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**SECTION IV - FINDINGS, SIGNS AND SYMPTOMS**

4A. DOES THE VETERAN NOW HAVE OR HAS THE VETERAN HAD ANY FINDINGS, SIGNS AND SYMPTOMS ATTRIBUTABLE TO CHRONIC FATIGUE SYNDROME?

YES     NO

*(If "Yes," check all that apply):*

- Debilitating fatigue
- Low grade fever
- Nonexudative pharyngitis
- Palpable or tender cervical or axillary lymph nodes
- Generalized muscle aches or weakness
- Fatigue lasting 24 hours or longer after exercise
- Headaches *(of a type, severity or pattern that is different from headaches in the pre-morbid state)*
- Migratory joint pain
- Neuropsychologic symptoms
- Sleep disturbance
- Other

*(Note: Describe all checked conditions in Item 4B)*

4B. PROVIDE A DESCRIPTION OF THE CONDITION(S):

4C. DOES THE VETERAN NOW HAVE OR HAS THE VETERAN HAD ANY COGNITIVE IMPAIRMENT ATTRIBUTABLE TO CHRONIC FATIGUE SYNDROME?

YES     NO

*(If "Yes," check all that apply):*

- Poor attention
- Inability to concentrate
- Forgetfulness
- Confusion
- Other cognitive impairments

*(Note: Describe all checked conditions in Item 4D)*

4D. PROVIDE A DESCRIPTION OF THE CONDITION(S):

4E. SPECIFY FREQUENCY OF SYMPTOMS:

- Symptoms wax and wane
- Symptoms are nearly constant
- Other

*(Note: Describe frequency in Item 4F)*

4F. PROVIDE A DESCRIPTION OF THE FREQUENCY:

4G. DO THE VETERAN'S SYMPTOMS DUE TO CHRONIC FATIGUE SYNDROME RESTRICT ROUTINE DAILY ACTIVITIES AS COMPARED TO THE PRE-ILLNESS LEVEL?

YES     NO

*(If "Yes," specify % of restriction (check all that apply)):*

- Symptoms restrict routine daily activities by less than 25 % of the pre-illness level *(more than 75% of the pre-illness level of activities are not restricted)*
- Symptoms restrict routine daily activities to 50% to 75% of the pre-illness level
- Symptoms restrict routine daily activities to less than 50% of the pre-illness level
- Symptoms are so severe as to restrict routine daily activities almost completely
- Symptoms are so severe as to occasionally preclude self-care *(If checked, describe frequency with which this occurs):* \_\_\_\_\_
- Other *(describe):* \_\_\_\_\_

**NOTE:** For VA purposes, chronic fatigue syndrome is considered incapacitating only while it requires bed rest and treatment by a physician.

4H. DO THE VETERAN'S SYMPTOMS DUE TO CHRONIC FATIGUE SYNDROME RESULT IN PERIODS OF INCAPACITATION?

YES     NO

*(If "Yes," indicate total duration of periods of incapacitation over the past 12 months):*

- Less than 1 week
- At least 1 but less than 2 weeks
- At least 2 but less than 4 weeks
- At least 4 but less than 6 weeks
- At least 6 weeks total duration per year
- Other *(describe):* \_\_\_\_\_

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**SECTION V - OTHER PERTINENT PHYSICAL FINDINGS, SCARS, 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?

YES  NO

IF "YES," ARE ANY OF THESE SCARS PAINFUL AND/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?

YES  NO

IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, *SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE (DBQ)*.

IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION: \_\_\_\_\_ MEASUREMENTS: Length \_\_\_\_\_ cm X width \_\_\_\_\_ 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. It is not necessary to also complete a Scars/Disfigurement DBQ.**

5B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS OF CHRONIC FATIGUE SYNDROME?

YES  NO (*If "Yes," describe (brief summary):*)

**SECTION VI - DIAGNOSTIC TESTING**

**NOTE:** If testing has been performed and reflects the veteran's current condition, repeat testing is not required.

6. ARE THERE ANY SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

YES  NO (*If "Yes," provide type of test or procedure, date and results - brief summary:*)

**SECTION VII - FUNCTIONAL IMPACT**

7. DOES THE VETERAN'S CHRONIC FATIGUE SYNDROME IMPACT ON HIS OR HER ABILITY TO WORK?

YES  NO (*If "Yes," describe the impact of the veteran's chronic fatigue syndrome, providing one or more examples:*)

**SECTION VIII - REMARKS**

8. REMARKS (*If any:*)

**SECTION IX - PHYSICIAN'S CERTIFICATION AND SIGNATURE**

**CERTIFICATION** - To the best of my knowledge, the information contained herein is accurate, complete and current.

9A. PHYSICIAN'S SIGNATURE

9B. PHYSICIAN'S PRINTED NAME

9C. DATE SIGNED

9D. PHYSICIAN'S PHONE/FAX NUMBERS

9E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

9F. PHYSICIAN'S ADDRESS

**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: \_\_\_\_\_

*(VA Regional Office FAX No.)*

**NOTE - A list of VA Regional Office FAX Numbers** can be found at [www.benefits.va.gov/disabilityexams](http://www.benefits.va.gov/disabilityexams) 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, 58/VA21/22/28, 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 the 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 [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.