Department of Veterans Affairs

SINUSITIS/RHINITIS AND OTHER CONDITIONS OF THE NOSE, THROAT, LARYNX AND PHARYNX DISABILITY BENEFITS QUESTIONNAIRE

Name of Patient/Veteran	Patient/Veteran's Social Security Number	Date of examination:

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 completed questionnaires. **It is intended that this questionnaire will be completed by the Veteran's healthcare provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant

☐ Third party (please list name(s) of organization(s) or individual(s))

☐ 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

Note: These are condition(s) for which an evaluation has been requested on the exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed condition(s) that pertain to this questionnaire:

Note: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition(s), explain your findings and reasons in the Remarks section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (check all that apply):

☐ The Veteran does not have a current diagnosis associated with any claimed condition(s) listed above. (Explain your findings and reasons in the Remarks section)

☐ Chronic sinusitis	ICD code:		Date of diagnosis:	
☐ Allergic rhinitis	ICD code:		Date of diagnosis:	
☐ Non-allergic rhinitis	ICD code:		Date of diagnosis:	
☐ Bacterial rhinitis	ICD code:		Date of diagnosis:	
☐ Granulomatous rhinitis	ICD code:		Date of diagnosis:	
☐ Chronic laryngitis	ICD code:		Date of diagnosis:	
☐ Laryngectomy	ICD code:		Date of diagnosis:	
☐ Laryngeal stenosis	ICD code:		Date of diagnosis:	
☐ Aphonia	ICD code:		Date of diagnosis:	
☐ Pharyngeal injury (describe)	ICD code:		Date of diagnosis:	
☐ Deviated nasal septum	ICD code:		Date of diagnosis:	
☐ Anatomical loss of part of nose (Complete Scars Benefits Questionnaire in lieu of this questionnaire)	ICD code:		Date of diagnosis:	
☐ Benign or malignant neoplasm of sinus, nose, throat, larynx or pharynx	ICD code:		Date of diagnosis:	

☐ Other (specify)

Other diagnosis #1		ICD code	Date of diagnosis
Other diagnosis #2		ICD code	Date of diagnosis
Other diagnosis #3		ICD code	Date of diagnosis

1C. If there are additional diagnoses that pertain to the sinuses, nose, throat, larynx or pharynx condition(s), list using above format:

SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's sinus, nose, throat, larynx, or pharynx condition:

SECTION III - NOSE, THROAT, LARYNX OR PHARYNX CONDITIONS

3A. Does the Veteran have any of the following nose, throat, larynx or pharynx conditions?

◯ Yes ◯ No (If "No," proceed to Section IV) (If "Yes," check all that apply):

- ☐ Sinusitis (If checked, complete Part A below)
- ☐ Rhinitis (If checked, complete Part B below)
- ☐ Larynx or pharynx condition (If checked, complete Part C below)
- ☐ Deviated nasal septum (traumatic) (If checked, complete Part D below)
- ☐ Tumors or neoplasms (If checked, complete Part E below)
- ☐ Other nose, throat, larynx or pharynx conditions, pertinent physical findings or scars due to nose, throat, larynx or pharynx conditions. (if checked, complete Part F below)

Part A - SINUSITIS

A1. Indicate the sinuses/type of sinusitis currently affected by the Veteran's chronic sinusitis (Check all that apply):

☐ None ☐ Maxillary ☐ Frontal ☐ Ethmoid ☐ Sphenoid ☐ Pansinusitis

A2. Does the Veteran currently have any findings, signs or symptoms attributable to chronic sinusitis?

◯ Yes ◯ No (If "Yes," check all that apply)

- ☐ Chronic sinusitis detected only by imaging studies (See Diagnostic Testing Section)
- ☐ Episodes of sinusitis
- ☐ Near constant sinusitis (If checked, describe frequency): _____
- ☐ Headaches
- ☐ Pain of affected sinus
- ☐ Tenderness of affected sinus
- ☐ Purulent discharge
- ☐ Crusting
- ☐ Other (describe): _____

For all checked conditions, describe: _____

A3. Has the Veteran had non-incapacitating episodes of sinusitis characterized by headaches, pain and purulent discharge or crusting in the past 12 months?

◯ Yes ◯ No (If "Yes," provide the total number of non-incapacitating episodes over the past 12 months):

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 or more

A4. Has the Veteran had incapacitating episodes of sinusitis requiring prolonged (4 to 6 weeks) of antibiotics treatment in the past 12 months?

NOTE - For VA purposes, an incapacitating episode of sinusitis means one that requires bed rest and treatment prescribed by a physician.

◯ Yes ◯ No (If "Yes," provide the total number of incapacitating episodes of sinusitis requiring prolonged (4 to 6 weeks) of antibiotic treatment over the past 12 months):

◯ 1 ◯ 2 ◯ 3 or more

A5. Has the Veteran had sinus surgery?

