Department of Veterans Affairs

NARCOLEPSY DISABILITY BENEFITS QUESTIONNAIRE

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

Was the Veteran examined in person? ◯ Yes ◯ No

If no, how was the examination conducted?

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.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH NARCOLEPSY?

☐ YES ☐ NO

1B. IF YES, CHECK THE APPROPRIATE DIAGNOSES (check all that apply):

☐ NARCOLEPSY ICD code: _____ Date of diagnosis: _____

☐ OTHER (specify):

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

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO NARCOLEPSY, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

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

2B. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF NARCOLEPSY?

☐ YES ☐ NO (If "Yes," list only those medications required for the Veteran's narcolepsy):

SECTION III- FINDINGS, SIGNS AND SYMPTOMS

DOES THE VETERAN HAVE A CONFIRMED DIAGNOSIS OF NARCOLEPSY?

☐ YES ☐ NO (If "Yes," complete Items 3A & 3B)

3A. IF YES, DOES THE VETERAN REPORT ANY OF THE FOLLOWING FINDINGS, SIGNS OR SYMPTOMS?

☐ YES ☐ NO

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

☐ Excessive daytime sleepiness
☐ Sleep attacks (strong urge to sleep followed by short nap)
☐ Cataplexy (sudden loss of muscle tone while awake, resulting in brief inability to move)
☐ Sleep paralysis (inability to move on first awakening)
☐ Sleep onset/sleep offset hallucinations
☐ Other

(For all checked conditions, describe):

3B. INDICATE FREQUENCY OF CATAPLECTIC (NARCOLEPTIC) EPISODES (check all that apply):

Number of cataplectic (narcoleptic) episodes over past 6 months

☐ 0-1 ☐ 2 or more

(If 2 or more over the past 6 months, indicate the "average frequency" of narcoleptic episodes):

☐ 0-4 per week ☐ 5-8 per week ☐ 9-10 per week ☐ More than 10 per week

(If the Veteran has cataplectic (narcoleptic) episodes, describe):

3C. HAS THE VETERAN EVER HAD MAJOR SEIZURES (characterized by the generalized tonic-clonic convulsion with unconsciousness)?

☐ YES ☐ NO

Number of major seizures:

☐ None in past 2 years ☐ At least 1 in past 2 years ☐ At least 2 in past years

Average frequency of major seizures:

☐ None in past 6 months ☐ At least 1 in 3 months over past year ☐ At least 1 in past 6 months
☐ At least 1 per month over past year ☐ At least 1 in 4 months over past year

3D. HAS THE VETERAN EVER HAD MINOR SEIZURES (characterized by a brief interruption in consciousness or conscious control associated with staring or rhythmic blinking of the eyes or nodding of the head ("pure" petit mal) or sudden jerking movements of the arms, trunk or head (myoclonic type) or sudden loss of postural control (akinetic type))?

☐ YES ☐ NO

Number of minor seizures over past 6 months

☐ 0-1 ☐ 2 or more

(If 2 or more over the past 6 months, indicate the average frequency of narcoleptic episodes):

☐ 0-4 per week ☐ 5-8 per week ☐ 9-10 per week ☐ More than 10 per week

SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

4. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS ABOVE?

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

SECTION V - DIAGNOSTIC TESTING

NOTE - If diagnostic test results are in the medical record and reflect the Veteran's current narcolepsy condition, repeat testing is not required.

5A. HAVE ANY IMAGING STUDIES OR DIAGNOSTIC PROCEDURES BEEN PERFORMED?

☐ YES ☐ NO (If "Yes," check all that apply)

☐	Polysomnogram (PSG)	Date:	Results:	
☐	Multiple Sleep Latency Test (MSLT)	Date:	Results:	
☐	Hypocretin level in cerebrospinal fluid (CSF)	Date:	Results:	
☐	Other (describe):	Date:	Results:	

5B. 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)):

SECTION VI - FUNCTIONAL IMPACT

6. DOES THE VETERAN'S NARCOLEPSY IMPACT HIS OR HER ABILITY TO WORK?

☐ YES ☐ NO (If "Yes," describe impact, providing one or more examples):

SECTION VII - REMARKS

7. REMARKS (If any):

SECTION VIII - EXAMINER'S CERTIFICATION AND SIGNATURE

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

8A. Examiner's signature:

8B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

8C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

8D. Date Signed:

8E. Examiner's phone/fax numbers:

8F. National Provider Identifier (NPI) number:

8G. Medical license number and state:

8H. Examiner's address: