Department of Veterans Affairs	ment of Veterans Affairs DIABETES MELLITUS DISABILITY BENEFITS QUESTIONNAIRE			
NAME OF PATIENT/VETERAN		PATIENT/VETERAN'S SOCIAL SECURITY	NUMBER	
IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (V. COMPLETING AND/OR SUBMITTING THIS FORM.	A) WILL NOT PAY OR REIME	 BURSE ANY EXPENSES OR COST INCURRED IN THE PROCE	SS OF	
Note - The Veteran is applying to the U.S. Department of Veterans of their evaluation in processing the Veteran's claim. VA may obta veteran's application. VA reserves the right to confirm the authent by the Veteran's provider.	ain additional medical information	ion, including an examination, if necessary, to complete VA's revie	ew of the	
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 REVIE	EW		
Evidence reviewed:				
No records were reviewed				
Records reviewed				
Please identify the evidence reviewed (e.g. service treatment re-	cords, VA treatment records, p	private treatment records) and the date range.		
1				

	SECTION I - DIAGNOSIS							
1A. SELECT THE VETERAN'S CONDITION:								
IS THERE AN OFFICIAL DIAGNOSIS OF DIABETES MELLITUS TYPE YES NO	I? ICD CODE -	DATE OF DIAGNOSIS -						
IS THERE AN OFFICIAL DIAGNOSIS OFDIABETES MELLITUS TYPE YES NO	DATE OF DIAGNOSIS -							
MPAIRED FASTING GLUCOSE	IMPAIRED FASTING GLUCOSE							
DOES NOT MEET CRITERIA FOR DIAGNOSIS OF DIABETES								
OTHER (Specify below, providing only diagnoses that pertain to Diabetes Mellitus or its complications)								
DIAGNOSIS # 1 - DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -						
DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -						
	IB. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO DIABETES MELLITUS LIST USING ABOVE FORMAT							
SEC	CTION II - MEDICAL HISTORY							
2A. TREATMENT (Check all that apply)								
NONE								
MANAGED BY RESTRICTED DIET								
PRESCRIBED ORAL HYPOGLYCEMIC AGENT(S)								
INSULIN REQUIRED 1 INJECTION PER DAY MORE THAN 1	INJECTION PER DAY							
OTHER (Describe)	INJECTION FER DAT							
2B. REGULATION OF ACTIVITIES								
DOES THE VETERAN REQUIRE REGULATION OF ACTIVITIES AS P	ART OF MEDICAL MANAGEMENT (OF DIABETES MELLITUS?						
YES NO (If "Yes," provide one or more examples of how	v the Veteran must regulate his or he	r activities):						
NOTE - For VA purposes, regulation of activities can be defined as avoidance of strenuous occupational and recreational activities with the intention of avoiding								
hypoglycemic episodes.	dance of strendous occupational and	recreational additions with the intention of avoiding						
2C. FREQUENCY OF DIABETIC CARE								
HOW FREQUENTLY DOES THE VETERAN VISIT HIS OR HER DIABETIC CARE PROVIDER FOR EPISODES OF KETOACIDOSIS?								
LESS THAN 2 TIMES PER MONTH 2 TIMES PER MONTH WEEKLY								
HOW FREQUENTLY DOES THE VETERAN VISIT HIS OR HER DIABETIC CARE PROVIDER FOR EPISODES OF HYPOGLYCEMIA?								
LESS THAN 2 TIMES PER MONTH 2 TIMES PER I	MONTH WEEKLY							
2D. HOSPITALIZATION FOR EPISODES OF KETOACIDOSIS OR HYPOGLYCEMIC REACTIONS								
HOW MANY EPISODES OF KETOACIDOSIS REQUIRED HOSPITALIZATION OVER THE PAST 12 MONTHS? 0 1 2 3 OR MORE								
	FOLUDED LICODITAL IZATION OVE	THE DACT 40 MONTHO						
2E. HOW MANY EPISODES OF HYPOGLYCEMIC REACTIONS REQUIRED HOSPITALIZATION OVER THE PAST 12 MONTHS? 0 1 2 3 OR MORE								
2E. LOSS OF STRENGTH AND WEIGHT								
HAS THE VETERAN HAD PROGRESSIVE UNINTENTIONAL WEIGHT LOSS AND LOSS OF STRENGTH ATTRIBUTABLE TO DIABETES MELLITUS? YES NO (If "Yes," provide percent of loss of individual's baseline weight):%								
NOTE - For VA purposes, "baseline weight" means the average weight for the two-year period preceding the onset of the disease.								

