEADACHES) DISABILITY BENEFITS QUESTIONNAIRE

INDORAYS - THE DEPARTMENT OF WETERANS AFFAIRS (VALIBULA MOTERY OR REPAIRMENT AND EXPENSES OR COST INCIDERED IN THE PROCESS OF COMMERCIAN AND COMMERCIAN AND EXPONENCIAL MICROSCOPIC COMMERCIAN OF THE PROCESS OF COMMERCIAN AND EXPONENCIAL MICROSCOPIC COMM	C Department of Veterans Analis	DISABILITY BENEFITS QUI	ESTIONNAIRE		
### SECTION II - MEDICAL HISTORY    PATENTIAL PROPERTIES   Part	IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL NOT PAY OR REIMBURSE ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING THIS FORM.				
FATENTY-VETERANS SCIOLAL SECURITY NUMBER   36	NAME OF PATIENT/VETERAN (First, Middle Initial, Last)				
NOTE TO PHYSICIAN - Your patient is applying to the U.S. Department of Veteran Affairs (VA) for datability benefits. VA will consider the information you provide on this excellentation as part of best evaluation in processing the veterats failing. VA records of the Valuation in processing the veterats failing veteration of Veteran Affairs (VA) for datability benefits. VA will consider by private baddle and provided by private baddle and private by the diagnosis of the formation before the formation through record review or reported baddle, and the private baddle and provided by the diagnosis of the formation before the formation through record review or reported baddle, and the private baddle and provided by the formation baddle and provided by the diagnosis of the diagnosis of the formation baddle and provided by the diagnosis of the private baddle and provided by the formation baddle and provided by the formation baddle and provided by the baddle and		40			
SOTE OF PUNICLAN. Your plaint is applying to the U.S. Department of Victorian Affair (VA) for disability hereion. Value or and the residuation provides the providers cannot be provided by provide health can providers.  SECTION I - DIAGNOSIS  1. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A HEADACHE CONDITION?    VES   NO   (f) * 7'es, * complete from 1B)  NOTE: These are the diagnoses determined during this current evaluation of a climate condition() litted betwo. If there is no diagnosis, if the diagnosis is different to the climate of the condition of the climate does not be considered to the condition of the climate does not be climated condition, explain your findings and reasons in the Remarks section. Diac of diagnosis are the diagnosis of the climate in making the initial diagnosis, or an approximate dute is determined the resolution of the climate does not be climated condition, explain your findings and reasons in the Remarks section. Diac of diagnosis are the diagnosis of the climate in making the initial diagnosis, or an approximate dute is determined the report of history.  If the section is the diagnosis is the climate in the climate in making the initial diagnosis, or an approximate dute is determined the report of history.  If the section is the diagnosis is determined the climate in the climate	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER				
SECTION II - MEDICAL HISTORY  SECTION II - DIAGNOSE  IA DOES THE VETERAN DOWN HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A HEADACHE CONDITION?  By YES (a) No (If "Yes," complete lown III)  NOTH: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed helow. If there is an diagnosis, if the diagnosis is different many approximate date is determined during the current evaluation of the claimed condition(s) listed helow. If there is an diagnosis, if the diagnosis is different many approximate date is determined during the current evaluation of the claimed condition of	<b>- - 37 - 38</b>				
SECTION I - DIACNOSIS  A DOES THE VETERAN NOW HAVE OR HAS HE OP SHE EVE BEEN DIACNOSED WITH A HEADACHE CONDITION?    VES   No					
1. DOES THE VETERAN KOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A HEADACHE CONDITION?  □ YES □ NO (ff "Tes," complete from 18)  NOTE: hose are the diagnoses determined during this errors reclatation of the chained conditions (f) little to be no. If the diagnosis is different and the chained conditions of the chained conditions (f) little below. If there is no diagnosis, if the diagnosis is different and the chained condition of the chained condition (e) little below. If the diagnosis is different and the chained condition of chained condition of chained condition of chained condition of the chained condition of the chained condition of chained condition of chained condition of the chained condition of th			npleted by private health care providers.		
