

Compensation and Pension Record Interchange (CAPRI)

Prostate Cancer Disability Benefits Questionnaire (DBQ) Workflow

April 2011

Department of Veterans Affairs Office of Enterprise Development Management & Financial Systems

Revision History

Date	Description (Patch # if applicable)	Author	Technical Writer
11/02/2010	Document created	C. Gawronski	N/A
4/1/2011	Revisions for patch DVBA*2.7*163	M. Guthrie	N/A
4/7/11	Changed mandatory logic to "Please describe the appliance used for the voiding dysfunction." Changed If yes, describe: to If yes, describe the appliance	K. DeLaCruz	N/A

Table of Contents

1	Intro	oduction	l
	1.1	Purpose	
	1.2	Overview	
2	Pros	tate Cancer DBQ2	
	2.1	Name of patient/Veteran	2
	2.2	Section 1. Diagnosis	3
	2.3	Section 2. Medical history	6
	2.4	Section 3. Treatment	
	2.5	Section 4. Voiding dysfunction	1
	2.6	Section 5. Urinary tract/kidney infection	19
	2.7	Section 6. Erectile dysfunction	22
	2.8	Section 7. Retrograde ejaculation	24
	2.9	Section 8. Residual conditions and/or complications	26
	2.10	Section 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms	.2
	2.11	Section 10. Diagnostic testing	29
	2.12	Section 11. Functional impact	3
	2.13	Section 12. Remarks, if any	3
3	Pros	tate Cancer DBQ-AMIE Worksheet33	3

Table of Figures and Tables

Figure 1: Template Example: DBQ - Standard VA Note	1
Figure 2: Print Example: DBQ – Standard VA Note	
Figure 3: Template Example: DBQ – Prostate Cancer – Name of patient/Veteran	2
Figure 4: Print Example: DBQ – Prostate Cancer – Name of patient/Veteran	2
Figure 5: Template Example: DBQ – Prostate Cancer – 1. Diagnosis	5
Figure 6: Print Example: DBQ – Prostate Cancer – 1. Diagnosis	5
Figure 7: Template Example: DBQ – Prostate Cancer – 2. Medical history	
Figure 8: Print Example: DBQ – Prostate Cancer – 2. Medical history	6
Figure 9: Template Example: DBQ – Prostate Cancer – 3. Treatment	
Figure 10: Print Example: DBQ – Prostate Cancer – 3. Treatment	
Figure 11: Template Example: DBQ – Prostate Cancer – 4. Voiding dysfunction	
Figure 12: Print Example: DBQ – Prostate Cancer – 4. Voiding dysfunction	
Figure 13: Template Example: DBQ – Prostate Cancer – 5. Urinary tract/kidney infection	
Figure 14: Print Example: DBQ – Prostate Cancer – 5. Urinary tract/kidney infection	
Figure 15: Template Example: DBQ – Prostate Cancer – 6. Erectile dysfunction	
Figure 16: Print Example: DBQ – Prostate Cancer – 6. Erectile dysfunction	
Figure 17: Template Example: DBQ – Prostate Cancer –7. Retrograde ejaculation	
Figure 18: Print Example: DBQ – Prostate Cancer – 7. Retrograde ejaculation	
Figure 19: Template Example: DBQ – Prostate Cancer – 8. Residual conditions and/or complications	
Figure 20: Print Example: DBQ – Prostate Cancer – 8. Residual conditions and/or complications	
Figure 21: Template Example: DBQ – Prostate Cancer – 9. Other pertinent physical findings, complicat	
conditions, signs and/or symptoms	
Figure 22: Print Example: DBQ – Prostate Cancer – 9. Other pertinent physical findings, complications,	
conditions, signs and/or symptoms	
Figure 23: Template Example: DBQ – Prostate Cancer – 10. Diagnostic testing	
Figure 24: Print Example: DBQ – Prostate Cancer – 10. Diagnostic testing	
Figure 25: Template Example: DBQ – Prostate Cancer – 11. Functional impact	
Figure 26: Print Example: DBQ – Prostate Cancer – 11. Functional impact	
Figure 27: Template Example: DBQ – Prostate Cancer – 12. Remarks, if any	
Figure 28: Print Example: DBQ – Prostate Cancer – 12. Remarks, if any	32
Table 1. Dules, DDO Duestate Consent Name of matient/Veteron	2
Table 1: Rules: DBQ – Prostate Cancer – Name of patient/Veteran	∠
Table 2: Rules: DBQ – Prostate Cancer – 1. Diagnosis	
Table 4: Rules: DBQ – Prostate Cancer – 2. Medical history Table 4: Rules: DBQ – Prostate Cancer – 3. Treatment	
,	
Table 5: Rules: DBQ – Prostate Cancer – 4. Voiding dysfunction	
Table 7: Rules: DBQ – Prostate Cancer – 6. Erectile dysfunction	
Table 8: Rules: DBQ – Prostate Cancer – 7. Retrograde ejaculation	
Table 9: Rules: DBQ – Prostate Cancer – 8. Residual conditions and/or complications	
signs and/or symptoms	
Table 11: Rules: DBQ – Prostate Cancer – 10. Diagnostic testing	
Table 12: Rules: DBQ – Prostate Cancer – 10. Diagnostic testing	
Table 13: Rules: DBQ – Prostate Cancer – 12. Remarks, if any	
1 auto 13. Karos. DDQ = 1 10state Carron = 14. Kelliarks, II ally	,J1

1 Introduction

1.1 Purpose

This document provides a high level overview of the contents found on the PROSTATE CANCER Disability Benefits Questionnaire (DBQ). The DBQ can be populated via an online template within the CAPRI C&P Worksheets tab and then printed OR it can be printed via AMIE (AUTOMATED MEDICAL INFORMATION EXCHANGE) and then manually populated. This document contains the edit rules for the template as well as an example of how the template will look online in CAPRI or printed from CAPRI. It also contains the layout for the AMIE worksheet to depict how it will look when printed from AMIE.

For more detailed information on standard template functionality not covered in this document, please refer to the *C&P Worksheet Tab Functionalities* section of the **CAPRI GUI User Guide.**

1.2 Overview

The PROSTATE CANCER DBQ provides the ability to capture information related to Prostate Cancer and its treatment.

Each DBQ template contains a standard footer containing a note stating that "VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application." (see Figure 1 and 2).

Figure 1: Template Example: DBQ - Standard VA Note

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

Figure 2: Print Example: DBQ – Standard VA Note

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

A number of fields on the PROSTATE CANCER template are mandatory and require a response (value) prior to the exam being marked as completed. Some questions may activate a Pop-up window displaying information as to each question that needs to be answered before the template can be completed.

