RATE MY VSO // VISUAL FIELD GUIDE

CROHN'S DISEASE

VA CLAIM GUIDE

Inflammation, treatment intensity, and daily impact belong in the same record.

STATIC REFERENCE

IBD // DC 7326

Inflammation, treatment intensity, and daily impact belong in the same record.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

CROHN'S IS INFLAMMATORY BOWEL DISEASE, NOT IBS

A clear diagnosis matters. Current DC 7326 looks beyond the label to treatment, recurrent pain, daily diarrhea, systemic effects, hospital care, and work impact.

CONFIRMATION
Endoscopy or radiologic studies must confirm the diagnosis.

TREATMENT
Document prescribed therapy, biologics, steroids, surgery, and response.

SEVERITY
Track pain, diarrhea, fever, anemia, weight effects, hospitalization, and inability to work.

02 SERVICE-CONNECTION PATHS

DIRECT	In-service onset, illness, exposure, or event plus a medical link to the current disease.
SECONDARY	A service-connected condition or its treatment caused or aggravated Crohn's disease.
IMPORTANT	The Gulf War functional-GI framework may apply to IBS, but Crohn's is a structural inflammatory disease.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Diarrhea
- Abdominal cramping or pain
- Weight loss
- Fatigue
- Fever
- Nausea, appetite loss, or vomiting

04 BUILD THE RECORD

1. **DIAGNOSIS**
   Colonoscopy, biopsy, imaging, and specialist findings.
2. **FLARE PATTERN**
   Stool frequency, pain, duration, and recovery between flares.
3. **OBJECTIVE EFFECTS**
   Anemia, inflammation, nutrition, weight change, fever, or tachycardia.
4. **TREATMENT**
   Medication, biologics, steroid courses, response, and side effects.
5. **MAJOR CARE**
   Hospitalizations, bowel resection, ostomy, or other procedures.
6. **DAILY IMPACT**
   Missed work, urgent bathroom access, travel limits, and disrupted activities.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — NO PERSUASIVE NEXUS
The current diagnosis was not medically connected to service.

B — IBS AND IBD BLURRED
A functional diagnosis was used where inflammatory disease evidence was required.

C — SERVICE FACTS MISSING
The claimed in-service disease, event, or exposure was not established.

D — SEVERITY TOO VAGUE
The record did not quantify treatment, daily diarrhea, systemic effects, or work impact.

06 SECONDARY RELATIONSHIPS APPEARING IN BOARD APPEALS

These are claim patterns, not proof that one condition medically causes another.

THIS CONDITION CLAIMED AS SECONDARY TO

PTSD

OTHER CONDITIONS CLAIMED SECONDARY TO THIS

Depressive disorders // Bowel-resection residuals // Surgical scars // GERD

07 DO THIS, NOT THAT

DO

- Use the exact inflammatory diagnosis.
- Bring the testing and treatment timeline together.
- Describe flare days and ordinary days.

DO NOT

- Call every bowel symptom IBS.
- Rely on a generic article for nexus.
- Leave work and hospitalization effects undocumented.

Medical symptoms: NIH/NIDDK Crohn's disease guidance. Rating rules: current 38 CFR 4.114. Board-pattern panels: RateMyVSO data snapshot dated Aug. 10, 2026, descriptive only and not a claim prediction. Educational only, not legal or medical advice.