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Compensation and Pension Record Interchange (CAPRI)

Kidney Conditions (Nephrology)

Disability Benefits Questionnaire (DBQ)

Workflow

April 2011

Revision History

Date	Description (Patch # if applicable)	Author	Technical Writer
1/21/2011	Document created	M. Guthrie	N/A
4/1/2011	Revisions and corrections for patch 163	M. Guthrie	N/A

Table of Contents

Table of Figures and Tables

1 Introduction

1.1 Purpose

This document provides a high level overview of the contents found on the Kidney Conditions (Nephrology) 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 Kidney Conditions (Nephrology) DBQ provides the ability to capture information related to Kidney Conditions (Nephrology) 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

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NOTE:  VA may request additional medical information, including additional
examinations if necessary to complete VA's review of the Veteran's application.
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A number of fields on the Kidney Conditions (Nephrology) 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 Kidney Conditions (Nephrology) 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 – Kidney Conditions (Nephrology) – Name of patient/Veteran

Field/Question	Field Disposition	Valid Values	Format	Error Message
Kidney Conditions (Nephrology)	Enabled, Read-Only	N/A	N/A	N/A
Disability Benefits Questionnaire	Enabled, Read-Only	N/A	N/A	N/A
Name of patient/Veteran:	Enabled, Mandatory	N/A	Free Text	Please enter the name of the 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.	Enabled, Read-Only	N/A	N/A	N/A

Figure 3: Template Example: DBQ – Kidney Conditions (Nephrology) – Name of patient/Veteran

Figure 4: Print Example: DBQ – Kidney Conditions (Nephrology) – Name of patient/Veteran

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                    Kidney Conditions (Nephrology)
                    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/she ever been diagnosed with a kidney condition?" 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 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 – Kidney Conditions (Nephrology) – 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/she ever been diagnosed with a kidney condition?	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 a kidney condition?
If no, provide rationale (e.g. Veteran does not currently have any known kidney condition(s)):	If *Does the Veteran now have or has he/she ever been diagnosed with a kidney condition? = No*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please provide the rationale for indicating the Veteran has not been diagnosed with a kidney condition.
If yes, indicate diagnoses: (check all that apply)	If *Does the Veteran now have or has he/she ever been diagnosed with a kidney condition? = Yes;* Enabled, Mandatory, Choose one or more valid values. Else; Optional	[Diabetic nephropathy; Glomerulonephritis; Hydronephrosis; Interstitial nephritis; Kidney transplant; Nephrosclerosis; Nephrolithiasis; Renal artery stenosis; Ureterolithiasis; Neoplasm of the kidney; Other kidney condition(specify diagnosis, providing only diagnoses that pertain to kidney conditions.)]	N/A	Please select at least one diagnosis.

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Diabetic nephropathy*; Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Diabetic nephropathy*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Diabetic nephropathy.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Diabetic nephropathy*; Enabled, Mandatory	N/A	Free Text	Please enter the date of diagnosis for Diabetic nephropathy.
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Glomerulonephritis*; Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Glomerulonephritis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Glomerulonephritis.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Glomerulonephritis*; Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Glomerulonephritis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Glomerulonephritis.

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Hydronephrosis*; Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Hydronephrosis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Hydronephrosis.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Hydronephrosis*; Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Hydronephrosis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Hydronephrosis.
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Interstitial nephritis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Interstitial nephritis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Interstitial nephritis.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Interstitial nephritis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Interstitial nephritis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Interstitial nephritis.

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Kidney transplant;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Kidney transplant;* Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Kidney transplant.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Kidney transplant;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Kidney transplant;* Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Kidney transplant.
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Nephrosclerosis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Nephrosclerosis;* Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Nephrosclerosis.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Nephrosclerosis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Nephrosclerosis;* Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Nephrosclerosis.

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Nephrolithiasis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Nephrolithiasis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Nephrolithiasis.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Nephrolithiasis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Nephrolithiasis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Nephrolithiasis.
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Renal artery stenosis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Renal artery stenosis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Renal artery stenosis.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Renal artery stenosis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Renal artery stenosis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Renal artery stenosis.

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Ureterolithiasis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Ureterolithiasis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Ureterolithiasis.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Ureterolithiasis;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Ureterolithiasis*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Ureterolithiasis.
ICD Code:	If *Diagnosis = Yes and if Diagnosis includes Neoplasm of the kidney;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Neoplasm of the kidney*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Neoplasm of the kidney.
Date of Diagnosis:	If *Diagnosis = Yes and if Diagnosis includes Neoplasm of the kidney;* Enabled, Mandatory If *Diagnosis = No and if Diagnosis includes Neoplasm of the kidney*; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Neoplasm of the kidney.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Other diagnosis #1:	If *Diagnosis includes Other kidney condition*; Enabled; Mandatory Else; Disabled	N/A	N/A	Please enter a value in the 'Other diagnosis #1' field.
ICD code:	If *Other diagnosis #1 is populated*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the ICD code for other diagnosis #1.
Date of diagnosis:	If *Other diagnosis #1 is populated*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of other diagnosis #1.
Other diagnosis #2	If *Diagnosis includes Other kidney condition*; Enabled; Optional Else; Disabled	N/A	N/A	N/A
ICD code:	If *Other diagnosis #2 is populated*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the ICD code for other diagnosis #2.
Date of diagnosis:	If *Other diagnosis #2 is populated*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date diagnosis for other diagnosis #2.
If there are additional diagnoses that pertain to kidney conditions(s), list using above format:	Enabled, Optional	N/A	Free Text	N/A

Figure 5: Template Example: DBQ – Kidney Conditions (Nephrology) – 1. Diagnosis

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with a kidney condition?

○ Yes ◉ No

If no, provide rational (e.g., Vetern has never had any known kidney condition(s)):

[   ]

If yes, indicate diagnoses: (check all that apply)

☑ Diabetic nephropathy   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Glomerulonephritis   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Hydronephrosis   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Interstitial nephritis   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Kidney transplant   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Nephrosclerosis   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Nephrolithiasis   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Renal artery stenosis   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Ureterolithiasis   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Neoplasm of the kidney   ICD Code: [   ]   Date of Diagnosis: [   ]

☑ Other kidney condition (specify diagnosis, providing only diagnoses that pertain to kidney conditions.)

     Other diagnosis #1: [   ]

     ICD code: [   ]

     Date of diagnosis: [   ]

     Other diagnosis #2: [   ]

     ICD code: [   ]

     Date of diagnosis: [   ]

If there are additional diagnoses that pertain to kidney condition(s) of the Veteran's current kidney conditions, list using above format:

[   ]

Figure 6: Print Example: DBQ – Kidney Conditions (Nephrology) – 1. Diagnosis

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1. Diagnosis
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Does the Veteran now have or has he/she ever been diagnosed with a kidney
condition? [X] Yes   [ ] No

If no, provide rationale (e.g., Veteran has never had any known kidney
condition(s)):

If yes, indicate diagnoses: (check all that apply)
   [ ] Diabetic nephropathy
         ICD Code:           Date of Diagnosis:
   [X] Glomerulonephritis
         ICD Code:           Date of Diagnosis:
   [ ] Hydronephrosis
         ICD Code:           Date of Diagnosis:
   [ ] Interstitial nephritis
         ICD Code:           Date of Diagnosis:
   [ ] Kidney transplant
         ICD Code:           Date of Diagnosis:
   [ ] Nephrosclerosis
         ICD Code:           Date of Diagnosis:
   [ ] Nephrolithiasis
         ICD Code:           Date of Diagnosis:
   [ ] Renal artery stenosis
         ICD Code:           Date of Diagnosis:
   [ ] Ureterolithiasis
         ICD Code:           Date of Diagnosis:
   [ ] Neoplasm of the kidney
         ICD Code:           Date of Diagnosis:
   [X] Other kidney condition (specify diagnosis, providing only diagnoses
       that pertain to kidney conditions.)

       Other diagnosis #1:
         ICD code:
         Date of diagnosis:

       Other diagnosis #2:  a
         ICD code:
         Date of diagnosis:

       If there are additional diagnoses that pertain to kidney conditions,
         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: DBQ – Kidney Conditions (Nephrology) – 2. Medical History

Field/Question	Field Disposition	Valid Values	Format	Error Message
2.Medical History	Enabled; Read Only	N/A	N/A	N/A
Describe the history (including cause, onset and course) of the Veteran's kidney condition:	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please describe the history (including onset and course) of the Veteran's kidney condition.

Figure 7: Template Example: DBQ – Kidney Conditions (Nephrology) – 2. Medical History

Figure 8: Print Example: DBQ – Kidney Conditions (Nephrology) – 2. Medical History

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2. Medical history
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Describe the history (including cause, onset and course) of the Veteran's
   kidney condition:
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2.4   **Section 3. Renal dysfunction**

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 4: Rules: DBQ – Kidney Conditions (Nephrology) – 3. Renal dysfunction

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>3.Renal dysfunction</u>	Enabled; Read Only	N/A	N/A	N/A
a. Does the Veteran have renal dysfunction?	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have renal dysfunction?
If yes, does the Veteran require regular dialysis?	If *Does the Veteran have real dysfunction? = Yes*; Enabled; Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not the Veteran requires regular dialysis.
b. Does the Veteran have any signs or symptoms due to renal dysfunction?	If *Does the Veteran have renal dysfunction? = Yes*; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have any signs or symptoms due to renal dysfunction?
If yes, check all that apply:	If *Does the Veteran have renal dysfunction? = Yes;* Enabled; Optional; If *Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes;* Enabled; Mandatory; Choose one or more valid values Else; Disabled	[Proteinuria (albuminuria); Edema (due to renal dysfunction); Anorexia (due to renal dysfunction); Weight loss (due to renal dysfunction); Generalized poor health due to renal dysfunction; Lethargy due to renal dysfunction; Weakness due to renal dysfunction; Limitation of exertion due to renal dysfunction; Able to perform only sedentary activity, due to persistent edema caused by renal dysfunction; Markedly decreased function other organ systems, especially the cardiovascular system, caused by renal dysfunction]	N/A	Please select all applicable renal dysfunction related signs or symptoms.
If checked, indicate frequency: (check all that	If *Does the Veteran have any signs or symptoms due to renal dysfunction? =*	[Recurring; Constant; Persistent]	N/A	Please indicate the frequency of Proteinuria (albuminuria).