2 Prostate Cancer DBQ

2.1 Name of patient/Veteran

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

Table 1: Rules: DBQ - Prostate Cancer - Name of patient/Veteran

Field/Question	Field Disposition	Valid	Format	Error Message
		Values		
Prostate Cancer	Enabled, Read-Only	N/A	N/A	N/A
Disability Benefits	Enabled, Read-Only	N/A	N/A	N/A
Questionnaire				
Name of patient/Veteran:	Enabled, Mandatory	N/A	Free Text	Please enter the name of the patient/Veteran.
Your patient is applying to	Enabled, Read-Only	N/A	N/A	N/A
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.				

Figure 3: Template Example: DBQ - Prostate Cancer - Name of patient/Veteran

1 gare of remplace Examples BBQ 11 ostate cancer 1 tame of patients veteral
Prostate Cancer
Disability Benefits Questionnaire
Name of patient/Veteran:
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. 1. Diagnosis

Figure 4: Print Example: DBQ - Prostate Cancer - Name of patient/Veteran

Prostate Cancer Disability Benefits Questionnaire

Name of patient/Veteran:

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.

2.2 Section 1. Diagnosis

The question "Does the Veteran now have or has he ever been diagnosed with prostate cancer?" must be answered before the template can be completed.

- If it is answered with Yes, all other questions requiring an answer as described by the rules in this document must be answered before the template can be completed.
- If it is answered with No, the rationale supporting this is required. The remainder of the
 template may be completed without answering any additional questions or the user may
 input answers to any of the optional questions as indicated by the rules described in this
 document.

All questions will be printed even if they have not been answered.

If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below and must be answered before this template can be completed.

Table 2: Rules: DBQ - Prostate Cancer - 1. Diagnosis

Field/Question	Field Disposition	Valid Values	Format	Error Message
1.Diagnosis	Enabled, Read-Only	N/A	N/A	N/A
Does the Veteran now have or has he ever been diagnosed with prostate cancer?	Enabled, Mandatory; Choose one valid value	[Yes; No]	N/A	Please answer the question: Does the Veteran now have or has he ever been diagnosed with prostate cancer?
If no, provide rationale (e.g. Veteran has never had prostate cancer):	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = No; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please provide the rationale for indicating the Veteran has not been diagnosed with prostate cancer.
If yes, provide only diagnoses that pertain to prostate cancer.	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Read- Only Else; Disabled	N/A	N/A	N/A
Diagnosis #1:	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter a value in the 'Diagnosis #1' field.

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD code:	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #1.
Date of diagnosis:	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis #1.
Diagnosis #2:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes and Diagnosis #2 is populated; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #2.
Date of diagnosis:	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes and Diagnosis #2 is populated; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis #2.
Diagnosis #3:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes and Diagnosis #3 is populated; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #3.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of diagnosis:	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes and Diagnosis #3 is populated; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis #3.
If there are additional diagnoses that pertain to prostate cancer, list using above format:	Enabled, Optional	N/A	Free Text	N/A

Figure 5: Template Example: DBQ – Prostate Cancer – 1. Diagnosis
1. Diagnosis
Does the Veteran now have or has he ever been diagnosed with prostate cancer? C Yes • No
If no, provide rationale (e.g. Veteran has never had prostate cancer):
If yes, provide only diagnoses that pertain to prostate cancer.
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 prostate cancer, list using above format:

Figure 6: Print Example: DBQ – Prostate Cancer – 1. Diagnosis

```
1. Diagnosis

1. Diagnosis #1:

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 prostate cancer, list
   using above format:
```

2.3 Section 2. Medical history

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

Table 3: Rules: DBO – Prostate Cancer – 2. Medical history

	Field Dignosition	Valid Values	Format	Ewnew Meggegg
Field/Question	Field Disposition		Format	Error Message
2.Medical	Enabled; Read Only	N/A	N/A	N/A
<u>history</u>				
a. Describe the	If Does the Veteran now have	N/A	Free	Please describe the
history	or has he ever been diagnosed		Text	history, including onset
(including onset	with prostate cancer? = Yes;			and course, of the
and course) of	Enabled, Mandatory			Veteran's prostate cancer
the Veteran's	•			condition.
prostate cancer	Else; Optional			
condition (brief				
summary):				
b. Indicate status	If Does the Veteran now have	[Active;	N/A	Please indicate the status
of disease:	or has he ever been diagnosed	Remission]		of the disease.
	with prostate cancer? = Yes;	•		
	Enabled, Mandatory, Choose			
	one valid value			
	Else; Disabled			

Figure 7: Template Example: DBQ – Prostate Cancer – 2. Medical history
2. Medical history
a. Describe the history (including onset and course) of the Veteran's prostate cancer condition (brief summary):
b. Indicate status of disease: C Active C Remission

Figure 8. Print Example: DBO - Prostate Cancer - 2. Medical history

riguit	5. 11 mt Example. DBQ - 110 state Cancer - 2. Wedical instory
2.	Medical history
a.	Describe the history (including onset and course) of the Veteran's prostate cancer condition (brief summary):
b.	<pre>Indicate status of disease: [] Active [] Remission</pre>

2.4 Section 3. Treatment

<u>Table 4: Rules: DBQ – Prostate Cancer – 3. Treatment</u>

	Field Disposition	Valid Values	Format	Frror Maccago
Field/Question 3.Treatment	Enabled; Read Only	N/A	N/A	Error Message N/A
Has the Veteran	If Does the Veteran	[Yes; No, watchful waiting]	N/A	Please answer the
completed any	now have or has he	[105, 110, wateriful waiting]	14/11	question: Has the Veteran
treatment for	ever been diagnosed			completed any treatment
prostate cancer	with prostate cancer?			for prostate cancer or is
or is the	= Yes; Enabled,			the Veteran currently
Veteran	Mandatory, Choose			undergoing any treatment
currently	one valid value			for prostate cancer?
undergoing any				
treatment for	Else; Enabled,			
prostate cancer?	Optional			
If yes, indicate	If the previous	Treatment completed,	N/A	Please check all
treatment	question = Yes;	currently in watchful		applicable treatment
type(s) (check	Enabled, Mandatory,	waiting status;		type(s).
all that apply):	Choose one or more	Surgery:		
11 3/	valid values	Radical prostatectomy,		
		Transurethral resection		
	Else; Disabled	prostatectomy, Other		
		(describe):		
		Other surgical procedure		
		(describe),		
		Date of surgery: ;		
		Radiation therapy:		
		Date of completion of		
		treatment or anticipated date		
		of completion: ;		
		Brachytherapy:		
		Date of treatment: ;		
		Antineoplastic		
		chemotherapy:		
		Date of most recent		
		treatment:		
		Date of completion of		
		treatment or anticipated date		
		of completion: ;		
		Androgen Deprivation		
		Therapy (Hormonal		
		Therapy):		
		Date of most recent treatment: ,		
		Date of completion of		
		treatment or anticipated date		
		of completion: ;		
		Other therapeutic procedure		
		and/or treatment (describe):		
		Date of procedure: ,		
		Date of procedure: , Date of completion of		
		treatment or anticipated date		
		of completion:]		
Other surgical	If treatments include	N/A	Free	Please describe the other
procedure	Surgery and other		Text	surgical procedure
(describe):	surgical procedure;			performed.
	Enabled, Mandatory			
	,			
		•		•

