Department of Veterans Affairs

DIABETIC SENSORY-MOTOR PERIPHERAL NEUROPATHY 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

DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH DIABETIC PERIPHERAL NEUROPATHY?

☐ YES ☐ NO

IF YES, PROVIDE ONLY DIAGNOSES THAT PERTAIN TO DIABETIC PERIPHERAL NEUROPATHY:

DIAGNOSIS # 1 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 3 -	ICD CODE -	DATE OF DIAGNOSIS -

IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO DIABETIC PERIPHERAL NEUROPATHY, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

2A. DOES THE VETERAN HAVE DIABETES MELLITUS TYPE I OR TYPE II?

☐ YES ☐ NO

2B. DESCRIBE THE HISTORY (including cause, onset and course) OF THE VETERAN'S DIABETIC PERIPHERAL NEUROPATHY

2C. DOMINANT HAND

☐ RIGHT ☐ LEFT ☐ AMBIDEXTROUS

SECTION III - SYMPTOMS

3A. DOES THE VETERAN HAVE ANY SYMPTOMS ATTRIBUTABLE TO DIABETIC PERIPHERAL NEUROPATHY?

☐ YES ☐ NO (If "Yes," indicate symptoms' location and severity) (Check all that apply):

☐ CONSTANT PAIN (may be excruciating at times)

- RIGHT UPPER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- LEFT UPPER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- RIGHT LOWER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- LEFT LOWER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe

☐ INTERMITTENT PAIN (usually dull)

- RIGHT UPPER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- LEFT UPPER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- RIGHT LOWER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- LEFT LOWER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe

☐ PARESTHESIAS AND/OR DYSESTHESIAS

- RIGHT UPPER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- LEFT UPPER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- RIGHT LOWER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- LEFT LOWER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe

☐ NUMBNESS

- RIGHT UPPER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- LEFT UPPER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- RIGHT LOWER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- LEFT LOWER EXTREMITY: ☐ None ☐ Mild ☐ Moderate ☐ Severe

☐ OTHER SYMPTOMS (Describe symptoms, location and severity):

SECTION IV - NEUROLOGIC EXAM

4A. STRENGTH - RATE STRENGTH ACCORDING TO THE FOLLOWING SCALE:

0/5 No muscle movement
1/5 Visible muscle movement, but no joint movement
2/5 No movement against gravity
3/5 No movement against resistance
4/5 Less than normal strength
5/5 Normal strength

☐ All normal

		5/5	4/5	3/5	2/5	1/5	0/5
Elbow Flexion	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐
Elbow Extension	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐
Wrist Flexion	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐
Wrist Extension	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐
Grip	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐
Pinch *(thumb to index finger)*	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐
Knee Extension	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐
Knee Flexion	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐
Ankle Plantar Flexion	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐
Ankle Dorsiflexion	RIGHT:	☐	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐	☐

4B. DEEP TENDON REFLEXES (DTRs) - RATE REFLEXES ACCORDING TO THE FOLLOWING SCALE:

0 - Absent
1+ Decreased
2+ Normal
3+ Increased without clonus
4+ Increased with clonus

☐ All normal

		0	1+	2+	3+	4+
Biceps	RIGHT:	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐
Triceps	RIGHT:	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐
Brachioradialis	RIGHT:	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐
Knee	RIGHT:	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐
Ankle	RIGHT:	☐	☐	☐	☐	☐
	LEFT:	☐	☐	☐	☐	☐

4C. LIGHT TOUCH/MONOFILAMENT TESTING RESULTS

☐ All Normal

		Normal	Decreased	Absent
Shoulder area	RIGHT:	☐	☐	☐
	LEFT:	☐	☐	☐
Inner/outer forearm	RIGHT:	☐	☐	☐
	LEFT:	☐	☐	☐
Hand/fingers	RIGHT:	☐	☐	☐
	LEFT:	☐	☐	☐
Knee/thigh	RIGHT:	☐	☐	☐
	LEFT:	☐	☐	☐
Ankle/lower leg	RIGHT:	☐	☐	☐
	LEFT:	☐	☐	☐
Foot/toes	RIGHT:	☐	☐	☐
	LEFT:	☐	☐	☐

4D. POSITION SENSE (grasp index finger/great toe on sides and ask patient to identify up and down movement)

☐ Not tested

	Normal	Decreased	Absent
RIGHT UPPER EXTREMITY	☐	☐	☐
LEFT UPPER EXTREMITY	☐	☐	☐
RIGHT LOWER EXTREMITY	☐	☐	☐
LEFT LOWER EXTREMITY	☐	☐	☐

SECTION IV - NEUROLOGIC EXAM *(Continued)*

4E. VIBRATION SENSATION (place low-pitched tuning fork over DIP joint of index finger/IP joint of great toe)

☐ Not tested

RIGHT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
RIGHT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent

4F. COLD SENSATION (test distal extremities for cold sensation with side of tuning fork)

☐ Not tested

RIGHT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
RIGHT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent

4G. DOES THE VETERAN HAVE MUSCLE ATROPHY?

☐ YES ☐ NO

(If muscle atrophy is present, indicate location): _____

_____

_____

(For each instance of muscle atrophy, provide measurements in cm between normal and atrophied side, measured at maximum muscle bulk: cm.)

4H. DOES THE VETERAN HAVE TROPHIC CHANGES *(characterized by loss of extremity hair, smooth, shiny skin, etc.)* ATTRIBUTABLE TO DIABETIC PERIPHERAL NEUROPATHY?

☐ YES ☐ NO (If "Yes," describe):

SECTION V - SEVERITY

NOTE: Based on symptoms and findings from Sections III and IV, complete Items a and b below to provide an evaluation of the severity of the Veteran's diabetic peripheral neuropathy.

NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve. If the nerve is completely paralyzed, check the box for "complete paralysis". If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.

5A. DOES THE VETERAN HAVE AN UPPER EXTREMITY DIABETIC PERIPHERAL NEUROPATHY?

☐ YES ☐ NO

(If "Yes," indicate nerve affected, severity and side affected)

☐ RADIAL NERVE (musculospiral nerve)

(NOTE: Complete paralysis (hand and fingers drop, wrist and fingers flexed; cannot extend hand at wrist, extend proximal phalanges of fingers, extend thumb or make lateral movement of wrist; supination of hand, elbow extension and flexion weak, hand grip impaired.)

☐ RIGHT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis
(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Severe

☐ LEFT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis
(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Severe

☐ MEDIAN NERVE

(NOTE: Complete paralysis (hand inclined to the ulnar side, index and middle fingers extended, atrophy of thenar eminence, cannot make fist, defective opposition of thumb, cannot flex distal phalanx of thumb; wrist flexion weak.)

☐ RIGHT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis
(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Severe

☐ LEFT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis
(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Severe

☐ ULNAR NERVE

(NOTE: Complete paralysis ("griffin claw" deformity, atrophy in dorsal interspaces, thenar and hypothenar eminences; cannot extend ring and little finger, cannot spread fingers, cannot adduct the thumb; wrist flexion weakened.)

☐ RIGHT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis
(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Severe

☐ LEFT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis
(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Severe

SECTION V - SEVERITY *(Continued)*

5B. DOES THE VETERAN HAVE A LOWER EXTREMITY DIABETIC PERIPHERAL NEUROPATHY?

☐ YES ☐ NO

(If "Yes," indicate nerve affected, severity and side affected)

☐ SCIATIC NERVE

(NOTE: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost.)

☐ RIGHT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Moderately Severe ☐ Severe, with marked muscular atrophy

☐ LEFT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Moderately Severe ☐ Severe, with marked muscular atrophy

☐ FEMORAL NERVE (anterior crural)

(NOTE: Complete paralysis (paralysis of quadriceps extensor muscles.)

☐ RIGHT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Moderately Severe

☐ LEFT: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

(If incomplete paralysis is checked, indicate severity): ☐ Mild ☐ Moderate ☐ Moderately Severe

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

6A. 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):

6B. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

IF YES, ARE 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?

☐ 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: length _____ cm X width _____ cm.

NOTE: 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.

6C. COMMENTS, IF ANY:

SECTION VII - DIAGNOSTIC TESTING

NOTE: For purposes of this examination, electromyography (EMG) studies are rarely required to diagnose diabetic peripheral neuropathy. The diagnosis of diabetic peripheral neuropathy can be made in the appropriate clinical setting by a history of characteristic pain and/or sensory changes in a stocking/glove distribution and objective clinical findings, which may include symmetrical lost/decreased reflexes, decreased strength, lost/decreased sensation for cold, vibration and/or position sense, and/or lost/decreased sensation to monofilament testing.

7A. HAVE EMG STUDIES BEEN PERFORMED?

☐ YES ☐ NO

(Extremities tested):

☐ RIGHT UPPER EXTREMITY Results: ☐ Normal ☐ Abnormal Date: _____

☐ LEFT UPPER EXTREMITY Results: ☐ Normal ☐ Abnormal Date: _____

☐ RIGHT LOWER EXTREMITY Results: ☐ Normal ☐ Abnormal Date: _____

☐ LEFT LOWER EXTREMITY Results: ☐ Normal ☐ Abnormal Date: _____

(If abnormal, describe): _____

7B. IF THERE ARE OTHER SIGNIFICANT FINDINGS OR DIAGNOSTIC TEST RESULTS, PROVIDE DATES AND DESCRIBE

SECTION VIII - FUNCTIONAL IMPACT

DOES THE VETERAN'S DIABETIC PERIPHERAL NEUROPATHY IMPACT HIS OR HER ABILITY TO WORK?

☐ YES ☐ NO If "Yes," describe impact of the veteran's diabetic peripheral neuropathy, providing one or more examples:

SECTION IX - REMARKS

9. REMARKS, if any:

SECTION X - EXAMINER'S CERTIFICATION AND SIGNATURE

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

10A. Examiner's signature:

10B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

10C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

10D. Date Signed:

10E. Examiner's phone/fax numbers:

10F. National Provider Identifier (NPI) number:

10G. Medical license number and state:

10H. Examiner's address: