



DIABETIC SENSORY-MOTOR PERIPHERAL NEUROPATHY 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 describeAre you a VA Healthcare provider? Yes NoIs the Veteran regularly seen as a patient in your clinic? Yes NoWas 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

1A. Does the Veteran now have or has he or she ever been diagnosed with diabetic peripheral neuropathy?

- Yes No

1B. 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:

1C. 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):

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Constant pain (may be excruciating at times): | Right upper extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Left upper extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Right lower extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Left lower extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe |
| <input type="checkbox"/> Intermittent pain (usually dull) | Right upper extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Left upper extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Right lower extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Left lower extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe |
| <input type="checkbox"/> Paresthesias and/or dysesthesias | Right upper extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Left upper extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Right lower extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Left lower extremity: <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe |

| | | | | | | | |
|---|------------------------|----------------------------|----------------------------|--------------------------------|------------------------------|---------------------------|---------------------------|
| <input type="checkbox"/> Numbness | Right upper extremity: | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | | |
| | Left upper extremity: | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | | |
| | Right lower extremity: | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | | |
| | Left lower extremity: | <input type="radio"/> None | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> 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 | | | | | | | |
| <input type="checkbox"/> All normal | | | | | | | |
| Elbow Flexion | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| Elbow Extension | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| Wrist Flexion | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| Wrist Extension | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| Grip | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| Pinch (thumb to index finger) | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| Knee Extension | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| Knee Flexion | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| Ankle Plantar Flexion | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| Ankle Dorsiflexion | Right: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |
| | Left: | <input type="radio"/> 5/5 | <input type="radio"/> 4/5 | <input type="radio"/> 3/5 | <input type="radio"/> 2/5 | <input type="radio"/> 1/5 | <input type="radio"/> 0/5 |

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

| | | | | | | |
|-----------------|--------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Biceps | Right: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |
| | Left: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |
| Triceps | Right: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |
| | Left: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |
| Brachioradialis | Right: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |
| | Left: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |
| Knee | Right: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |
| | Left: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |
| Ankle | Right: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |
| | Left: | <input type="radio"/> 0 | <input type="radio"/> 1+ | <input type="radio"/> 2+ | <input type="radio"/> 3+ | <input type="radio"/> 4+ |

4C. Light touch/monofilament testing results

All normal

| | | | | |
|---------------------|--------|------------------------------|---------------------------------|------------------------------|
| Shoulder area | Right: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| | Left: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Inner/outer forearm | Right: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| | Left: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Hand/fingers | Right: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| | Left: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Knee/thigh | Right: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| | Left: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Ankle/lower leg | Right: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| | Left: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Foot/toes | Right: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| | Left: | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |

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

Not tested

| | | | |
|-----------------------|------------------------------|---------------------------------|------------------------------|
| Right upper extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Left upper extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Right lower extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Left lower extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |

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

 Not tested

| | | | |
|-----------------------|------------------------------|---------------------------------|------------------------------|
| Right upper extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Left upper extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Right lower extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Left lower extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |

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

 Not tested

| | | | |
|-----------------------|------------------------------|---------------------------------|------------------------------|
| Right upper extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Left upper extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Right lower extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |
| Left lower extremity | <input type="radio"/> Normal | <input type="radio"/> Decreased | <input type="radio"/> Absent |

4G. Does the Veteran have muscle atrophy?

 Yes No

(If muscle atrophy is present, indicate location):

[Large empty rectangular box for indicating muscle atrophy 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:

[Large empty rectangular box for describing trophic changes]

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

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 Severe

Left: Normal Incomplete paralysis Complete paralysis

(If incomplete paralysis is checked, indicate severity):

Mild Moderate Severe

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 Severe

Left: Normal Incomplete paralysis Complete paralysis

(If incomplete paralysis is checked, indicate severity):

Mild Moderate Severe

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

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 or other disfigurement (of the skin) related to any conditions or to the treatment of any conditions listed in the diagnosis section?

Yes No If yes, also complete the appropriate dermatological questionnaire.

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):

| | | | | |
|--|----------|------------------------------|--------------------------------|-------|
| <input type="checkbox"/> Right upper extremity | Results: | <input type="radio"/> Normal | <input type="radio"/> Abnormal | Date: |
| <input type="checkbox"/> Left upper extremity | Results: | <input type="radio"/> Normal | <input type="radio"/> Abnormal | Date: |
| <input type="checkbox"/> Right lower extremity | Results: | <input type="radio"/> Normal | <input type="radio"/> Abnormal | Date: |
| <input type="checkbox"/> Left lower extremity | Results: | <input type="radio"/> Normal | <input type="radio"/> Abnormal | Date: |

If abnormal, describe:

7B. If there are other significant findings or diagnostic test results, provide dates and describe.

SECTION VIII - FUNCTIONAL IMPACT

8A. 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

9A. Remarks (if any - please identify the section to which the remark pertains when appropriate).

SECTION X - 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.

| | | |
|---|--|--|
| 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: | | |