	Else; Disabled			
Date of surgery:	If treatments include Surgery and other surgical procedure; Enabled, Mandatory	N/A	Free Text	Please enter the date of surgery.
	Else; Disabled			
Date of completion of treatment or anticipated date of completion:	If treatment = Radiation therapy; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the radiation therapy's date of completion (actual or anticipated).
Date of treatment:	If treatments include Brachytherapy; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of brachytherapy treatment.
Date of completion of treatment or anticipated date of completion:	If treatments include Antineoplastic chemotherapy; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the antineoplastic chemotherapy treatment's date of completion (actual or anticipated).
Date of completion of treatment or anticipated date of completion:	If treatments include Androgen Deprivation Therapy (Hormonal Therapy); Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the androgen deprivation therapy (hormonal therapy) treatment's date of completion (actual or anticipated).
Other therapeutic procedure and/or treatment (describe):	If treatments include Other therapeutic procedure and/or treatment; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other therapeutic procedure and/or treatment performed.
Date of procedure:	If treatment = Other therapeutic procedure and/or treatment; Enabled, Mandatory	N/A	Free Text	Please enter the date the other therapeutic procedure and/or treatment was performed.
	Else; Disabled			
Date of completion of treatment or anticipated date of completion:	If treatments include Other therapeutic procedure and/or treatment; Enabled, Mandatory	N/A	Free Text	Please enter the other therapeutic procedure and/or treatment's date of completion (actual or anticipated).
	Else; Disabled			

Figure 9: Template Example: DBQ - Prostate Cancer - 3. Treatment 3. Treatment Has the Veteran completed any treatment for prostate cancer or is the Veteran currently undergoing any treatment for prostate cancer? Yes \(\bigcirc\) No; watchful waiting. If yes, indicate treatment type(s) (check all that apply): Treatment completed; currently in watchful waiting status ✓ Surgery ▼ Prostatectomy Radical prostatectomy Transurethral resection prostatectomy Other (describe): Other surgical procedure (describe): Date of surgery: ▼ Radiation therapy Date of completion of treatment or anticipated date of completion: ▼ Brachytherapy Date of treatment: Antineoplastic chemotherapy Date of completion of treatment or anticipated date of completion: Androgen deprivation therapy (hormonal therapy) Date of completion of treatment or anticipated date of completion: Other therapeutic procedure and/or treatment (describe):

Figure 10: Print Example: DBQ – Prostate Cancer – 3. Treatment

Date of completion of treatment or anticipated date of completion:

Date of procedure:

```
3. Treatment
Has the Veteran completed any treatment for prostate cancer or is the
Veteran currently undergoing any treatment for prostate cancer?
   [X] Yes [ ] No; watchful waiting
   If yes, indicate the treatment type(s) (check all that apply):
      [ ] Treatment completed; currently in watchful waiting status
      [X] Surgery
          [X] Prostatectomy
              [ ] Radical prostatectomy
              [ ] Transurethral resection prostatectomy
              [ ] Other (describe):
          [ ] Other surgical procedure (describe):
          Date of surgery:
      [X] Radiation therapy
          Date of completion of treatment or anticipated date of
            completion:
      [X] Brachytherapy
          Date of treatment:
      [X] Antineoplastic chemotherapy
          Date of completion of treatment or anticipated date of
            completion:
      [X] Androgen deprivation therapy (hormonal therapy)
          Date of completion of treatment or anticipated date of
            completion:
```

[X] Other therapeutic procedure and/or treatment (describe):
 Date of procedure:
 Date of completion of treatment or anticipated date of
 completion:

2.5 Section 4. Voiding dysfunction

Table 5: Rules: DBQ - Prostate Cancer - 4. Voiding dysfunction

Field/Question	Field Disposition	Valid Values	Format	Error Message
4.Voiding	Enabled; Read Only	N/A	N/A	N/A
dysfunction	Zhaolea, Read Olliy	17/11	11/71	11/11
Does the Veteran have a voiding dysfunction?	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory, Choose one valid value	[Yes; No]	N/A	Please answer the question: Does the Veteran have a voiding dysfunction?
	Else, Enabled, Optional			
If yes, provide etiology of voiding dysfunction:	If Does the Veteran have a voiding dysfunction? = Yes, Enabled, Mandatory Else, Disabled	N/A	Free Text	Please provide the etiology of the voiding dysfunction.
If the Veteran	If Does the Veteran have a	N/A	N/A	N/A
has a voiding dysfunction, complete the following questions:	voiding dysfunction? = Yes; Enabled; Read-Only Else; Disabled	IVA	IVA	IVA
a. Does the voiding dysfunction cause urine leakage?	If Does the Veteran have a voiding dysfunction? = Yes, Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction cause urine leakage?
Indicate severity (check one):	If Does the voiding dysfunction cause urine leakage? = Yes, Enabled, Mandatory, Choose one valid value Else; Disabled	[Does not require/does not use absorbent material; Requires absorbent material that is changed less than 2 times per day; Requires absorbent material that is changed 2 to 4 times per day; Requires absorbent material that is changed more than 4 times per day; Other, describe:]	N/A	Please check the applicable statement pertaining to the voiding dysfunction causing urine leakage.
Other, Describe:	If Does the voiding dysfunction cause urine leakage? = Other, Enabled; Mandatory	N/A	Free Text	Please describe the other severity of the urine leakage.

b. Does the voiding dysfunction require the use of an appliance?	Else; Disabled If Does the Veteran have a voiding dysfunction? = Yes, Enabled, Mandatory, Choose one valid value Else, Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction require the use of an appliance?
If yes, describe the appliance:	If Does the voiding dysfunction require the use of an appliance? = Yes; Enabled, Mandatory	N/A	Free Text	Please describe the appliance used for the voiding dysfunction.
c. Does the voiding dysfunction cause increased urinary frequency?	Else; Disabled If Does the Veteran have a voiding dysfunction? = Yes, Enabled, Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction cause increased urinary frequency?
If yes, check all that apply:	If Does the voiding dysfunction cause increased urinary frequency? = Yes; Enabled, Mandatory; Choose one valid value for Daytime and one valid value for Nighttime Else; Disabled	[Daytime voiding interval between 2 and 3 hours; Daytime voiding interval between 1 and 2 hours; Daytime voiding interval less than 1 hour;] AND [Nighttime awakening to void 2 times; Nighttime awakening to void 3 to 4 times; Nighttime awakening to void 5 or more times]	N/A	Please check the applicable statement(s) pertaining to the increased urinary frequency.
d. Does the voiding dysfunction cause signs or symptoms of obstructed voiding?	If Does the Veteran have a voiding dysfunction? = Yes, Enabled, Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction cause signs or symptoms of obstructed voiding?
If yes, check all signs and symptoms that apply:	If Does the voiding dysfunction cause signs or symptoms of obstructed voiding? = Yes; Enabled, Mandatory; Choose one or more valid values	[Hesitancy; Slow or weak stream; Decreased force of stream; Stricture	N/A	Please check one or more boxes to indicate the signs and symptoms of obstructed voiding.

	<u> </u>	disease		<u> </u>
	Else; Disabled	requiring		
	Else; Disabled			
		dilatation 1 to 2		
		times per year;		
		Stricture		
		disease		
		requiring		
		periodic		
		dilatation every		
		2 to 3 months;		
		Recurrent		
		urinary tract		
		infections		
		secondary to		
		obstruction;		
		Uroflowmetry		
		peak flow rate		
		less than 10		
		cc/sec; Post		
		void residuals		
		greater than		
		150 cc; Urinary		
		retention		
		requiring		
		intermittent or		
		continuous		
		catheterization;		
		Urinary		
		retention		
		requiring		
		continuous		
		catheterization;		
		Other,		
		describe:]		
If checked, is	If Voiding dysfunction signs	[Yes; No]	N/A	Please indicate whether or
hesitancy	and symptoms include			not hesitancy is marked.
marked?	Hesitancy; Enabled,			
	Mandatory; Choose one valid			
	value			
	Else; Disabled			
If checked, is	If Voiding dysfunction signs	[Yes; No]	N/A	Please indicate whether or
stream markedly	and symptoms include Slow or			not stream is markedly
slow or weak?	weak stream; Enabled,			slow or weak.
	Mandatory; Choose one valid			
	value			
	Else; Disabled			
If checked, is	Voiding dysfunction signs and	[Yes; No]	N/A	Please indicate whether or
force of steam	symptoms include Decreased	[100,110]	11/11	not force of steam is
markedly	force of stream; Enabled,			markedly decreased.
decreased?				markeury decreased.
decreased?	Mandatory; Choose one valid			
	value			
	Flee: Disabled			
Other, describe:	Else; Disabled	N/A	Enos	Dlagg daggilt the other
Omer, describe:	If Voiding dysfunction signs	IN/A	Free	Please describe the other

and symptoms include Other; Enabled, Mandatory	Text	signs and symptoms of obstructed voiding.
Else; Disabled		

Figure 11: Template Example: DBQ – Prostate Cancer – 4. Voiding dysfunction 4. Voiding dysfunction Does the Veteran have a voiding dysfunction? Yes C No. If yes, provide etiology of voiding dysfunction: If the Veteran has a voiding dysfunction, complete the following questions: a. Does the voiding dysfunction cause urine leakage? Yes ○ No Indicate severity (check one): Does not require the wearing of absorbent material Requires absorbent material which must be changed less than 2 times per day Requires absorbent material which must be changed 2 to 4 times per day Requires absorbent material which must be changed more than 4 times per day Other, describe: b. Does the voiding dysfunction require the use of an appliance? Yes ○ No If yes, describe the appliance: c. Does the voiding dysfunction cause increased urinary frequency? Yes ○ No If yes, check all that apply: Daytime voiding interval between 2 and 3 hours. Daytime voiding interval between 1 and 2 hours Daytime voiding interval less than 1 hour Nighttime awakening to void 2 times Nighttime awakening to void 3 to 4 times. Nighttime awakening to void 5 or more times d. Does the voiding dysfunction cause signs or symptoms of obstructed voiding? Yes ○ No If yes, check all that apply: ▼ Hesitancy If checked, is hesitancy marked? C Yes C No ✓ Slow or weak stream If checked, is stream markedly slow or weak? C Yes C No Decreased force of stream If checked, is force of stream markedly decreased? Yes 🔘 No. Stricture disease requiring dilatation 1 to 2 times per year Stricture disease requiring periodic dilatation every 2 to 3 months Recurrent urinary tract infections secondary to obstruction Uroflowmetry peak flow rate less than 10 cc/sec Post void residuals greater than 150 cc Urinary retention requiring intermittent catheterization. Urinary retention requiring continuous catheterization Other, describe:

Figure 12: Print Example: DBQ - Prostate Cancer - 4. Voiding dysfunction

```
4. Voiding dysfunction
   Does the Veteran have a voiding dysfunction?
       [X] Yes [ ] No
           If yes, provide etiology of voiding dysfunction:
   If the Veteran has a voiding dysfunction, complete the following questions:
   a. Does the voiding dysfunction cause urine leakage?
       [X] Yes
               [ ] No
           Indicate severity (check one):
              [ ] Does not require the wearing of absorbent material
              [\ ] Requires absorbent material which must be changed less than 2
                  times per day
              [ ] Requires absorbent material which must be changed 2 to 4
                 times per day
              [ ] Requires absorbent material which must be changed more than 4
                  times per day
              [ ] Other, describe:
   b. Does the voiding dysfunction require the use of an appliance?
       [X] Yes [ ] No
           If yes, describe the appliance:
   c. Does the voiding dysfunction cause increased urinary frequency?
       [X] Yes [ ] No
           If yes, check all that apply:
              [ ] Daytime voiding interval between 2 and 3 hours
              [ ] Daytime voiding interval between 1 and 2 hours
              [ ] Daytime voiding interval less than 1 hour
              [ ] Nighttime awakening to void 2 times
              [ ] Nighttime awakening to void 3 to 4 times
              [ ] Nighttime awakening to void 5 or more times
   d. Does the voiding dysfunction cause signs or symptoms of obstructed
       voiding?
       [X] Yes
               [ ] No
           If yes, check all that apply:
              [X] Hesitancy
                  If checked, is hesitancy marked?
                    [ ] Yes [ ] No
              [X] Slow or weak stream
                  If checked, is stream markedly slow or weak?
                     [ ] Yes [ ] No
              [X] Decreased force of stream
                  If checked, is force of stream markedly decreased?
                     [ ] Yes
                             [ ] No
              [ ] Stricture disease requiring dilatation 1 to 2 times per year
              [ ] Stricture disease requiring periodic dilatation every 2 to 3
                 months
              [ ] Recurrent urinary tract infections secondary to obstruction
              [ ] Uroflowmetry peak flow rate less than 10 cc/sec
              [ ] Post void residuals greater than 150 cc
              [ ] Urinary retention requiring intermittent catheterization
              [ ] Urinary retention requiring continuous catheterization
              [X] Other, describe:
```