SECTION III - COMPLICATIONS OF DIABETES MELLITUS
3A. DOES THE VETERAN HAVE ANY OF THE FOLLOWING RECOGNIZED COMPLICATIONS OF DIABETES MELLITUS?
YES NO
(MENNAN Him disease the constitution of below) (Check all the describe)
(If "Yes," indicate the conditions below) (Check all that apply)
DIABETIC PERIPHERAL NEUROPATHY
DIABETIC NEPHROPATHY OR RENAL DYSFUNCTION CAUSED BY DIABETES MELLITUS
DIABETIC RETINOPATHY
NOTE - For all checked boxes, also complete appropriate Questionnaire(s). (Eye Questionnaire must be completed by an ophthalmologist or optometrist)
16.12 Tel all disclosed 20.000, also complete appropriate questionialistics, (2), (2) of questionialistics and (3), (2) of questionialistics and (3) of questionialistics and
3B. DOES THE VETERAN HAVE ANY OF THE FOLLOWING CONDITIONS THAT ARE AT LEAST AS LIKELY AS NOT(LIKELIHOOD IS AT LEAST APPROXIMATELY
BALANCED OR NEARLY EQUAL, IF NOT HIGHER) DUE TO DIABETES MELLITUS?
YES NO
(If "Yes," indicate the conditions below) (Check all that apply)
ERECTILE DYSFUNCTION (If checked also complete the Male Reproductive System Questionnaire)
CARDIAC CONDITION(S) (If checked also complete appropriate cardiac Questionnaires (IHD or other cardiac Questionnaire)
HYPERTENSION (in the presence of diabetic renal disease) (If checked also complete Hypertension Questionnaire)
PERIPHERAL VASCULAR DISEASE (If checked also complete Arteries and Veins Questionnaire)
STROKE (If checked also complete appropriate neurological Questionnaire(s) Central Nervous System, Cranial Nerves, etc.)
SKIN CONDITIONS (If checked also complete Skin Conditions Questionnaire)
EYE CONDITIONS OTHER THAN DIABETIC RETINOPATHY (If checked also complete Eye Questionnaire. Eye Questionnaire must be completed by an
ophthalmologist or optometrist)
OTHER COMPLICATION(S) (Describe)
UTHER COMPLICATION(S) (Describe)
3C. HAS THE VETERAN'S DIABETES MELLITUS AT LEAST AS LIKELY AS NOT (LIKELIHOOD IS AT LEAST APPROXIMATELY BALANCED OR NEARLY EQUAL, IF NOT
HIGHER) PERMANENTLY AGGRAVATED (meaning that any worsening of the condition is not due to natural progress) ANY OF THE FOLLOWING CONDITIONS?
(If "Yes," indicate the conditions below) (Check all that apply)
CARDIAC CONDITIONS(S) (If checked also complete appropriate cardiac Questionnaires (IHD or other Questionnaire)
HYPERTENSION (If checked also complete Hypertension Questionnaire)
RENAL DISEASE (If checked also complete Kidney Questionnaire)
PERIPHERAL VASCULAR DISEASE (If checked also complete Artery and Vein Questionnaire)
1 ENTITIENAL VAGGOLAN DIGLAGE (IT directed also complete Artery and Vein Questionnaire)
EYE CONDITION(S) OTHER THAN DIABETIC RETINOPATHY (If checked also complete Eye Questionnaire. Eye Questionnaire must be completed by an
ophthalmologist or optometrist)
OTHER PERMANENTLY AGGRAVATED CONDITION(S) (Describe)
NONE
SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS
4A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY
CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?
YES NO
(If "Yes," describe (brief summary)).
(ii res, describe (biter summary)).
AD DOES THE VETERAN HAVE ANY SCARS (SUBCICAL OR OTHERWISE) DELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED
4B. DOES THE VETERAN HAVE ANY SCARS (SURGICAL OR OTHERWISE) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF AANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?
The birotogic section Above:
YES NO
IF YES, IS THERE OBJECTIVE EVIDENCE THAT ANY OF THESE SCARS PAINFUL 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? 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 Comment section below. It is not necessary to also complete a Scars
DBQ.
☐ YES ☐ NO
IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.
IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.
LOCATION: MEASUREMENTS: longth am Y width am
LOCATION: cm X width cm.

SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS (CONT.)						
4C. COMMENTS, IF ANY:						
SECTION V - DIAGNOSTIC TESTING						
5A TEST RESULTS USED TO MAKE THE DIAGNOSIS O						
5A. TEST RESULTS USED TO MAKE THE DIAGNOSIS OF DIABETES MELLITUS (If known) (Check all that apply) NOTE: If laboratory test results are in the medical record, repeat testing is not required. A glucose tolerance test is not required for VA purposes; report this test only if already						
completed.	epear rooming to not roquilizar	se toloranoe toot lo net roquile	T VA purposes, report tille teet stilly il diletter,			
FASTING PLASMA GLUCOSE TEST (FPG) OF >126 MG/DL ON 2 OR MORE OCCASIONS (Dates:						
A1C OF 6.5% OR GREATER ON 2 OR MORE OCC.	· —)			
2-HR PLASMA GLUCOSE OF > 200 MG/DL ON GLU RANDOM PLASMA GLUCOSE OF > 200 MG/DL WI						
OTHER (Describe):			·			
5B. CURRENT TEST RESULTS						
MOST RECENT A1C, IF AVAILABLE:		(Date:)			
MOST RECENT FASTING PLASMA GLUCOSE, IF AV	/AILABLE:		(Date:)			
	SECTION VI - FUNCTION	AL IMPACT				
6. DOES THE VETERAN'S DIABETES MELLITUS CONDITION (and complications of Diabetes Mellitus if present) IMPACT HIS OR HER ABILITY TO WORK? (Impact on ability to work may also be addressed on the individual Questionnaire(s) for other diabetes-associated conditions and/or complications, if completed)						
YES NO						
(If Yes," separately describe impact of each of the Veteran'	's Diabetes Mellitus, diabetes-associa	ated conditions, and complications	, if present, providing one or more examples)			
	•	•				
	OFOTION VIII. DEM					
	SECTION VII - REM	ARKS				
7. REMARKS (If any)						
SECTIO	N VIII - EXAMINER'S CERTIFIC	ATION AND SIGNATURE				
CERTIFICATION - To the best of my knowledge, the info	rmation contained herein is accurate,	complete and current.				
8A. Examiner's signature:	8B. Examiner's printed n	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 (N	IPI) number: 80	G. Medical license number and state:			
8H. Examiner's address:						