◯ Yes ◯ No (If "Yes," specify type of surgery):

☐ Radical (open sinus surgery) ☐ Endoscopic ☐ Other: _____

(Type of procedure, sinuses operated on and side(s)): _____

(Date(s) of surgery (if repeated sinus surgery, provide all dates of surgery)): _____

A6. If Veteran has had radical sinus surgery, did chronic osteomyelitis follow the surgery?

◯ Yes ◯ No (If "Yes," complete Osteomyelitis Questionnaire)

A7. Has the Veteran had repeated sinus-related surgical procedures performed?

◯ Yes ◯ No

PART B - RHINITIS

B1. Is there greater than 50% obstruction of the nasal passage on both sides due to rhinitis?

◯ Yes ◯ No

B2. Is there complete obstruction on the left side due to rhinitis?

◯ Yes ◯ No

B3. Is there complete obstruction on the right side due to rhinitis?

◯ Yes ◯ No

B4. Is there permanent hypertrophy of the nasal turbinates?

◯ Yes ◯ No

B5. Are there nasal polyps?

◯ Yes ◯ No

B6. Does the Veteran have any of the following granulomatous conditions?

◯ Yes ◯ No (If "Yes," check all that apply)

☐ Granulomatous rhinitis ☐ Rhinoscleroma ☐ Wegener's granulomatosis ☐ Lethal midline granuloma

☐ Other granulomatous infection (Describe): _____

PART C - LARYNX AND PHARYNX CONDITIONS

C1. Does the Veteran have chronic laryngitis?

◯ Yes ◯ No

(If "Yes," does the Veteran have any of the following symptoms due to chronic laryngitis?)

◯ Yes ◯ No (If "Yes," check all that apply)

☐ Hoarseness (if checked, describe frequency): _____

☐ Inflammation of vocal cords

☐ Inflammation of mucous membrane

☐ Thickening of vocal cords

☐ Nodules of vocal cords

☐ Submucous infiltration of vocal cords

☐ Vocal cord polyps

☐ Other (describe): _____

C2. Has the Veteran had a laryngectomy?

◯ Yes ◯ No (If "Yes," specify)

◯ Total laryngectomy

◯ Partial laryngectomy

(If checked, does the Veteran have any residuals of the partial laryngectomy?)

◯ Yes ◯ No

(If "Yes," describe): _____

C3. Does the Veteran have laryngeal stenosis, including residuals of laryngeal trauma (unilateral or bilateral)?

◯ Yes ◯ No (If "Yes," assess for upper airway obstruction with pulonary function testing to include Flow-Volume Loop, and provide results in Diagnostic Testing Section)

C4. Does the Veteran have complete organic aphonia?

◯ Yes ◯ No (If "Yes," check all that apply)

☐ Constant inability to speak above a whisper

☐ Constant inability to communicate by speech

☐ Other (describe): _____

C5. Does the Veteran have incomplete organic aphonia?

◯ Yes ◯ No (If "Yes," check all that apply)

☐ Hoarseness (If checked, describe frequency): _____

☐ Inflammation of vocal cords

☐ Inflammation of mucous membrane

☐ Thickening of vocal cords

☐ Nodules of vocal cords

☐ Submucous infiltration of vocal cords

☐ Vocal cord polyps

☐ Other (describe): _____

C6. Has the Veteran had a permanent tracheostomy?

◯ Yes ◯ No (If "Yes," describe reason for tracheostomy and potential for decannulation):

C7. Has the Veteran had an injury to the pharynx?

◯ Yes ◯ No (If "Yes," check all findings, signs and symptoms that apply):

☐ Obstruction of the pharynx

☐ Obstruction of the nasopharynx

☐ Stricture of the pharynx

☐ Stricture of the nasopharynx

☐ Absence of the soft palate secondary to trauma

☐ Absence of the soft palate secondary to chemical burn

☐ Absence of the soft palate secondary to granulomatous disease

☐ Paralysis of the soft palate

☐ Swallowing difficulty

☐ Nasal regurgitation

☐ Speech impairment

☐ Other (describe): _____

C8. Does the Veteran have vocal cord paralysis or any other pharyngeal or laryngeal conditions?

◯ Yes ◯ No (If "Yes," describe):

PART D - DEVIATED NASAL SEPTUM

D1. Is there at least 50% obstruction of the nasal passage on both sides due to traumatic septal deviation?

◯ Yes ◯ No

D2. Is the Veteran's deviated septum traumatic?

◯ Yes ◯ No

D3. Is there complete obstruction on left side due to traumatic septal deviation?