2.6 Section 5. Urinary tract/kidney infection

Table 6: Rules: DBQ – Prostate Cancer – 5. Urinary tract/kidney infection

Field/Question	SQ – Prostate Cancer – 5. Urina Field Disposition	Valid Values	Format	Error Message
5.Urinary	Enabled; Read Only	N/A	N/A	N/A
tract/kidney	Liadica, Keaa Olliy	11/1	11/71	11/17
infection				
Does the Veteran	If Does the Veteran now have	[Yes; No]	N/A	Please answer the
have a history of	or has he ever been diagnosed	[103,110]	14/11	question: Does the
recurrent	with prostate cancer? = Yes;			Veteran have a history of
symptomatic	Enabled, Mandatory, Choose			recurrent urinary tract or
urinary tract or	one valid value			kidney infections?
kidney	one vana varae			maney infections.
infections?	Else, Enabled, Optional			
If yes, provide	If Does the Veteran have a	N/A	Free	Please provide the
etiology:	history of recurrent	1 1/1 1	Text	etiology of the recurrent
chology.	symptomatic urinary tract		Tont	symptomatic urinary tract
	<i>infections?</i> = <i>Yes</i> ; Enabled,			or kidney infections.
	Mandatory			or maney infections.
	Else; Disabled			
If the Veteran	If Does the Veteran have a	[No treatment;	N/A	Please check one or more
has had recurrent	history of recurrent	Long-term drug	1 1/1 1	boxes to indicate
symptomatic	symptomatic urinary tract or	therapy;		applicable treatment
urinary tract or	kidney infections? = Yes;	Hospitalization;		modalities for recurrent
kidney	Enabled, Mandatory, Choose	Drainage;		symptomatic urinary tract
infections,	one valid value	Continuous		or kidney infections.
indicate all		intensive		
treatment	Else; Disabled	management;		
modalities that	,	Intermittent		
apply:		intensive		
11 7		management;		
		Other,		
		describe:]		
If checked, list	If Treatments include Long-	N/A	Free	Please list medications
medications used	term drug therapy; Enabled,		Text	used for urinary tract or
for urinary tract	Mandatory			kidney infection and their
infection and	,			treatment dates over the
indicate dates for	Else; Disabled			past 12 months.
courses of				
treatment over				
the past 12				
months:				
If checked,	If Treatments include	[1 or 2 per	N/A	Please indicate the
indicate	Hospitalization; Enabled,	year; More than		frequency of
frequency of	Mandatory; Choose one valid	2 per year]		hospitalization.
hospitalization:	value			
	Else; Disabled			
If checked,	If Treatments include	N/A	Free	Please indicate the dates
indicate dates	Drainage; Enabled,		Text	that drainage was
when drainage	Mandatory			performed over the past
performed over				12 months.
the past 12	Else; Disabled			
months:		27//	_	
If checked,	If Treatments include	N/A	Free	Please describe the types
indicate types of	Continuous intensive		Text	of treatment and

treatment and	management; Enabled,			medications for
medications used	Mandatory			continuous intensive
over the past 12				management used over
months.	Else; Disabled			the past 12 months.
If checked,	If Treatments include	N/A	Free	Please describe the types
indicate types of	Intermittent intensive		Text	of treatment and
treatment and	management; Enabled,			medications for
medications used	Mandatory			intermittent intensive
over past 12				management used over
months:	Else; Disabled			the past 12 months.
Other, describe:	If Treatments include Other;	N/A	Free	Please describe other
	Enabled, Mandatory		Text	treatment modalities used
				for urinary tract or kidney
	Else; Disabled			infections.

Figure 13: Template Example: DBQ - Prostate Cancer - 5. Urinary tract/kidney infection

5. Urinary tract/kidney infection
Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections? Yes No
If yes, provide etiology:
If the Veteran has had recurrent symptomatic urinary tract or kidney infections, indicate all treatment modalities that apply: No treatment
✓ Long-term drug therapy If checked, list medications used and indicate dates for courses of treatment over the past 12 months:
 ✓ Hospitalization If checked, indicate frequency of hospitalization: ☐ 1 or 2 per year ☐ > 2 per year
■ Drainage If checked, indicate dates when drainage performed over past 12 months: ■ Orainage Forainage F
Continuous intensive management If checked, indicate types of treatment and medications used over past 12 months:
Intermittent intensive management If checked, indicate types of treatment and medications used over past 12 months:
Other, describe:

Figure 14: Print Example: DBQ - Prostate Cancer - 5. Urinary tract/kidney infection

```
If checked, list medications used for urinary tract infection
      and indicate dates for courses of treatment over the past 12
[X] Hospitalization
   If checked, indicate frequency of hospitalization:
      [ ] 1 or 2 per year
      [ ] More than 2 per year
[X] Drainage
   If checked, indicate dates when drainage performed over past
      12 months:
[ ] Continuous intensive management
   If checked, indicate types of treatment and medications used
      over past 12 months:
[X] Intermittent intensive management
   If checked, indicate types of treatment and medications used
      over past 12 months:
[X] Other, describe:
```

2.7 Section 6. Erectile dysfunction

Table 7: Rules: DBQ - Prostate Cancer - 6. Erectile dysfunction

Field/Question	BQ – Prostate Cancer – 6. Erect Field Disposition	Valid Values	Format	Error Message
6. Erectile	Enabled; Read Only	N/A	N/A	N/A
dysfunction	Eliabled, Read Ollry	IN/A	IN/A	IV/A
a. Does the Veteran have erectile dysfunction?	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory, Choose one valid value	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have erectile dysfunction?
If yes, provide etiology:	Else, Enabled, Optional If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	N/A	Free Text	Please provide the etiology of erectile dysfunction.
b. If the Veteran has erectile dysfunction is it as likely as not (at least 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?	If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not erectile dysfunction is attributable to one of the diagnoses in Section 1, including its residuals of treatment.
If yes, specify the diagnosis to which the erectile dysfunction is as likely as not attributable:	If previous question = Yes; Enabled; Mandatory Else; Disabled	N/A	Free Text	Please specify the diagnosis to which erectile dysfunction is as likely as not attributable.
c. If the Veteran has erectile dysfunction, is he able to achieve an erection sufficient for penetration and ejaculation (without medication)?	If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not the Veteran is able to achieve an erection sufficient for penetration and ejaculation (without medication).
If no, is the Veteran able to achieve an erection sufficient for	If previous question = No; Enabled; Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not the Veteran is able to achieve an erection sufficient for penetration and ejaculation (with

penetration and		medication).
ejaculation (with		
medication)?		