apply)	*Yes* and if *Renal dysfunction signs or symptoms include Proteinuria (albuminuria);* Enabled; Mandatory; If *Does the Veteran have any signs or symptoms due to renal dysfunction? Is not populated* and if *Renal dysfunction signs or symptoms include Proteinuria (albuminuria);*Enabled; Optional; Choose one or more valid values Else; Disabled			
If checked, indicate frequency: (check all that apply)	If *Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes* and if *Renal dysfunction signs or symptoms include Edema (due to renal dysfunction);* Enabled; Mandatory; If *Does the Veteran have any signs or symptoms due to renal dysfunction? is not populated* and if *Renal dysfunction signs or symptoms include Edema (due to renal dysfunction);* Enabled; Optional; Choose one or more valid values Else; Disabled	[Some; Transient; Slight; Persistent]	N/A	Please indicate the frequency of edema (due to renal dysfunction).
If checked, provide baseline weight (average weight for 2-year period preceding onset of disease):	If *Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes* and if *Renal dysfunction signs or symptoms include Weight loss (due to*	N/A	Free Text	Please provide the baseline weight.

	renal dysfunction); Enabled; Mandatory; If *Does the Veteran have any signs or symptoms due to renal dysfunction? Is not populated* and if *Renal dysfunction signs or symptoms include Weight loss (due to renal dysfunction);* Enabled; Optional; Choose one or more valid values Else; Disabled			
Provide current weight:	If *Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes* and if *Renal dysfunction signs or symptoms include Weight loss (due to renal dysfunction);* Enabled; Mandatory; If *Does the Veteran have any signs or symptoms due to renal dysfunction? is not populated* and if *Renal dysfunction signs or symptoms include Weight loss (due to renal dysfunction);* Enabled; Optional; Choose one or more valid values Else; Disabled	N/A	Free Text	Please provide the current weight.
If checked, describe:	If *Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes* and if *Renal dysfunction signs or symptoms include Markedly decreased function other organ systems, especially*	N/A	Free Text	Please describe the decreased function of other organ systems caused by renal dysfunction.

	the cardiovascular system, caused by renal dysfunction; Enabled; Mandatory; If *Does the Veteran have any signs or symptoms due to renal dysfunction? is not populated* and if *Renal dysfunction signs or symptoms include Markedly decreased function other organ systems, especially the cardiovascular system, caused by renal dysfunction;* Enabled; Optional; Choose one or more valid values Else; Disabled			
c. Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition?	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section* and *Does the Veteran have renal dysfunction = 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 hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition?
If yes, also complete the Hypertension and/or Heart Disease Questionnaire as appropriate.	If *Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition? = Yes;* Enabled; Read-Only Else; Disabled	N/A	N/A	N/A

Figure 9: Template Example: DBQ – Kidney Conditions (Nephrology) – 3. Renal dysfunction

<u>3. Renal dysfunction</u>

a. Does the Veteran have renal dysfunction?
◉ Yes ○ No

If yes, does the Veteran require regular dialysis?
○ Yes ○ No

b. Does the Veteran have any signs or symptoms due to renal dysfunction?
◉ Yes ○ No

If yes, check all that apply:
   ☑ Proteinuria (albuminuria)
   If checked, indicater frequency: (check all that apply)
       ☐ Recurring ☐ Constant ☐ Persistent
   ☑ Edema (due to renal dysfunction)
   If checked, indicate frequency: (check all that apply)
       ☐ Some   ☐ Transient ☐ Slight   ☐ Persistent
   ☐ Anorexia (due to renal dysfunction)
   ☑ Weight loss (due to renal dysfunction)

   If checked, provide baseline weight (average weight for 2-year period preceding onset of disease): ▭
Provide current weight: ▭

   ☐ Generalized poor health due to renal dysfunction
   ☐ Lethargy due to renal dysfunction
   ☐ Weakness due to renal dysfunction
   ☐ Limitation of exertion due to renal dysfunction
   ☐ Able to perform only sedentary activity, due to persistent edema caused by renal dysfunction
   ☑ Markedly decreased function other organ systems, especially the cardiovascular system, caused by renal dysfunction
      If checked, describe: ▭

c. Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition?
◉ Yes ○ No

If yes, also complete the Hypertension and/or Heart Disease Questionnaire as appropriate.

Figure 10: Print Example: DBQ – Kidney Conditions (Nephrology) – 3. Renal dysfunction

```
3. Renal dysfunction
--------------------
a. Does the Veteran have renal dysfunction?
   [X] Yes   [ ] No

        If yes, does the Veteran require regular dialysis?
           [X] Yes   [ ] No

b. Does the Veteran have any signs or symptoms due to renal dysfunction?
   [X] Yes   [ ] No

        If yes, check all that apply:
           [ ] Proteinuria (albuminuria)
              If checked, indicate frequency: (check all that apply)
                 [ ] Recurring   [ ] Constant   [ ] Persistent
           [ ] Edema (due to renal dysfunction)
              If checked, indicate frequency: (check all that apply)
                 [ ] Some   [ ] Transient   [ ] Slight   [ ] Persistent
           [ ] Anorexia (due to renal dysfunction)
           [ ] Weight loss (due to renal dysfunction)
              If checked, provide baseline weight (average weight for 2-year
                 period preceding onset of disease):
              Provide current weight:
```

```
                [ ] Generalized poor health due to renal dysfunction
                [ ] Lethargy due to renal dysfunction
                [ ] Weakness due to renal dysfunction
                [ ] Limitation of exertion due to renal dysfunction
                [X] Able to perform only sedentary activity, due to persistent
                    edema caused by renal dysfunction
                [X] Markedly decreased function other organ systems, especially
                    the cardiovascular system, caused by renal dysfunction
                    If checked, describe:

      c. Does the Veteran have hypertension and/or heart disease due to renal
         dysfunction or caused by any kidney condition?
         [X] Yes   [ ] No

         If yes, also complete the Hypertension and/or Heart Disease Questionnaire
         as appropriate.
```

2.5 Section 4. Urolithiasis

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 5: Rules: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis

Field/Question	Field Disposition	Valid Values	Format	Error Message
4. Urolithiasis	Enabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran have kidney, ureteral or bladder calculi?	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have kidney, ureteral or bladder calculi?
If yes, indicate location (check all that apply)	If *Does the Veteran have kidney, ureteral or bladder calculi? = Yes;* Enabled; Mandatory, Choose one or more valid values Else; Disabled	[Kidney; Ureter; Bladder]	N/A	Please select all locations where calculi are found.
If the Veteran has urolithiasis, complete the following:	If *Does the Veteran have kidney, ureteral or bladder calculi? = Yes;* Enabled; Read-Only Else; Disabled	N/A	N/A	N/A
b. Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder?	If *Does the Veteran have kidney, ureteral or bladder calculi? = Yes;* Enabled; Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder?
If yes, indicate treatment: (check all that apply)	If *Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder? = Yes;* Enabled; Mandatory; Choose one or more valid values Else; Disabled	[Diet therapy; Drug therapy; Invasive or non-invasive procedures]	N/A	Please select at least one treatment for recurrent stone formation in the kidney, ureter or bladder.
If checked, specify diet and dates of use:	If treatment includes *Diet therapy;* Enabled; Mandatory Else; Disabled	N/A	Free Text	Please specify the diet and dates of use.
If checked, list medication and dates of use:	If treatment includes *Drug therapy;* Enabled; Mandatory Else; Disabled	N/A	Free Text	Please list the medication and dates of use.

Field/Question	Field Disposition	Valid Values	Format	Error Message
If checked, indicate average number of times per year invasive or non-invasive procedures were required:	If treatment includes *Invasive or non-invasive procedures;* Enabled; Mandatory; Choose one valid value Else; Disabled	[0 to 1 per year; 2 per year; >2 per year]	N/A	Please indicate the average number of times per year invasive or non-invasive procedures were required for treatment of urolithiasis.
Date and facility of most recent invasive or non-invasive procedure:	If treatment includes *Invasive or non-invasive procedures;* Enabled; Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent invasive or non-invasive procedure for treatment of urolithiasis, and the facility where it was performed.
c. Does the Veteran have signs or symptoms due to urolithiasis?	If *Diagnosis = 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 signs or symptoms due to urolithiasis?
If yes, indicate severity (check all that apply):	If *Does the Veteran have signs or symptoms due to urolithiasis? = Yes;* Enabled; Mandatory; Choose one or more valid values Else; Disabled	[No symptoms or attacks of colic; Occasional attacks of colic; Frequent attacks of colic; Causing voiding dysfunction; Requires catheter drainage; Causing infection (pyonephrosis); Causing hydronephrosis; Causing impaired kidney function; Other, describe:]	N/A	Please check one or more signs or symptoms due to urolithiasis.
Other, describe:	If severity includes *Other;* Enabled; Mandatory Else; Disabled	N/A	Free Text	Please describe the other signs or symptoms due to urolithiasis.

Figure 11: Template Example: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis

<u>4. Urolithiasis</u>

a. Does the Veteran have kidney, ureteral or bladder calculi?
⦿ Yes ○ No

If yes, indicate location (check all that apply)

☐ Kidney ☐ Ureter ☐ Bladder

If the Veteran has urolithiasis, complete the following:

b. Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder?
⦿ Yes ○ No

If yes, indicate treatment (check all that apply)

☑ Diet therapy
　　If checked, specify diet and dates of use: [_____]

☑ Drug therapy
　　If checked, list medication and dates of use: [_____]

☑ Invasive or non-invasive procedures
　　If checked, indicate average number of times per year invasive or non-invasive procedures were required.
　　☐ 0 to 1 per year ☐ 2 per year ☐ > 2 per year
　　Date and facility of most recent invasive or non-invasive procedure: [_____]

c. Does the Veteran have signs or symptoms due to urolithiasis?
○ Yes ○ No

If yes, indicate severity (check all that apply)
☐ No symptoms of attacks of colic
☐ Occasional attacks of colic
☐ Frequent attacks of colic
☐ Causing voiding dysfunction
☐ Requires catheter drainage
☐ Causing infection (pyonephrosis)
☐ Causing hydronephrosis
☐ Causing impaired kidney function
☑ Other, describe: [_____]

Figure 12: Print Example: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis

```
4. Urolithiasis
   ---------------
   a. Does the Veteran have kidney, ureteral or bladder calculi?
      [ ] Yes   [ ] No

           If yes, indicate location (check all that apply)
              [ ] Kidney   [ ] Ureter   [ ] Bladder

   If the Veteran has urolithiasis, complete the following:

   b. Has the Veteran had treatment for recurrent stone formation in the
      kidney, ureter or bladder?
      [ ] Yes   [ ] No

      If yes, indicate treatment (check all that apply)
             [ ] Diet therapy
                 If checked, specify diet and dates of use:
             [ ] Drug therapy
                 If checked, list medication and dates of use:
             [ ] Invasive or non-invasive procedures:
```

```
                          If checked, indicate average number of times per year invasive
                          or non-invasive procedures were required:
                            [ ] 0 to 1 per year   [ ] 2 per year   [ ] > 2 per year
                          Date and facility of most recent invasive or non-invasive
                            procedure:

     c. Does the Veteran have signs or symptoms due to urolithiasis?
        [ ] Yes   [ ] No

           If yes, indicate severity (check all that apply)
               [ ] No symptoms or attacks of colic
               [ ] Occasional attacks of colic
               [ ] Frequent attacks of colic
               [ ] Causing voiding dysfunction
               [ ] Requires catheter drainage
               [ ] Causing infection (pyonephrosis)
               [ ] Causing hydronephrosis
               [ ] Causing impaired kidney function
               [ ] Other, describe:
```

2.6 **Section 5. Urinary tract/kidney infection**

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 6: Rules: DBQ – Kidney Conditions (Nephrology) – 5. Urinary tract/kidney infection

Field/Question	Field Disposition	Valid Values	Format	Error Message
5. Urinary tract/kidney infection	Enabled; Read-Only	N/A	N/A	N/A
Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections?	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections?
If yes, provide etiology:	If *Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections?= Yes;* Enabled; Mandatory Else; Disabled	N/A	Free Text	Please provide the etiology of the recurrent symptomatic urinary tract or kidney infections.
If the Veteran has had recurrent symptomatic urinary tract or kidney infections, indicate all treatment modalities that apply:	If *Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections?= Yes;* Enabled; Mandatory; Choose one or more valid values Else; Disabled	[No treatment; OR Long-term drug therapy; Hospitalization; Drainage; Continuous intensive management; Intermittent intensive management; Other]	N/A	Please check one or more boxes to indicate applicable treatment modalities for recurrent symptomatic urinary tract or kidney infections.
If checked, list medications used and indicate dates for courses of treatment over the past 12 months:	If treatment modalities include *Long-term drug therapy;* Enabled; Mandatory Else Disabled	N/A	Free Text	Please list medications used for urinary tract or kidney infections and their treatment dates over the past 12 months.
If checked, indicate frequency of hospitalization:	If treatment modalities include *Hospitalization;* Enabled; Mandatory Else Disabled	[1 or 2 per year; >2 per year]	N/A	Please indicate the frequency of hospitalization.
If checked, indicate dates when drainage performed over past 12 months:	If treatment modalities include *Drainage;* Enabled; Mandatory Else Disabled	N/A	Free Text	Please indicate the dates that drainage was performed over the past 12 months.
If checked, indicate types of treatments and medications used over past 12 months:	If treatment modalities include *Continuous intensive management;* Enabled; Mandatory	N/A	Free Text	Please describe the types of treatment and medications for

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

Figure 13: Template Example: DBQ – Kidney Conditions (Nephrology) – 5. Urinary tract/kidney infection