VES   The complete from 18   NO (If "Yes," complete from 18)					
Trom a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the Remarks section. Dust of diagnosis can be the diagnosis are in the diagnosis. 19.    In the content of the diagnosis are in the diagnosis ar		DINGINGED WITH MIEADAGHE GONDINGN			
Migraine including migraine variants	NOTE: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed below. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the Remarks section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date is determined through record review or				
Tension ICD Code: 21 Date of Diagnosis: 18   24 Cluster (specify type of headache): 10   ICD Code: 20 Date of Diagnosis: 10 Date of Diagnosis: 11   25 Other (specify type of headache): 10   ICD Code: 2 Date of Diagnosis: 11   26 Other Diagnosis #1: 27   ICD Code: 12 Date of Diagnosis: 13   27 Other Diagnosis #2: 14   ICD Code: 16 Date of Diagnosis: 17   28 ICL IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO A HEADACHE CONDITION, LIST USING ABOVE FORMAT:  28   SECTION II - MEDICAL HISTORY   29 DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S HEADACHE CONDITIONS (brief summary):  29   29   29   20   NO   IF YES, DESCRIBE TREATMENT (list only those medications used for the diagnosed condition):  30   SECTION III - SYMPTOMS  3A DOES THE VETERAN EXPERIENCE HEADACHE PAIN?	1B. SELECT THE VETERAN'S CONDITION (check all that apply):				
Cluster   ICD Code: 20	35 Migraine including migraine variants	ICD Code: 22	Date of Diagnosis: 19		
Other Diagnosis #1: 27	23 Tension	ICD Code: 21	Date of Diagnosis: <u>18</u>		
Other Diagnosis #1: 27	24 Cluster	ICD Code: 20	Date of Diagnosis: 8		
Other Diagnosis #2* 14. ICD Code: 16 Dagnosis: 17.  1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO A HEADACHE CONDITION, LIST USING ABOVE FORMAT:  28  SECTION II - MEDICAL HISTORY  2A DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S HEADACHE CONDITIONS (brief summary):  29  28. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING MEDICATION FOR THE DIAGNOSED CONDITION?  29  28. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING MEDICATION FOR THE DIAGNOSED CONDITION?  30 IF YES, DESCRIBE TREATMENT (list only those medications used for the diagnosed condition):  SECTION III - SYMPTOMS  3A. DOES THE VETERAN EXPERIENCE HEADACHE PAIN?  1 YES  NO (If "Yes," check all that apply to headache pain):  26 Constant head pain  2 Pulsating or throbbing head pain  3 Pain localized to one side of the head  4 Pain on both sides of the head  4 Pain on both sides of the head  5 Pain worsens with physical activity	25 Other (specify type of headache): 10	ICD Code: 9	Date of Diagnosis: 11		
1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO A HEADACHE CONDITION, LIST USING ABOVE FORMAT:  28  SECTION II - MEDICAL HISTORY  2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S HEADACHE CONDITIONS (brief summary);  29  28. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING MEDICATION FOR THE DIAGNOSED CONDITION?  30  YES 30 NO IF YES, DESCRIBE TREATMENT (list only those medications used for the diagnosed condition);  30  SECTION III - SYMPTOMS  3A. DOES THE VETERAN EXPERIENCE HEADACHE PAIN?  1 YES 2 NO  (I' "Yes," check all that apply to headache pain);  26 Constant head pain  2 Pulsating or throbbing head pain  3 Pain localized to one side of the head  4 Pain on both sides of the head  4 Pain on both sides of the head  4 Pain or orders with physical activity	Other Diagnosis #1: 27	ICD Code: 12	Date of Diagnosis: 13		
SECTION II - MEDICAL HISTORY  2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S HEADACHE CONDITIONS (brief summary):  29  28. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING MEDICATION FOR THE DIAGNOSED CONDITION?  20  21  22  23  24  25  26  27  27  28  29  28  29  29  28. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING MEDICATION FOR THE DIAGNOSED CONDITION?  20  21  22  23  24  25  26  27  27  28  29  29  28  29  29  28  29  29  29	Other Diagnosis #2: 14	ICD Code: 16	Date of Diagnosis: 17		
29 28. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING MEDICATION FOR THE DIAGNOSED CONDITION? 29 28. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING MEDICATION FOR THE DIAGNOSED CONDITION? 20 21 22 23 24 25 26 27 27 28 29 28. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING MEDICATION FOR THE DIAGNOSED CONDITION? 26 27 28 29 29 29 29 29 29 20 20 21 21 22 22 23 24 26 26 26 27 28 29 20 20 20 20 21 21 22 22 23 24 25 26 26 27 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20					
29 2B. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING MEDICATION FOR THE DIAGNOSED CONDITION? 32 YES 3 NO IF YES, DESCRIBE TREATMENT (list only those medications used for the diagnosed condition):  30 SECTION III - SYMPTOMS  3A. DOES THE VETERAN EXPERIENCE HEADACHE PAIN?  1 YES NO  (If "Yes," check all that apply to headache pain): 26 Constant head pain 2 Pulsating or throbbing head pain 3 Pain localized to one side of the head 4 Pain on both sides of the head 4 Pain on both sides of the head 5 Pain worsens with physical activity					
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SECTION III - SYMPTOMS  3A. DOES THE VETERAN EXPERIENCE HEADACHE PAIN?  1 YES 7 NO  (If "Yes," check all that apply to headache pain):  26 Constant head pain  2 Pulsating or throbbing head pain  3 Pain localized to one side of the head  4 Pain on both sides of the head  5 Pain worsens with physical activity					
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SECTION III - SYMPTOMS (Continued)
3B. DOES THE VETERAN EXPERIENCE NON-HEADACHE SYMPTOMS ASSOCIATED WITH HEADACHES? (Including symptoms associated with an aura prior to headache pain)
77 YES 76 NO
(If "Yes," check all that apply):
75 Nausea
68 Vomiting
69 Sensitivity to light
ZO Sensitivity to sound
71 Changes in vision (such as scotoma, flashes of light, tunnel vision)
72 Sensory changes (such as feeling of pins and needles in extremities)
73 Other, describe: 74
3C. INDICATE DURATION OF TYPICAL HEAD PAIN
54 Less than 1 day
5.5 1-2 days
60 More than 2 days
61 Other, describe: 62
3D. INDICATE LOCATION OF TYPICAL HEAD PAIN
66 Right side of head
65 Left side of head
Both sides of head
63 Other, describe: 67
SECTION IV - PROSTRATING ATTACKS OF HEADACHE PAIN
4A. MIGRANE - DOES THE VETERAN HAVE CHARACTERISTIC PROSTRATING ATTACKS OF MIGRAINE HEADACHE PAIN?
