

**INTERNAL VETERANS AFFAIRS USE
CRANIAL NERVES DISEASES
DISABILITY BENEFITS QUESTIONNAIRE**

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. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

NOTE TO PHYSICIAN - Your patient 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.

IS THIS DBQ BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&P EXAMINATION REQUEST?

YES NO

If no, how was the examination completed (check all that apply)?

- In-person examination
- Records reviewed
- Other, please specify:

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

- Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no additional relevant evidence.
- Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.
- Examination via approved video telehealth
- In-person examination

EVIDENCE REVIEW

EVIDENCE REVIEWED (check all that apply):

- Not requested
- VA claims file (hard copy paper C-file)
- VA e-folder (VBMS or Virtual VA)
- CPRS
- Other (please identify other evidence reviewed):
- No records were reviewed

EVIDENCE COMMENTS:

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A CRANIAL NERVE CONDITION? *(This is the condition the Veteran is claiming or for which an exam has been requested)*

YES NO

NOTE: Disabilities from conditions involving cranial nerves I, II, III, IV, VI, and VII are addressed in other DBQs, including Eye, Hearing Loss and Tinnitus, and Loss of Smell and Taste; if those cranial nerves are involved, the appropriate DBQ(s) should be completed in addition or lieu of this Questionnaire.

1B. IF YES, PROVIDE ONLY DIAGNOSES THAT PERTAIN TO CRANIAL NERVE CONDITIONS:

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

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO CRANIAL NERVES, LIST USING ABOVE FORMAT

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY *(including etiology, onset and course)* OF THE VETERAN'S CRANIAL NERVE CONDITION *(brief summary)*:

2B. INDICATE THE CRANIAL NERVES AFFECTED BY THE VETERAN'S CONDITION *(check all that apply)*

- CRANIAL NERVE I *(olfactory)* *(If checked, complete the Loss of Sense of Smell and Taste DBQ)*
- CRANIAL NERVES II - IV, VI *(If checked, complete the Eye Conditions DBQ)*
- CRANIAL NERVE V *(trigeminal)*
- CRANIAL NERVE VII *(facial)*
- CRANIAL NERVE VIII *(If checked, complete the Hearing Loss and Tinnitus DBQ)*
- CRANIAL NERVE IX *(glossopharyngeal)*
- CRANIAL NERVE X *(vagus)*
- CRANIAL NERVE XI *(spinal accessory)*
- CRANIAL NERVE XII *(hypoglossal)*

SECTION III - FINDINGS, SIGNS AND SYMPTOMS

3. DOES THE VETERAN HAVE FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY CONDITIONS AFFECTING CRANIAL NERVES, V, VII, AND/OR IX-XII?

YES NO *(If "Yes," indicate symptoms (check all that apply))*

A. CONSTANT PAIN, AT TIMES EXCRUCIATING *(if checked, indicate location and severity)*:

Upper face, eye and/or forehead

Right: Mild Moderate Severe
Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe
Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe
Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe
Left: Mild Moderate Severe

SECTION III - FINDINGS, SIGNS AND SYMPTOMS (Continued)

3. DOES THE VETERAN HAVE FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY CONDITIONS AFFECTING CRANIAL NERVES, V, VII, AND/OR IX-XII?
(Continued)

B. INTERMITTENT PAIN (if checked, indicate location and severity):

Upper face, eye and/or forehead

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe

Left: Mild Moderate Severe

C. DULL PAIN (if checked, indicate location and severity):

Upper face, eye and/or forehead

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe

Left: Mild Moderate Severe

D. PARESTHESIAS AND/OR DYSESTHESIAS (if checked, indicate location and severity):

Upper face, eye and/or forehead

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe

Left: Mild Moderate Severe

E. NUMBNESS (if checked, indicate location and severity):

Upper face, eye and/or forehead

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe

Left: Mild Moderate Severe

SECTION III - FINDINGS, SIGNS AND SYMPTOMS (Continued)

3. DOES THE VETERAN HAVE FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY CONDITIONS AFFECTING CRANIAL NERVES, V, VII, AND/OR IX-XII?
(Continued)