Figure 14: Print Example: DBQ – Kidney Conditions (Nephrology) – 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 courses
                  for 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:
           [ ] 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:
```

2.7   Section 6. Kidney transplant or removal

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 7: Rules: DBQ – Kidney Conditions (Nephrology) – 6. Kidney transplant or removal

Field/Question	Field Disposition	Valid Values	Format	Error Message
6. Kidney transplant or removal	Enabled, Read-Only	N/A	N/A	N/A
a. Has the Veteran had a kidney removed?	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Has the Veteran had a kidney removed?
If yes, provide reason:	If *Has the Veteran had a kidney removed? = Yes;* Enabled; Mandatory Else; Disabled	[Kidney donation; Due to disease; Due to trauma or injury; Other, describe:]	N/A	Please provide the reason a kidney was removed.
Other, describe:	If *Reason = Other;* Enabled; Mandatory	N/A	Free Text	Please describe the other reason a kidney was removed.
b. Has the Veteran had a kidney transplant?	If *Diagnosis = Yes*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Has the Veteran had a kidney transplant?
If yes, date of admission:	If *Has the Veteran had a kidney transplant? = Yes;* Enabled; Mandatory Else; Disabled	N/A	Free Text	Please enter the date of admission of the kidney transplant.
Date of discharge:	If *Has the Veteran had a kidney transplant? = Yes;* Enabled; Mandatory Else; Disabled	N/A	Free Text	Please enter the date of discharge of the kidney transplant.

Figure 15: Template Example: DBQ – Kidney Conditions (Nephrology) – 6. Kidney transplant or removal

Figure 16: Print Example: DBQ – Kidney Conditions (Nephrology) – 6. Kidney transplant or removal

```
6. Kidney transplant or removal
-------------------------------
a. Has the Veteran had a kidney removed?
   [ ] Yes   [ ] No

       If yes, provide reason:
          [ ] Kidney donation
          [ ] Due to disease
          [ ] Due to trauma or injury
          [ ] Other, describe:

b. Has the Veteran had a kidney transplant?
   [ ] Yes   [ ] No

       If yes, date of admission:
       Date of discharge:
```

2.8   Section 7. Tumors and Neoplasms

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 8: Rules: DBQ – Kidney Conditions (Nephrology) – 7. Tumors and Neoplasms

Field/Question	Field Disposition	Valid Values	Format	Error Message
7. Tumors and Neoplasms	Enabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?
If yes, complete the following:	If *Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes;* Enabled; Read-Only Else; Disabled	N/A	N/A	N/A
b. Is the neoplasm	If *Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes;* Enabled; Mandatory, Choose one valid value Else; Disabled	[Benign; Malignant]	N/A	Please indicate whether the neoplasm is benign or malignant.
c. Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases?	If *Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes;* Enabled; Mandatory, Choose one valid value Else; Disabled	[Yes; No, watchful waiting]	N/A	Please provide an answer to the question: Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases?
If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply):	If *Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases? = Yes;* Enabled, Mandatory, Choose one or more valid values	[Treatment completed; currently in watchful waiting status; Surgery; Radiation therapy;	N/A	Please indicate all applicable treatment types for a benign or malignant neoplasm or metastases that the Veteran either is

		Antineoplastic chemotherapy; Other therapeutic procedure; Other therapeutic treatment]		undergoing or has completed.
If checked, describe:	If treatments include *Surgery;* Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the surgery.
Date(s) of surgery:	If treatments include *Surgery;* Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date(s) of surgery.
Date of most recent treatment:	If treatments include *Radiation therapy*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent radiation therapy treatment.
Date of completion of treatment or anticipated date of completion:	If treatments include *Radiation therapy*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date (actual or anticipated) of completion of the radiation therapy treatment.
Date of most recent treatment:	If treatments include *Antineoplastic chemotherapy*; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent antineoplastic chemotherapy 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 date (actual or anticipated) of the most recent antineoplastic chemotherapy treatment.
If checked, describe procedure:	If treatments include *Other therapeutic procedure;* Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other therapeutic procedure.
Date of most recent procedure:	If treatments include *Other therapeutic procedure;* Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent other therapeutic procedure.
If checked, describe treatment:	If treatments include *Other therapeutic treatment;* Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other therapeutic treatment.

Date of completion of treatment or anticipated date of completion:	If treatments include *Other therapeutic treatment;* Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date (actual or anticipated) of completion of the other therapeutic treatment.
d. Does the Veteran currently have any residual conditions or complications due to the neoplasm (including metastases) or its treatment other than those already documented in the report above?	If *Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes;* Enabled; Mandatory, Choose one valid value Else; Disabled	[Yes; No]		Please indicate whether or not the Veteran has any residual conditions or complications due to the neoplasm (including metastases) or its treatment other than those already documented.
If yes, list residual conditions and complications (brief summary):	If *previous question = Yes;* Enabled, Mandatory Else; Disabled	N/A	Free Text	Please list the residual conditions and complications due to the neoplasm (including metastases) or its treatment.
e. If there are additional benign or malignant neoplasms or metastases related to any of the diagnoses in the Diagnosis section, describe using the above format:	If *Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes;* Enabled; Optional Else; Disabled	N/A	Free Text	N/A

Figure 17: Template Example: DBQ – Kidney Conditions (Nephrology) – 7. Tumors and Neoplasms

7. Tumors and neoplasms

a. Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?
◉ Yes ○ No

If yes, complete the following:

b. Is the neoplasm
○ Benign ○ Malignant

c. Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases?
◉ Yes ○ No; watchful waiting

  If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply):
  ☐ Treatment completed; currently in watchful waiting status
  ☑ Surgery
      If checked, describe: [   ]

      Date(s) of surgery: [   ]

  ☑ Radiation therapy
      Date of most recent treatment: [   ]

      Date of completion of treatment or anticipated date of completion: [   ]

  ☑ Antineoplastic chemotherapy
      Date of most recent treatment: [   ]

      Date of completion of treatment or anticipated date of completion: [   ]

  ☑ Other therapeutic procedure
      If checked, describe treatment: [   ]

      Date of completion of treatment or anticipated date of completion: [   ]
  ☑ Other therapeutic treatment
      If checked, describe treatment: [   ]

      Date of completion of treatment or anticipated date of completion: [   ]

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

◉ Yes ○ No

If yes, list residual conditions and complications (brief summary): [   ]

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

Figure 18: Print Example: DBQ – Kidney Conditions (Nephrology) – 7. Tumors and Neoplasms

```
7. Tumors and neoplasms
   ----------------------
a. Does the Veteran have a benign or malignant neoplasm or metastases
   related to any of the diagnoses in the Diagnosis section?
   [ ] Yes   [ ] No

If yes, complete the following:
```

```
       b. Is the neoplasm
          [ ] Benign   [ ] Malignant

       c. Has the Veteran completed treatment or is the Veteran currently
          undergoing treatment for a benign or malignant neoplasm or metastases?
          [ ] Yes   [ ] No; watchful waiting

          If yes, indicate type of treatment the Veteran is currently undergoing or
          has completed (check all that apply):
             [ ] Treatment completed; currently in watchful waiting status
             [ ] Surgery
                 If checked, describe:
                 Date(s) of surgery:
             [ ] Radiation therapy
                 Date of most recent treatment:
                 Date of completion of treatment or anticipated date of completion:

             [ ] Antineoplastic chemotherapy
                 Date of most recent treatment:
                 Date of completion of treatment or anticipated date of completion:

             [ ] Other therapeutic procedure
                 If checked, describe procedure:
                 Date of most recent procedure:
             [ ] Other therapeutic treatment
                 If checked, describe treatment:
                 Date of completion of treatment or anticipated date of completion:


       d. Does the Veteran currently have any residual conditions or complications
          due to the neoplasm (including metastases) or its treatment, other than those
          already documented in the report above?
          [ ] Yes   [ ] No

             If yes, list residual conditions and complications (brief summary):

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

2.9 **Section 8. Other pertinent physical findings, complications, signs and/or symptoms**

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

Table 9: Rules: DBQ – Kidney Conditions (Nephrology) – 8. Other pertinent physical findings, complications, signs and/or symptoms

Field/Question	Field Disposition	Valid Values	Format	Error Message
8. Other pertinent physical findings, complications, 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 *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; 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 *previous question = Yes*; Enabled, Mandatory, Choose one valid value Else; Disabled	[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 inches).
If yes, also complete a Scars Questionnaire.	If *previous question = Yes;* Enabled, Read-Only Else; Disabled	N/A	N/A	N/A
b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; 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 and/or symptoms?= Yes;* Enabled; Mandatory Else; Disabled	N/A	Free Text	Please describe any other pertinent physical findings, complications, conditions, signs or symptoms.

Figure 19: Template Example: DBQ – Kidney Conditions (Nephrology) – 8. Other pertinent physical findings, complications, signs and/or symptoms

8. 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 for each scar.

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

If yes, describe (brief summary):

Figure 20: Print Example: DBQ – Kidney Conditions (Nephrology) – 8. Other pertinent physical findings, complications, signs and/or symptoms

```
8. 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):
```

2.10 Section 9. Diagnostic testing

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

Table 10: Rules: DBQ – Kidney Conditions (Nephrology) – 9. Diagnostic testing

Field/Question	Field Disposition	Valid Values	Format	Error Message
9. 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 renal function, repeat testing is not required.	Enabled; Read-Only	N/A	N/A	N/A
a. Has the Veteran had laboratory or other diagnostic studies performed?	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Has the Veteran had laboratory or other diagnostic studies performed?
If yes, provide most recent results, if available:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes;* Enabled; Read-Only Else; Disabled	N/A	N/A	N/A
b. Laboratory studies	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes;* Enabled; Optional; Choose one or more valid values. Else; Enabled, Optional	[BUN; Creatinine; EGFR]	N/A	N/A
BUN: Date:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes* and If *Laboratory studies include BUN;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No* and If *Laboratory studies include BUN;* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the date of the BUN laboratory study.
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes* and If *Laboratory studies include BUN;* Enabled; Mandatory	N/A	Free Text	Please enter the result of the BUN laboratory study.