Figure 15: Template Example: DBQ - Prostate Cancer - 6. Erectile dysfunction

6. Erectile dysfunction a. Does the Veteran have erectile dysfunction? • Yes © No	
If yes, provide etiology:	1
b. If the Veteran has erectile dysfunction, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?	
If yes, specify the diagnosis to which the erectile dysfunction is as likely as not attributable:	
c. If the Veteran has erectile dysfunction, is he able to achieve an erection sufficient for penetration and ejaculation (without medication)? O Yes ② No	
If no, is the Veteran able to achieve an erection sufficient for penetration and ejaculation (with medication)? Yes No	

Figure 16: Print Example: DBQ – Prostate Cancer – 6. Erectile dysfunction

6. Erectile dysfunction
a. Does the Veteran have erectile dysfunction? [X] Yes [] No
If yes, provide etiology:
b. If the Veteran has erectile dysfunction, is it as likely as not (at least 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis? [X] Yes [] No
If yes, specify the diagnosis to which the erectile dysfunction is as likely as not attributable:
c. If the Veteran has erectile dysfunction, is he able to achieve an erection sufficient for penetration and ejaculation (without medication)? [] Yes [] No
<pre>If no, is the Veteran able to achieve an erection sufficient for penetration and ejaculation (with medication)? [] Yes [] No</pre>

2.8 Section 7. Retrograde ejaculation

Table 8: Rules: DBO – Prostate Cancer – 7. Retrograde ejaculation

Field/Question	Field Disposition	Valid Values	Format	Error Message
7. Retrograde	Enabled; Read Only	N/A	N/A	N/A
ejaculation				
a. Does the	If Does the Veteran now have	[Yes; No]	N/A	Please provide an answer
Veteran have	or has he ever been diagnosed			to the question: Does the
retrograde	with prostate cancer? = Yes;			Veteran have retrograde
ejaculation?	Enabled, Mandatory, Choose			ejaculation?
	one valid value			
	Else, Enabled, Optional			
If yes, provide	If Does the Veteran have	N/A	Free	Please provide the
etiology of	retrograde ejaculation?= Yes;		Text	etiology of retrograde
retrograde	Enabled, Mandatory			ejaculation.
ejaculation.				
	Else; Disabled			
b. If the Veteran	If Does the Veteran have	[Yes; No]	N/A	Please answer whether or
has retrograde	retrograde ejaculation?= Yes;			not retrograde ejaculation
ejaculation, is	Enabled, Mandatory, Choose			is attributable to one of
the retrograde	one valid value			the diagnoses in Section
ejaculation as				1, including its residuals
likely as not (at	Else; Disabled			of treatment.
least a 50%				
probability)				
attributable to				
prostate cancer,				
including				
treatment or				
residuals of treatment for				
If yes, specify	If previous question = Yes;	N/A	Free	Please specify the
the diagnosis to	Enabled, Mandatory	11/71	Text	diagnosis to which
which the	Emadica, Mandatory		ICAL	retrograde ejaculation is
retrograde	Else; Disabled			as likely as not
ejaculation is as	Zioc, Disuoted			attributable.
likely as not				and a diagram
attributable:				

Figure 17: Template Example: DBQ – Prostate Cancer –7. Retrograde ejaculation

<u> </u>	
7. Retrograde ejaculation a. Does the Veteran have retrograde ejaculation? • Yes © No	
If yes, provide etiology of retrograde ejaculation:	
b. If the Veteran has retrograde ejaculation, is the r cancer, including treatment or residuals of treatmer	retrograde ejaculation as likely as not (at least a 50% probability) attributable to prostate nt for prostate cancer?
⊙ Yes ○ No	
If yes, specify the diagnosis to which the retrograde	e ejaculation is as likely as not attributable:

Figure 18: Print Example: DBQ – Prostate Cancer – 7. Retrograde ejaculation

7. Retrograde ejaculation
a. Does the Veteran have retrograde ejaculation? [X] Yes [] No
If yes, provide etiology of retrograde ejaculation:
b. If the Veteran has retrograde ejaculation, is the retrograde ejaculation as likely as not (at least a 50% probability) attributable to prostate cancer, including treatment or residuals of treatment for prostate cancer? [X] Yes [] No
If yes, specify the diagnosis to which the retrograde ejaculation is as likely as not attributable:

2.9 Section 8. Residual conditions and/or complications

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

Table 9: Rules: DBO – Prostate Cancer – 8. Residual conditions and/or complications

Field/Question	Field Disposition	Valid Values	Format	Error Message
8. Residuals of conditions and/or	Enabled, Read-Only	N/A	N/A	N/A
complications				
a. Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer?	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory, Choose one valid value Else, Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer?
If yes, describe:	If Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer?= Yes, Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe any other residual complications.

Figure 19: Template Example: DBQ – Prostate Cancer – 8. Residual conditions	as and/	or complica	ıtions
---	---------	-------------	--------

Figure 19: Template Example: DBQ – Prostate Cancer – 8. Residual conditions and/or complications	
8. Residual conditions and/or complications a. Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer? ✓ Yes C No	
If yes, describe:	A.

Figure 20: Print Example: DBQ – Prostate Cancer – 8. Residual conditions and/or complications

```
8. Residual conditions and/or complications

a. Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer?

[X] Yes [] No

If yes, describe:
```

2.10 Section 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

Table 10: Rules: DBQ – Prostate Cancer – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

Field/Question	Field Disposition	Valid Values	Format	Error Message
9. Other pertinent physical findings, complications, conditions, signs and/or symptoms	Enabled; Read-Only	N/A	N/A	N/A
a. 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?	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please indicate whether or not the Veteran has any scars (surgical or otherwise) related to any conditions (or their treatment) listed in the Diagnosis section.
If yes, are any of the scars painful and/or unstable, or is the total area of all related scars greater than 39 square cm (6 square inches)?	If Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of conditions listed in the Diagnosis section above? = Yes; Enabled, Mandatory, Choose one valid value	[Yes; No]	N/A	Please answer whether or not any of the scars are painful and/or unstable, or if the total area of all related scars is greater than 39 square cm (6 square
If yes, also complete a Scars Questionnaire.	Else; Enabled, Optional If If yes, are any of the scars painful and/or unstable, or is the total area of all related scars greater than 39 square cm (6 square inches)? = Yes; Enabled, Read-Only	N/A	N/A	inches). N/A
b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?	Else; Disabled If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?
If yes, describe (brief summary):	If Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms= Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe any other pertinent findings, complications, signs and/or symptoms.

Figure 21: Template Example: DBQ – Prostate Cancer – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

ompheutions, conditions, signs and or symptoms
9. Other pertinent physical findings, complications, conditions, signs and/or symptoms
a. 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 the scars painful and/or unstable, or is the total area of all related scars greater than 39 square cm (6 square inches)? • Yes 🔘 No
If yes, also complete a Scars Questionnaire.
b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms? ▼ Yes C No
If yes, describe (brief summary):

Figure 22: Print Example: DBQ – Prostate Cancer – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

```
9. Other pertinent physical findings, complications, conditions, signs
and/or symptoms

a. 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?
[X] Yes [] No

If yes, also complete a Scars Questionnaire for each scar.

b. Does the Veteran have any other pertinent physical findings,
complications, conditions, signs and/or symptoms?
[X] Yes [] No

If yes, describe (brief summary):
```

2.11 Section 10. Diagnostic testing

Table 11: Rules: DBQ - Prostate Cancer - 10. Diagnostic testing

Field/Question	Field Disposition	Valid Values	Format	Error Message
10. Diagnostic testing	Enabled, Read-Only	N/A	N/A	N/A
NOTE: If laboratory test results are in the medical record and reflect the Veteran's current condition, repeat testing is not required.	Enabled, Read-Only	N/A	N/A	N/A
Are there any significant diagnostic test findings and/or results?	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Are there any significant diagnostic test findings and/or results?
If yes, provide type of test or procedure, date and results (brief summary):	If Are there any significant diagnostic test findings and/or results= Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please provide type of test or procedure, date and results.

Figure 23: Template Example: DBQ – Prostate Cancer – 10. Diagnostic testing

10. Diagnostic testing

NOTE: If laboratory test results are in the medical record and reflect the Veteran's current condition, repeat testing is not required. Are there any significant diagnostic test findings and/or results?

Yes ○ No

If yes, provide type of test or procedure, date and results (brief summary):

Figure 24: Print Example: DBQ – Prostate Cancer – 10. Diagnostic testing

10. Diagnostic testing
-----NOTE: If laboratory test results are in the medical record and reflect the
Veteran's current condition, repeat testing is not required.

Are there any significant diagnostic test findings and/or results?
[X] Yes [] No

If yes, provide type of test or procedure, date and results (brief summary):

2.12 Section 11. Functional impact

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

Table 12: Rules: DBQ - Prostate Cancer - 11. Functional impact

Field/Question	Field Disposition	Valid Values	Format	Error Message
11. Functional Impact	Enabled, Read-Only	N/A	N/A	N/A
Does the Veteran's prostate cancer impact his ability to work?	If Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran's prostate cancer impact his ability to work?
If yes, describe the impact of the Veteran's prostate cancer, providing one or more examples:	If Does the Veteran's prostate cancer impact his ability to work? = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the impact of prostate cancer on the Veteran's ability to work, providing one or more examples.

Figure 25: Template Example: DBQ - Prostate Cancer - 11. Functional impact

11. Functional impact Does the Veteran's prostate cancer impact his ability to work? Yes No If yes, describe the impact of the Veteran's prostate cancer, providing one or more examples:

Figure 26: Print Example: DBQ - Prostate Cancer - 11. Functional impact

```
11. Functional impact
------
Does the Veteran's prostate cancer impact his ability to work?
[X] Yes [] No

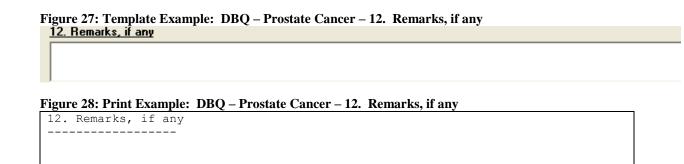
If yes, describe the impact of the Veteran's prostate cancer,
providing one or more examples:
```

2.13 Section 12. Remarks, if any

All questions in this section may be answered as described by the rules below.

Table 13: Rules: DBQ - Prostate Cancer - 12. Remarks, if any

Field/Question	Field Disposition	Valid Values	Format	Error Message
12. Remarks, if any	Enabled, Optional	N/A	Free Text	N/A



3 Prostate Cancer DBQ-AMIE Worksheet

The DBQ-AMIE worksheets are accessed via the Print Blank C&P Worksheet menu [DVBA C PRINT BLANK C&P WORKSHE] option. Select the "DBQ PROSTATE CANCER" worksheet. DBQ-AMIE worksheets should be sent to a printer.

Prostate Cancer Disability Benefits Questionnaire

Name	e of patient/Veteran:	SSN:
(VA) prov	patient is applying to the U.S. Department for disability benefits. VA will consider tride on this questionnaire as part of their ev	he information you
1. D	Diagnosis	
canc	the Veteran now have or has he ever been dia er? Yes No	gnosed with prostate
If n	no, provide rationale (e.g. Veteran has never	had prostate cancer):
If y	res, provide only diagnoses that pertain to pr	ostate cancer.
ICD	nosis #1: code: e of diagnosis:	
ICD	nosis #2: code: e of diagnosis:	
ICD	nosis #3: code: e of diagnosis:	
	there are additional diagnoses that pertain to re format:	prostate cancer, list using
	Medical history	
	Describe the history (including onset and cour	
_		
b. I	Indicate status of disease: Active Remission	
Page:	2	
	pility Benefits Questionnaire for sate Cancer	

3. Treatment				
Has the Veteran completed any treatment for prostate concer or is the				
Has the Veteran completed any treatment for prostate cancer or is the Veteran currently undergoing any treatment for prostate cancer?				
Yes No; watchful waiting				
If yes, indicate treatment type(s) (check all that apply):				
Treatment completed; currently in watchful waiting status				
Surgery				
Prostatectomy Radical prostatectomy				
Transurethral resection prostatectomy				
Other (describe)				
Other surgical procedure (describe):				
Date of surgery:				
Radiation therapy				
Date of completion of treatment or anticipated date of				
completion:				
Brachytherapy				
Date of treatment: Antineoplastic chemotherapy				
Date of completion of treatment or anticipated date of				
completion:				
Androgen deprivation therapy (hormonal therapy)				
Date of completion of treatment or anticipated date of				
completion:				
Other therapeutic procedure and/or treatment (describe):				
Date of procedure.				
Date of procedure: Date of completion of treatment or anticipated date of				
completion:				
Page: 3				
Disability Benefits Questionnaire for				
Prostate Cancer				
4. Voiding dysfunction				
Does the Veteran have a voiding dysfunction?				
Yes No				
If yes, provide etiology of voiding dysfunction:				
If the Veteran has a voiding dysfunction, complete the following questions:				
a. Does the voiding dysfunction cause urine leakage?				
Yes No				
Indicate severity (check one):				
Does not require the wearing of absorbent material				
Requires absorbent material which must be changed less than 2				
times per day				
Requires absorbent material which must be changed 2 to 4 times				
per day				
Requires absorbent material which must be changed more than 4				
times per day Other, describe:				
0001, 00001120.				
b. Does the voiding dysfunction require the use of an appliance?				

Yes No
If yes, describe the appliance:
<pre>c. Does the voiding dysfunction cause increased urinary frequency? Yes No</pre>
If yes, check all that apply: Daytime voiding interval between 2 and 3 hours Daytime voiding interval between 1 and 2 hours Daytime voiding interval less than 1 hour Nighttime awakening to void 2 times Nighttime awakening to void 3 to 4 times Nighttime awakening to void 5 or more times
Page: 4
Disability Benefits Questionnaire for Prostate Cancer
<pre>d. Does the voiding dysfunction cause signs or symptoms of obstructed voiding? Yes No</pre>
If yes, check all that apply: Hesitancy If checked, is hesitancy marked? Yes No Slow or weak stream If checked, is stream markedly slow or weak? Yes No Decreased force of stream If checked, is force of stream markedly decreased? Yes No Stricture disease requiring dilatation 1 to 2 times per year Stricture disease requiring periodic dilatation every 2 to 3
months Recurrent urinary tract infections secondary to obstruction Uroflowmetry peak flow rate less than 10 cc/sec Post void residuals greater than 150 cc Urinary retention requiring intermittent catheterization Urinary retention requiring continuous catheterization Other, describe:
Page: 5
Disability Benefits Questionnaire for Prostate Cancer
5. Urinary tract/kidney infection
Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections? Yes No
If yes, provide etiology:
If the Veteran has had recurrent symptomatic urinary tract or kidney

	ns, indicate all treatment modalities that apply:
	o treatment
	ong-term drug therapy f checked, list medications used and indicate dates for courses of
+	r checked, fist medications used and indicate dates for courses of
· ·	reatment over the past 12 months:
Ī	ospitalization
	f checked, indicate frequency of hospitalization:
	1 or 2 per year
_	> 2 per year
	> 2 per year rainage
	f checked, indicate dates when drainage performed over past 12
	onths:ontinuous intensive management
	f checked, indicate types of treatment and medications used
	ver past 12 months:
	ntermittent intensive management
	f checked, indicate types of treatment and medications used
	ver past 12 months:
	ther, describe:
_	
Page: 6	
Disabilit	y Benefits Questionnaire for
Prostate	Cancer
6. Erect	ile dysfunction
_	
a. Does	the Veteran have erectile dysfunction?
	-
	the Veteran have erectile dysfunction? No
Yes	No
Yes	-
Yes	No provide etiology:
Yes If yes, b. If the	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least
Yes If yes, b. If tha 50% pr	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1,
Yes If yes, b. If th a 50% princludir	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis?
Yes If yes, b. If th a 50% princludir	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1,
Yes If yes, b. If th a 50% pr includir Yes	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No
Yes If yes, b. If tha 50% princludir Yes If yes,	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely
Yes If yes, b. If tha 50% princludirYes If yes,	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No
Yes If yes, b. If tha 50% princludir Yes If yes, as not a	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable:
Yes If yes, b. If th a 50% pr includir Yes If yes, as not a	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection
Yes If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficients	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection not for penetration and ejaculation (without medication)?
Yes If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficients	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection
Yes If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient is a sufficien	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No
Yes If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient Yes If no, if	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration
Yes If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient Yes If no, if and ejace	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration relation (with medication)?
Yes If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient Yes If no, if and ejace	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration
Yes If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient is a sufficien	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration ulation (with medication)? No
Yes If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient is a sufficien	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration relation (with medication)?
Yes If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient is a sufficien	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration ulation (with medication)? No
Yes If yes, b. If the solution of the solution of the sufficient of the suffi	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration ulation (with medication)? No
If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient Yes If no, if and ejace Yes 7. Retro	provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration ulation (with medication)? No grade ejaculation the Veteran have retrograde ejaculation?
If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient Yes If no, if and ejace Yes 7. Retro	provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration ulation (with medication)? No grade ejaculation
Yes If yes, b. If the solution of the solution of the solution of the solution of the sufficient	provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration ulation (with medication)? No grade ejaculation the Veteran have retrograde ejaculation?
Yes If yes, b. If the solution of the solution of the solution of the solution of the sufficient of the sufficien	No provide etiology:
If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient Yes If no, in and ejace Yes 7. Retro a. Does Yes If yes,	No provide etiology:
If yes, b. If the a 50% princludir Yes If yes, as not a c. If the sufficient Yes If no, in and ejace Yes 7. Retro a. Does Yes If yes, b. If the	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration ulation (with medication)? No grade ejaculation the Veteran have retrograde ejaculation? No provide etiology of the retrograde ejaculation:
If yes, b. If the solution of	No provide etiology:
If yes, b. If the solution of the solution of the solution of the sufficient of the	No provide etiology: e Veteran has erectile dysfunction, is it as likely as not (at least obability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis? No specify the diagnosis to which the erectile dysfunction is as likely ttributable: e Veteran has erectile dysfunction, is he able to achieve an erection nt for penetration and ejaculation (without medication)? No s the Veteran able to achieve an erection sufficient for penetration ulation (with medication)? No grade ejaculation the Veteran have retrograde ejaculation? No provide etiology of the retrograde ejaculation: e Veteran has retrograde ejaculation, is it as likely as not (at 50% probability) attributable to one of the diagnoses in Section 1, g residuals of treatment for this diagnosis?
If yes, b. If the solution of the solution of the solution of the sufficient of the	No provide etiology:

If yes, specify the diagnosis to which the retrograde ejaculation is as likely as not attributable:
8. Residual conditions and/or complications
a. Does the Veteran have any other residual conditions and/or complications due to prostate cancer or treatment for prostate cancer? Yes No
If yes, describe:
Page: 7
Disability Benefits Questionnaire for Prostate Cancer
9. Other pertinent physical findings, complications, conditions, signs and/or symptoms
a. 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 the scars painful and/or unstable, or is the total area of all related scars greater than 39 square cm (6 square inches)? Yes No
If yes, also complete a Scars Questionnaire.
b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?Yes No
If yes, describe(brief summary):
10. Diagnostic testing
NOTE: If laboratory test results are in the medical record and reflect the Veteran's current condition, repeat testing is not required.
Are there any significant diagnostic test findings and/or results? Yes No
If yes, provide type of test or procedure, date and results (brief summary):
Page: 8
Disability Benefits Questionnaire for Prostate Cancer
11. Functional impact
Does the Veteran's prostate cancer impact his ability to work? Yes No
If yes, describe the impact of the Veteran's prostate cancer, providing one or more examples:

12. Remarks, if any:	
Physician signature:	 Date:
Physician printed name:	 Phone:
Medical license #:	 Fax:
Physician address:	

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