46 YES 47 NO
(If "Yes," indicate frequency, on average, of prostrating attacks over the last several months):
Less than once every 2 months
57 Once in 2 months
58 Once every month
More frequently than once per month
4B. DOES THE VETERAN HAVE VERY FREQUENT PROSTRATING AND PROLONGED ATTACKS OF MIGRAINE HEADACHE PAIN?
48 YES 49 NO
4C. NON-MIGRAINE - DOES THE VETERAN HAVE PROSTRATING ATTACKS OF NON-MIGRAINE HEADACHE PAIN?
50 YES 51 NO
(If "Yes," indicate frequency, on average, of prostrating attacks over the last several months):
45 Less than once every 2 months
44 Once in 2 months
43 Once every month
42 More frequently than once per month
4D. DOES THE VETERAN HAVE VERY FREQUENT PROSTRATING AND PROLONGED ATTACKS OF NON-MIGRAINE HEADACHE PAIN?
52 YES 53 NO
SECTION V - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS
5A. 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?
79 YES 78 NO
If Yes, are any of these scars painful or unstable; have a total area equal to or greater than 39 square cm (6 square inches); or are located on the head, face or neck?
(If "Yes," also complete VA Form 21-0960F-1 Scars/Disfigurement Disability Benefits Questionnaire.) (If "No," provide location and measurements of scar in centimeters.
LOCATION: 82
MEASUREMENTS: Length 83 cm X width 84 cm
NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in the Remarks section below. It is not necessary to also complete a Scars DBQ.

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SECTION V - OTHER PERTINENT PH	HYSICAL FINDINGS, COMPLICATIONS, COND	ITIONS, SIGNS AND/OR SY	MPTOMS (Continued)	
5B. DOES THE VETERAN HAVE ANY OTHER PER CONDITIONS LISTED IN THE DIAGNOSIS SEC	TINENT PHYSICAL FINDINGS, COMPLICATIONS, COTION?	ONDITIONS, SIGNS AND/OR SYI	MPTOMS RELATED TO ANY	
90 YES 89 NO				
(If "Yes," describe in a brief summary):				
88				
	SECTION VI - DIAGNOSTIC TESTIN			
<b>NOTE:</b> Diagnostic testing is not requested for this	s examination report; if studies have already been com-	pleted, provide the most recent i	results below.	
6. ARE THERE ANY OTHER SIGNIFICANT DIAGNO	OSTIC TEST FINDINGS AND/OR RESULTS?			
99 YES 100 NO				
IF YES, PROVIDE TYPE OF TEST OR PROCEDUR	RE, DATE AND RESULTS (brief summary):			
101				
SECTION VII - FUNCTIONAL IMPACT				
7. DOES THE VETERAN'S HEADACHE CONDITION IMPACT HIS OR HER ABILITY TO WORK?				
97 YES 98 NO (If "Yes," describe impact of the veteran's headache condition, providing one or more examples):				
96				
	SECTION VIII - REMARKS			
8. REMARKS (If any)				
95				
SECTION IX - PHYSICIAN'S CERTIFICATION AND SIGNATURE				
<b>CERTIFICATION</b> - To the best of my know	wledge, the information contained herein is accu	irate, complete and current.		
9A. PHYSICIAN'S SIGNATURE	9B. PHYSICIAN'S PRINTED NAME		9C. DATE SIGNED	
9D. PHYSICIAN'S PHONE AND FAX NUMBER	L 9.3 9E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMB	BER 9F. PHYSICIAN'S ADDRES	<u>  192</u>   SS	
104	102	103		
NOTE - VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.				
IMPORTANT - Physician please fax the completed form to 91				
(VA Regional Office FAX No.)				
	(v A Regional O	yac 1 7171 110.)		

NOTE - A list of VA Regional Office FAX Numbers can be found at <a href="https://www.benefits.va.gov/disabilityexams">www.benefits.va.gov/disabilityexams</a> or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete a form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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