START WITH YOUR EXPERIENCE

A recurring symptom. A useful conversation.

Waking up with a headache can have many causes. A headache alone cannot tell you whether you have a brain tumor. Describe the pattern to a clinician instead of trying to diagnose it from a post.

What “benign” means

A benign brain tumor is noncancerous. It can still press on nearby tissue. Its size and location can affect the symptoms it causes. This guide separates a symptom conversation from the evaluation of an already diagnosed tumor.

Make the visit useful

Bring your symptom history, current medication list and relevant reports. If a brain tumor has been diagnosed, bring the diagnosis, imaging reports and treatment or follow-up plan. Ask which findings explain your symptoms and what still needs evaluation.

Your next step

Arrange a clinical conversation about recurring or changing headaches. Follow the urgent-care instructions your care team gives you. This guide is not a test for a tumor or a substitute for assessment.

01 / DESCRIBE THE PATTERN

When it happens. What it changes.

Concrete observations help your clinician understand the days between appointments. Use your experience; label estimates as estimates.

When and how

When did the headaches begin? How often do you wake with them? How long do they last? What feels different from your usual pattern? Mention other symptoms you actually notice, without deciding their cause.

One real example

Illustrative language — use only if true: “Twice this week I woke with a headache. On Tuesday I stopped reading after ten minutes because I could not focus.” Add what you did next and how long the change lasted. This is an example of specificity, not a rating threshold.

A short record

On paper or in your own notes, record date, approximate time, duration, symptoms, activity interrupted and anything you took or tried. Do not provoke symptoms to collect evidence. You can use this outline with the care team you already have.

02 / UNDERSTANDING DC 8003

Two provisions. Different questions.

This section applies to a diagnosed benign brain tumor. It does not turn a headache into a diagnosis, service connection or a guaranteed VA evaluation.

60% minimum — the benign growth

Under “Brain, new growths of,” DC 8003 lists a 60% minimum for benign growths. “Benign” describes a noncancerous growth; it does not establish that the growth has no effects.

10% minimum — rating residuals

The code also says to rate residuals, with a 10% minimum. Residuals are continuing effects of the condition or its treatment. The accompanying note requires ascertainable residuals for the minimum residual ratings under DCs 8000–8025.

Keep the entries separate

Do not add 60% and 10% together. The code does not provide a simple post-treatment countdown in these entries, and this guide does not invent one. The medical record, service connection and applicable rating rules determine which provision and evaluation apply.

03 / FINDINGS AND FOLLOW-UP

Ask what remains. Ask what explains it.

A symptom description and a clinical finding contribute different information. Both should be accurate.

Subjective does not mean irrelevant

The rating note addresses subjective residuals such as headaches, dizziness and fatigue when consistent with the disease and not more likely attributable to another condition. A symptom need not be visible to be worth discussing; its cause still needs assessment.

Bring the history together

The VA CNS questionnaire records diagnosis, treatment, residual conditions or complications, testing and functional impact. Tell the clinician about treatment dates and what changed afterward. The form is for a healthcare provider; this guide does not coach answers.

Before you leave

Ask: “Which symptoms do you think are related to the diagnosis, what else should we evaluate, and does the record reflect the impact I described?” Ask how to follow up and how to correct a factual error if you notice one later.

SOURCES AND SCOPE

Read the source. Keep the scope clear.

Prepared September 22, 2026. General education for a care conversation; not an individual diagnosis, treatment instruction or promised VA result.

National Cancer Institute: adult brain tumors

Open the official source

38 CFR §4.124a: DC 8003 and residual note

Open the official source

VA central nervous system examination questionnaire

Open the official source

CONTROL THE FOUNDATION

Your health is where the evidence begins.

You cannot control the VA, the examiner or the timeline. You can take the next step toward having your conditions properly evaluated and your daily reality accurately documented.

Four paths. Only one brings both pieces together.

Wrong medicine. Wrong claim.

Gaps in the medical foundation and the claims process.

Wrong medicine. Right claim.

The right filing cannot fill gaps in the medical record.

Right medicine. Wrong claim.

The medical foundation is there, but is not put to work correctly.

Right medicine. Right claim.

Health evaluated. Findings documented. Evidence put to work.

Leave either piece incomplete and you risk a denial or a rating that does not reflect the conditions you live with. Start with your health. It is the foundation the claim depends on.

You can start with your care team. Or let us coordinate it.

VHN brings veteran-focused independent care, records, appointments and follow-up into one coordinated process. Your case manager keeps the moving pieces connected. Use your own accredited representative, or ask about an introduction.

SEE IF VHN IS RIGHT FOR YOU

Independent clinicians establish medical findings. Accredited representatives handle claims. The VA decides outcomes.