- | | | | |
|--|-------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> F. DIFFICULTY CHEWING (If checked, indicate severity): | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| <input type="checkbox"/> G. DIFFICULTY SWALLOWING (If checked, indicate severity): | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| <input type="checkbox"/> H. DIFFICULTY SPEAKING (If checked, indicate severity): | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| <input type="checkbox"/> I. INCREASED SALIVATION (If checked, indicate severity): | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| <input type="checkbox"/> J. DECREASED SALIVATION (If checked, indicate severity): | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| <input type="checkbox"/> K. GASTROINTESTINAL SYMPTOMS (If checked, indicate severity): | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| <input type="checkbox"/> L. OTHER SYMPTOMS (If checked, describe): | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |

SECTION IV - MUSCLE STRENGTH TESTING

4. MUSCLE STRENGTH TESTING (Rate strength using the following levels to estimate strength of muscle groups. This summary provides useful information for VA purposes)

ALL NORMAL

A. Cranial nerve V: (Motor: muscles of mastication; clench jaw, palpate masseter, temporalis)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

B. Cranial nerve VII, upper portion of face: (Motor: muscles of facial expression, shuts eyes tightly)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

C. Cranial nerve VII, lower portion of face: (Motor: muscles of facial expression; grins)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

D. Cranial nerve IX, X: (Motor: swallow, cough, palate elevation; "say ah", gag reflex if indicated)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

E. Cranial nerve XI: (Motor: trapezius, sternocleidomastoid; shoulder shrug, turn head against resistance)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

F. Cranial nerve XII: (Motor: protrude tongue, move tongue from side to side)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

SECTION V - SENSORY EXAM

5. PROVIDE RESULTS FOR SENSATION TESTING TO LIGHT TOUCH FOR FACIAL SENSATION:

ALL NORMAL

Cranial nerve V:

Upper face and forehead

RIGHT: Normal Decreased Absent

LEFT: Normal Decreased Absent

Mid face

RIGHT: Normal Decreased Absent

LEFT: Normal Decreased Absent

Lower face

RIGHT: Normal Decreased Absent

LEFT: Normal Decreased Absent

SECTION VI - CRANIAL NERVE SUMMARY EVALUATION

6. INDICATE THE CRANIAL NERVE(S) AFFECTED. FOR EACH NERVE, INDICATE SEVERITY ("degree of paralysis"), BASING THE RESPONSES ON SYMPTOMS AND FINDINGS FROM THE ABOVE EXAM. THIS SECTION PROVIDES AN ESTIMATION OF THE SEVERITY OF THE VETERAN'S CRANIAL NERVE CONDITION, WHICH IS USEFUL FOR VA PURPOSES.

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 below with each nerve, whether due to a varied level of the nerve lesion or to partial regeneration.

<input type="checkbox"/> Cranial nerve V (<i>trigeminal</i>)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve VII (<i>facial</i>)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve IX (<i>glossopharyngeal</i>)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve X (<i>vagus</i>)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve XI (<i>spinal accessory</i>)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve XII (<i>hypoglossal</i>)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete

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

7A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

YES NO (If "Yes," describe (brief summary):

7B. 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 AND/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 DISABILITY BENEFITS QUESTIONNAIRE (DBQ)*.

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 the "Remarks" section. It is not necessary to also complete a Scars/Disfigurement DBQ.

7C. COMMENTS, IF ANY:

SECTION VIII - DIAGNOSTIC TESTING

NOTE - For the purpose of this examination, diagnostic or imaging studies are usually not required to diagnose specific cranial nerve conditions in the appropriate clinical setting.

8A. HAVE IMAGING OR OTHER DIAGNOSTIC STUDIES BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

YES NO (If "Yes," provide type of study, date and results)

8B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

YES NO (If "Yes," provide type of test or procedure, date and results - brief summary)

SECTION IX - FUNCTIONAL IMPACT

9. DOES THE VETERAN'S CRANIAL NERVE CONDITION IMPACT HIS OR HER ABILITY TO WORK?

YES NO (If "Yes," describe impact of each of the Veteran's cranial nerve conditions, providing one or more examples)

SECTION X - REMARKS

10. REMARKS (If any)

SECTION XI - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

11A. PHYSICIAN'S SIGNATURE

11B. PHYSICIAN'S PRINTED NAME

11C. DATE SIGNED

11D. PHYSICIAN'S PHONE/FAX NUMBERS

11E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

11F. PHYSICIAN'S ADDRESS

NOTE - VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

IMPORTANT - Physician please fax the completed form to _____
(VA Regional Office FAX No.)

NOTE - A list of VA Regional Office FAX Numbers can be found at www.benefits.va.gov/disabilityexams or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete a form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.