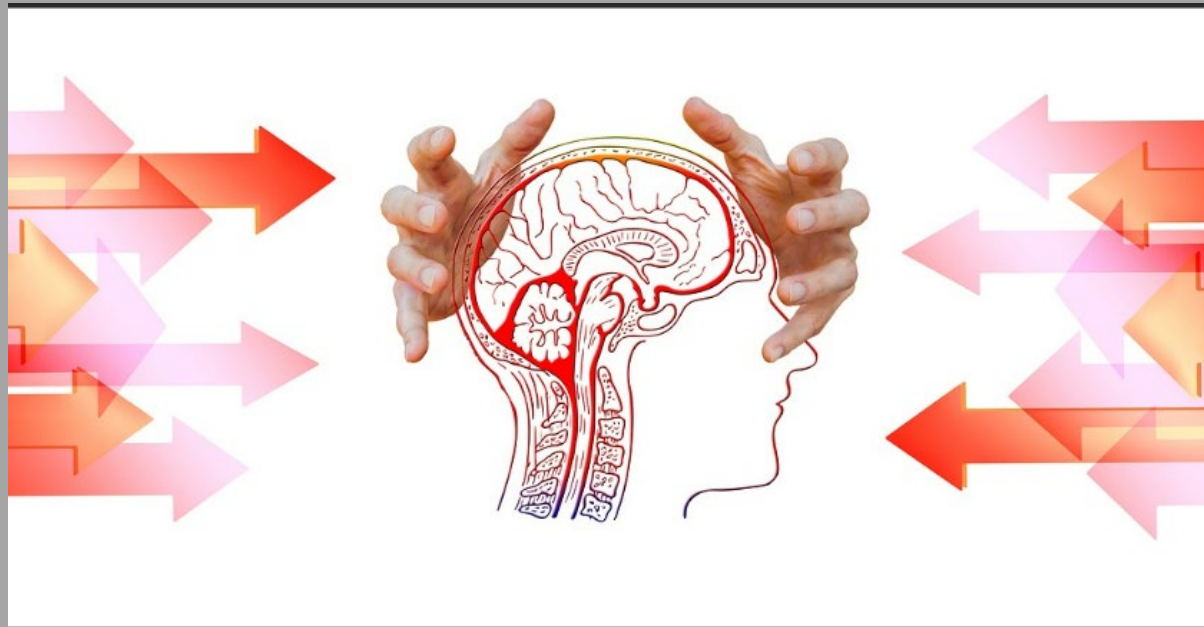


MIGRAINES AND SECONDARY CONDITIONS

**HEADACHES (INCLUDING MIGRAINE HEADACHES)
DISABILITY BENEFITS QUESTIONNAIRE**

DBQ Revised April 2023
(OLD December 2022)



Shannon Phillips

Wednesday Training

July 17, 2024

How VA Rates Migraines

0%

With less frequent attacks.

10%

With characteristic **prostrating** attacks averaging one in two months over last several months

30%

With characteristic **prostrating** attacks occurring on average once a month over the last several months.

50%

With very frequent, completely **prostrating** and prolonged attacks productive of severe economic inadaptability.

New DBQ

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

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.

Note - The Veteran 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. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the veteran's application. VA reserves the right to confirm the authenticity of ALL questionnaires completed by providers. It is intended that this questionnaire will be completed by the Veteran's provider.

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant

☐ Other: please describe

Are you a VA Healthcare provider? ☐ Yes ☐ No

Is the Veteran regularly seen as a patient in your clinic? ☐ Yes ☐ No

If no, how was the examination conducted?

Old DBQ

IMPORTANT – THE DEPARTMENT OF VETERAN'S 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 INFOMRATION BEFORE COMPLETING THIS FORM.

NAME OF PATIENT/VETERAN:	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER:	EXAMINATION DATE:
		11/29/2023

NOTE TO PHYSICIAN: 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.

IS THIS QUESTIONNAIRE BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&P EXAMINATION REQUEST?

☒ Yes ☐ No

How was the examination completed (check all that apply)?

