Department of Veterans Affairs

**INTERNAL VETERANS AFFAIRS USE**
**DIABETIC SENSORY-MOTOR PERIPHERAL NEUROPATHY**
**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 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. VA reserves the right to confirm the authenticity of ALL DBQ's completed by private health care providers.

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

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 - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

| 10A. PHYSICIAN'S SIGNATURE | 10B. PHYSICIAN'S PRINTED NAME | 10C. DATE SIGNED |
|---|---|---|
| | | |

| 10D. PHYSICIAN'S PHONE AND FAX NUMBER | 10E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER | 10F. 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 voluntary. 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.