◯ Yes ◯ No

D4. Is there complete obstruction on right side due to traumatic septal deviation?

◯ Yes ◯ No

PART E - TUMORS AND NEOPLASMS

E1. Does the Veteran currently have, or has had, a benign or malignant neoplasm or metastases related to any condition in the diagnosis section?

◯ Yes ◯ No If yes, complete the following section.

E2. Is the neoplasm:

◯ Benign

◯ Malignant (if malignant complete the following):

◯ Active ◯ In remission

◯ Primary ◯ Secondary (metastatic) (if secondary, indicate the primary site, if known): _____

E3. Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases?

◯ Yes ◯ No; watchful waiting

If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply):

☐ Treatment completed

☐ Surgery

If checked, describe: _____

Date(s) of surgery: _____

☐ Radiation therapy

Date of most recent treatment: _____ Date of completion of treatment or anticipated date of completion: _____

☐ Antineoplastic chemotherapy

Date of most recent treatment: _____ Date of completion of treatment or anticipated date of completion: _____

☐ Other therapeutic procedure

If checked, describe procedure: _____

Date of most recent procedure: _____

☐ Other therapeutic treatment

If checked, describe treatment: _____

Date of completion of treatment or anticipated date of completion: _____

E4. Does the Veteran currently have any residuals or complications due to the neoplasm (including metastases) or its treatment, other than those already documented in the report above?

◯ Yes ◯ No

If yes, list residuals or complications (brief summary), and also complete the appropriate questionnaire:

E5. If there are additional benign or malignant neoplasms or metastases related to any of the diagnoses in the diagnosis section, describe using the above format:

PART F - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS, AND SCARS

F1. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to the conditions listed in the diagnosis section above?

◯ Yes ◯ No If yes, describe (brief summary):

F2. Does the Veteran have loss of part of the nose or other scars of the nose exposing both nasal passages?

◯ Yes ◯ No

F3. Does the Veteran have loss of part of the nose or other scars causing loss of part of one ala?

◯ Yes ◯ No

F4. Does the Veteran have loss of part of the nose or other scars causing any other disfigurement?

◯ Yes ◯ No

F5. 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, also complete the appropriate dermatological questionnaire.

F6. Comments, if any:

SECTION IV - DIAGNOSTIC TESTING

Note: If testing has been performed and reflects the Veteran's current condition, repeat testing is not required. Specific diagnostic testing is not required for many conditions, but if performed, record in this section.

4A. Have clinically relevant imaging studies of the sinuses or other areas been performed or reviewed in conjunction with this examination?

◯ Yes ◯ No (If "Yes," check all that apply)

☐ Magnetic resonance imaging (MRI) Date: _____ Results: _____

☐ Computed tomography (CT) Date: _____ Results: _____

☐ X-rays: Date: _____ Results: _____

☐ Other: _____ Date: _____ Results: _____

4B. Has endoscopy been performed?

◯ Yes ◯ No (If "Yes," check all that apply):

☐ Nasal endoscopy Date: _____ Results: _____

☐ Laryngeal endoscopy Date: _____ Results: _____

☐ Bronchoscopy Date: _____ Results: _____

☐ Other endoscopy _____ Date: _____ Results: _____

4C. Has the Veteran had a biopsy of the larynx or pharynx?

◯ Yes ◯ No (If "Yes," complete the following):

Site of biopsy: _____ Date: _____

Results: ◯ Benign ◯ Pre-malignant ◯ Malignant

Describe results: _____

4D. Has the Veteran had pulmonary function testing to assess for upper airway obstruction due to laryngeal stenosis?

◯ Yes ◯ No (If "Yes," indicate results):

◯ FEV-1 of 71 to 80% predicted

◯ FEV-1 of 56 to 70% predicted

◯ FEV-1 of 40 to 55% predicted

◯ FEV-1 less than 40% predicted

Is the Flow-Volume Loop compatible with upper airway obstruction?

◯ Yes ◯ No

4E. 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 V - FUNCTIONAL IMPACT

Note: Provide the impact of only the diagnosed condition(s), without consideration of the impact of other medical conditions or factors, such as age.

5A. Regardless of the Veteran's current employment status, do the conditions listed in the diagnosis section impact his/her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)?

◯ Yes ◯ No

If yes, describe the functional impact of each condition, providing one or more examples:

SECTION VI - REMARKS

6A. Remarks (if any - please identify the section to which the remark pertains when appropriate).

SECTION VII - EXAMINER'S CERTIFICATION AND SIGNATURE

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

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

7A. Examiner's signature:	7B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

7C. Examiner's area of practice/specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):	7D. Date signed:

7E. Examiner's phone/fax numbers:	7F. National Provider Identifier (NPI) number:	7G. Medical license number and state:

7H. Examiner's address: