



Celiac Disease VA Claims Guide: Summary and Worksheets

Your own working pages. These are your notes in your own words. They are not a VA form, they are not sent to the VA, and nothing here is a medical finding or a prediction about your claim.

Start with the essentials

- 1 Build a symptom and treatment timeline**
Record when symptoms began, how they changed, the diagnosis, treatment, and periods of improvement or recurrence.
- 2 Describe frequency and functional effects**
Note episodes, pain, bowel or digestive changes, nutrition or weight effects, and what the condition interrupts in ordinary life.
- 3 Keep the diagnosis, connection, and rating evidence separate**
Use tests and clinician findings for the diagnosis, your history for daily effects, and the guide for the legal pathway. Do not choose your own rating.

How to use this packet

Complete only what helps you prepare. Use approximate dates when exact dates are unavailable. Mark records as missing or unverified instead of guessing.

The full guide, research, charts, rating discussion, sources, and current information remain online at:

<https://ratemyvso.net/dc/celiac-disease-claims-guide>



WORKSHEET 1 OF 5

Digestive symptom and episode log

Optional working notes for Celiac Disease. Write only what you know. Leave anything blank that does not apply.

Date or time period, symptoms, frequency, and duration

Food, nutrition, weight, bleeding, or other changes actually experienced

Effects on work, travel, sleep, toileting, and ordinary activities

Your notes stay yours. This blank PDF is not submitted to the VA. Saving answers through the website requires your RateMyVSO account.



WORKSHEET 2 OF 5

Diagnosis, testing, and treatment

Optional working notes for Celiac Disease. Write only what you know. Leave anything blank that does not apply.

Diagnosis, clinician, facility, and date

Endoscopy, imaging, laboratory, pathology, or other results, if available

Medicines, diet changes, procedures, surgery, and response

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WORKSHEET 3 OF 5

Service-connection and examination questions

Optional working notes for Celiac Disease. Write only what you know. Leave anything blank that does not apply.

In-service onset, event, exposure, continuity, or secondary-condition history that may apply

Records that support the timeline and records that are missing

Questions about diagnosis, cause, worsening, complications, or rating findings

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WORKSHEET 4 OF 5

Records and unanswered questions

Optional working notes for Celiac Disease. Write only what you know. Leave anything blank that does not apply.

Record, date, source, and page if known

Do I have my own copy?

- | | |
|---|---|
| ☐ Not sure | ☐ I have a copy |
| ☐ Requested, still waiting | ☐ I do not have a copy |

Do I know whether the VA has it?

- | | |
|---|---|
| ☐ Unknown or not verified | ☐ Submission receipt available |
| ☐ Listed in my decision letter | ☐ Not submitted by me |

Missing records, request dates, and questions to follow up

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WORKSHEET 5 OF 5

Decision-letter reading sheet

Optional working notes for Celiac Disease. Write only what you know. Leave anything blank that does not apply.

Letter date, condition, and what the VA decided

Reasons and evidence listed, with page numbers

Dates and instructions in the letter; questions for a representative

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