☒ In-person examination

☒ Records reviewed

☐ Examination via approved video telehealth

☐ Other, please specify in comments box:

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

New DBQ

EVIDENCE REVIEW

Evidence reviewed:

- ☐ No records were reviewed
- ☐ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

Old DBQ

EVIDENCE REVIEW

EVIDENCE REVIEWED *(check all that apply):*

- | | |
|---|---|
| <input type="checkbox"/> Not requested | <input type="checkbox"/> No records were reviewed |
| <input type="checkbox"/> VA claims file (hard copy paper C-file) | |
| <input checked="" type="checkbox"/> VA e-folder (VBMS or Virtual VA) | |
| <input type="checkbox"/> CPRS | |
| <input type="checkbox"/> Other (please identify other evidence reviewed): | |

EVIDENCE COMMENTS:

SECTION I - DIAGNOSIS

DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A HEADACHE CONDITION?

☐ Yes ☐ No (If "Yes," complete Item 1B)

IF YES, SELECT THE VETERAN'S CONDITION (check all that apply):

☐ Migraine including migraine variants

ICD code: Date of diagnosis:

☐ Tension

ICD code: Date of diagnosis:

☐ Cluster

ICD code: Date of diagnosis:

☐ Other (specify type of headache):

ICD code: Date of diagnosis:

Headaches Disability Benefits Questionnaire
Released April 2023

Updated on: 2023-10-10 ~v23_1.10
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Other diagnosis #1: ICD code: Date of diagnosis:

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

IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO A HEADACHE CONDITION, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S HEADACHE CONDITIONS (brief summary):

2B. Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition?

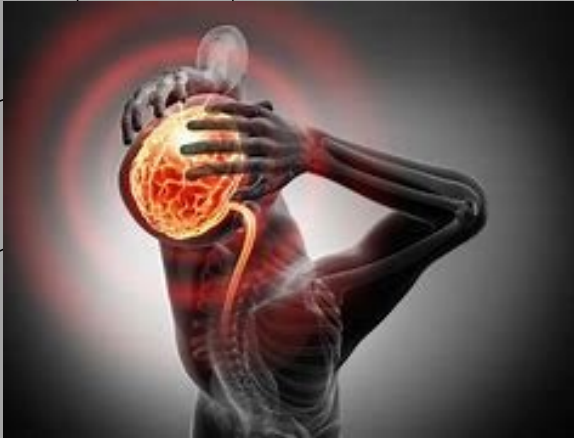
☐ Yes ☐ No IF YES, DESCRIBE TREATMENT (list only those medications used for the diagnosed condition):

New DBQ

New DBQ

SECTION IV - PROSTRATING ATTACKS OF HEADACHE PAIN

Note: For VA purposes, the term prostrating means "causing extreme exhaustion, powerlessness, debilitation or incapacitation with substantial inability to engage in ordinary activities." Please complete both questions 4A and 4B.



4A. MIGRAINE / NON-MIGRAINE- DOES THE VETERAN HAVE CHARACTERISTIC PROSTRATING ATTACKS OF MIGRAINE / NON-MIGRAINE HEADACHE PAIN?

☐ Yes ☐ No (If "Yes," indicate frequency, on average, of prostrating attacks over the last several months):

- ☐ With less frequent attacks
- ☐ Once in 2 months
- ☐ Once every month
- ☐ Greater than once per month

4B. DOES THE VETERAN HAVE COMPLETELY PROSTRATING AND PROLONGED ATTACKS OF MIGRAINES/NON-MIGRAINE PAIN?

☐ Yes ☐ No (If "Yes," indicate frequency, on average, of completely prostrating attacks over the last several months):

- ☐ With less frequent attacks
- ☐ Once in 2 months
- ☐ Once every month
- ☐ Greater than once per month

Old DBQ

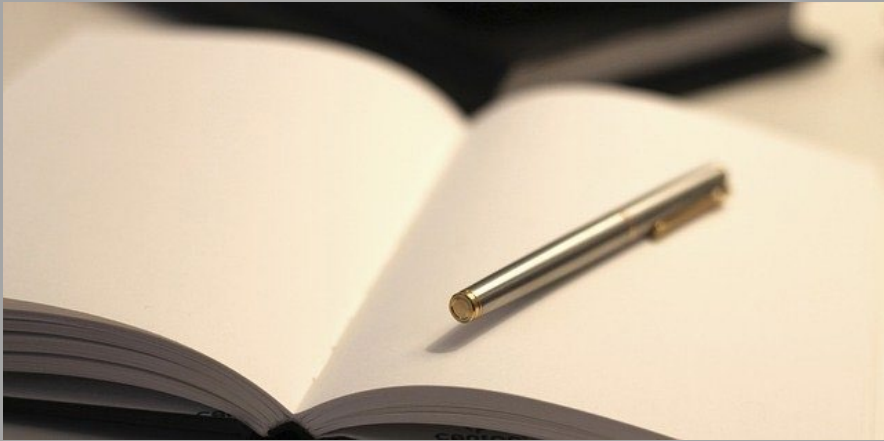
4B. DOES THE VETERAN HAVE VERY PROSTRATING AND PROLONGED ATTACKS OF MIGRAINES/NON-MIGRAINE PAIN PRODUCTIVE OF SEVERE ECONOMIC INADAPTABILITY?

☐ YES ☒ NO

HEADACHE JOURNALS

Headache journals, which routinely and relatively contemporaneously record headache episodes, may be accepted as credible lay testimony regarding:

- headache frequency
- prostration, and
- occupational impairment



SECONDARY SERVICE CONNECTION REQUIREMENTS

A series of overlapping, irregular white lines on a gray background, creating a complex geometric pattern that frames the text.

➡ 1. A **diagnosis** for the secondary condition; and ←

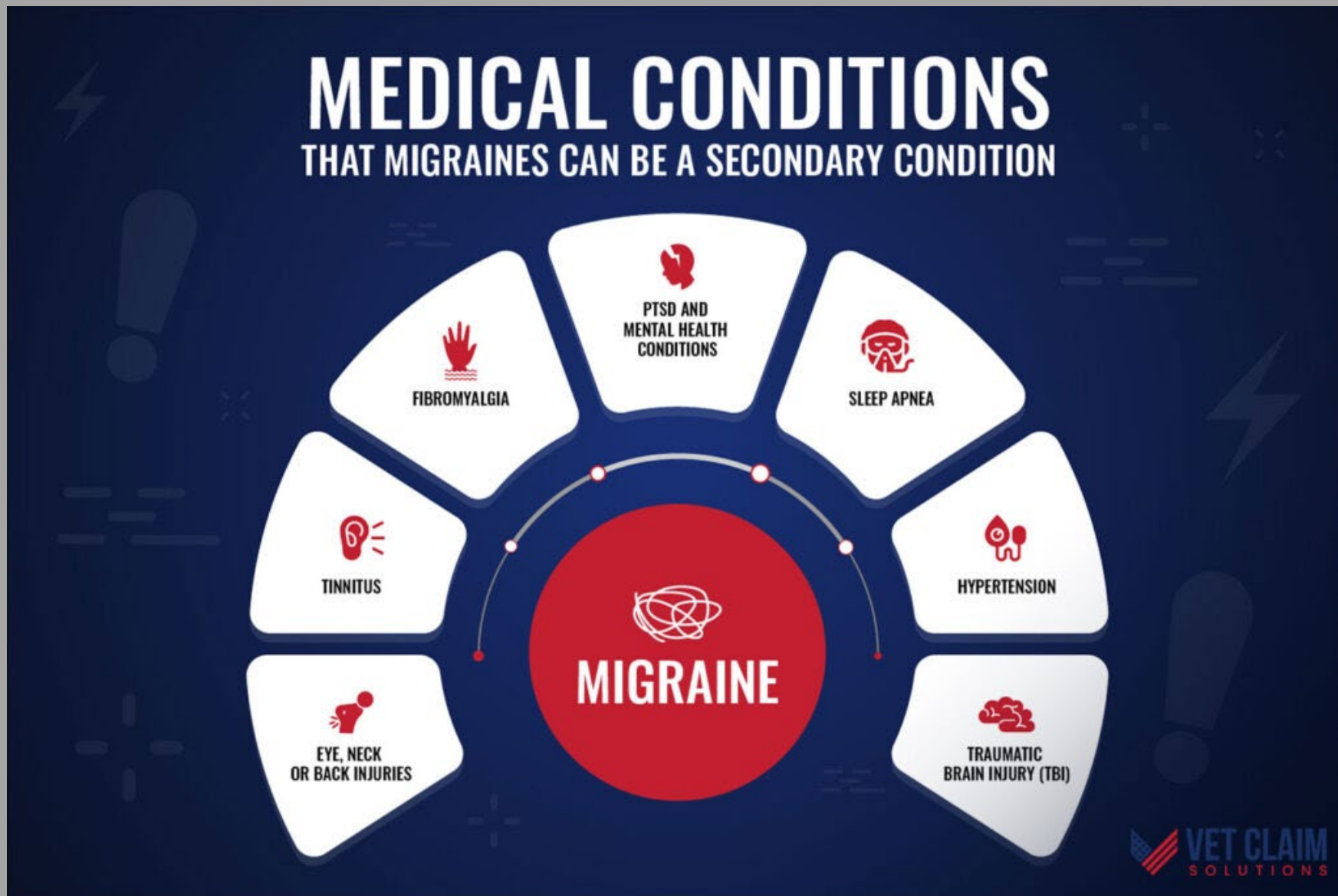
➡ 2. **Medical evidence showing the relationship** between the service-connected condition and the secondary condition ←

SECONDARY SERVICE CONNECTION REQUIREMENTS



1. A **diagnosis** for the secondary condition; and
2. **Medical evidence showing the relationship** between the service-connected condition and the secondary condition.

COMMON SECONDARY CONDITIONS



Cervicalgia: Migraines can also lead to cervicalgia. It's a condition known for pain and discomfort in the neck and upper spine. The strain of migraine-related muscle tension can contribute to cervicalgia. The same is true of the posture adopted during migraine episodes.

Hearing Problems/Tinnitus: Migraines make you more likely to get sudden hearing loss. That's an unexplained loss of hearing that happens rapidly over a few days. It's extremely rare. But people who get migraines develop sudden hearing loss twice as often as those who don't.

Fibromyalgia: This syndrome causes chronic pain, fatigue, and other symptoms. Migraine is common in people with fibromyalgia. There is no evidence that having migraines make you more likely to get it.

PTSD: If you have migraines, you may be more likely to have PTSD. One study found the likelihood of having PTSD is five times higher if you have migraines.

Depression and Anxiety: Migraines are common in people who have anxiety. If you have both migraines and anxiety, you're also more likely to have depression. More studies are needed.

Hypertension: Studies have yet to find a solid link between high blood pressure and migraines. But there is evidence that high blood pressure may make you have those types of headaches more often.

Sleep Apnea/ Insomnia: Those with migraine are two to eight times more likely than others to have sleep disorders. What's the connection? Poor sleep can contribute to migraine headaches. In turn, migraines may disrupt sleep patterns. The pain might keep you up at night. Or it might cause you to sleep during the daytime, interfering with your sleep schedule.

Seizures: If you get migraines, you're at least twice as likely to have seizures. You may get a bad headache before or after a seizure. Researchers believe seizures may share some genes with migraines.

IBS: Some research has found that people with migraine are more than four times likely than others to also have IBS. The reason for the connection isn't clear. But researchers think it could be because both conditions involve problems with the brain chemical serotonin.

Restless legs syndrome: Scientists also aren't sure why those with migraine are more prone to restless legs syndrome (RLS). With RLS, you have strong urges to move your legs while lying down. This can cause sleep loss, which is a migraine trigger. Both conditions are also linked to issues with dopamine, a chemical "messenger" in your nervous system.

Stroke: There is little evidence that a migraine will trigger a stroke. The chance of a stroke is higher in those who have migraines who have aura, women, and/or under the age of 45.

Asthma: People with asthma are 1.5 times more likely to develop migraine than others, according to some research. One link may be inflammation, which is thought to underlie both conditions.

Chronic Pain Syndrome: Prolonged experiences of migraine pain can contribute to chronic pain syndrome. A combination of migraines and chronic pain syndrome can lead to a cycle of discomfort. It's not difficult to see how this can affect day-to-day activities in a negative way.

TMJ Disorders: The tension and pain associated with migraines may worsen TMJ issues. This can lead to difficulties in chewing food and even speaking. You may even have trouble opening your mouth.

Restless legs syndrome: Scientists also aren't sure why those with migraine are more prone to restless legs syndrome (RLS). With RLS, you have strong urges to move your legs while lying down. This can cause sleep loss, which is a migraine trigger. Both conditions are also linked to issues with dopamine, a chemical "messenger" in your nervous system.