	If *Has the Veteran had laboratory or other diagnostic studies performed?* = *No* and If *Laboratory studies include BUN;* Enabled; Optional Else; Disabled			
Creatinine: Date:	If *Has the Veteran had laboratory or other diagnostic studies performed?* = *Yes* and If *Laboratory studies include Creatinine;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed?* = *No* and If *Laboratory studies include Creatinine;* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the date of the creatinine laboratory study.
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed?* = *Yes* and If *Laboratory studies include Creatinine;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed?* = *No* and If *Laboratory studies include Creatinine;* Enabled; Optional	N/A	Free Text	Please enter the result of the creatinine laboratory study.
EGFR: Date:	If *Has the Veteran had laboratory or other diagnostic studies performed?* = *Yes* and If *Laboratory studies include EGFR;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed?* = *No* and If	N/A	Free Text	Please enter the date of the EGFR laboratory study.

	Laboratory studies include EGFR; Enabled; Optional Else; Disabled			
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes* and If *Laboratory studies include EGFR;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No* and If *Laboratory studies include EGFR;* Enabled; Optional	N/A	Free Text	Please enter the result of the EGFR laboratory study.
c. Urinalysis:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes;* Enabled; Optional; Choose one or more valid values Else; Enabled, Optional	[Hyaline casts; Granular casts; RBC's/HPF; Protein (albumin); Spot urine for protein/creatinine ratio; 24 hour protein (albumin)]	Free Text	N/A
Hyaline casts: Date	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes* and If *Urinalysis includes Hyaline casts;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No* and If *Urinalysis includes Hyaline casts;* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the date of the hyaline casts urinalysis.
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes* and If *Urinalysis includes Hyaline casts;* Enabled; Mandatory	N/A	Free Text	Please enter the result of the hyaline casts urinalysis.

	If *Has the Veteran had laboratory or other diagnostic studies performed? = No and* If *Urinalysis includes Hyaline casts;* Enabled; Optional			
Granular casts: Date:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and* If *Urinalysis includes Granular casts;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No and* If *Urinalysis includes Granular casts;* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the date of the granular casts urinalysis.
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and* If *Urinalysis includes Granular casts;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No and* If *Urinalysis includes Granular casts;* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the results of the granular casts urinalysis.
RBC's/HPF: Date:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and* If *Urinalysis includes RBC's/HPF;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies*	N/A	Free Text	Please enter the date of the RBC's/HPF urinalysis.

	performed? = No and If *Urinalysis includes RBC's/HPF;* Enabled; Optional Else; Disabled			
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and* If *Urinalysis includes RBC's/HPF;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No and* If *Urinalysis includes RBC's/HPF;* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the result of the RBC's/HPF urinalysis.
Protein (albumin): Date:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and* If *Urinalysis includes Protein (albumin);* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No and* If *Urinalysis includes Protein (albumin);* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the date of the protein (albumin) urinalysis.
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and* If *Urinalysis includes Protein (albumin);* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No and* If *Urinalysis includes Protein*	N/A	Free Text	Please enter the result of the protein (albumin) urinalysis.

	(albumin); Enabled; Optional Else; Disabled			
Spot urine for protein/creatinine ratio: Date:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Spot urine for protein/creatinine ratio ;*Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Spot urine for protein/creatinine ratio;* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the date of spot urine for protein/creatinine ratio urinalysis.
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Spot urine for protein/creatinine ratio;* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Spot urine for protein/creatinine ratio;* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the result of spot urine for protein/creatinine ratio urinalysis.
24 hour protein (albumin): Date:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes 24 hour protein (albumin);* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes 24 hour protein (albumin);*	N/A	Free Text	Please enter the date of the 24 hour protein (albumin) urinalysis.

	Enabled; Optional Else; Disabled			
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and* If *Urinalysis includes 24 hour protein (albumin);* Enabled; Mandatory If *Has the Veteran had laboratory or other diagnostic studies performed? = No and* If *Urinalysis includes 24 hour protein (albumin);* Enabled; Optional Else; Disabled	N/A	Free Text	Please enter the result of the 24 hour protein (albumin) urinalysis.
d. Urine microalbumin: Date:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and Urine microalbumin result is populated;* Enabled; Mandatory Else; Enabled; Optional	N/A	Free Text	Please enter the date of the urine microalbumin test.
Result:	If *Has the Veteran had laboratory or other diagnostic studies performed? = Yes and Urine microalbumin date is populated;* Enabled; Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the result of the urine microalbumin test.
e. Are there any other significant diagnostic test findings and/or results?	If *Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section*; Enabled; Mandatory; Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Are there any other significant diagnostic test findings and/or results?
If yes, provide type of test or procedure, date and results (brief summary):	If *Are there any other significant diagnostic test findings and/or results? = Yes;* Enabled; Mandatory Else; Disabled	N/A	Free Text	Please provide the type of test or procedure, date and results.

Figure 21: Template Example: DBQ – Kidney Conditions (Nephrology) – 9. Diagnostic testing

<u>9. Diagnostic testing</u>

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

a. Has the Veteran had laboratory or other diagnostic studies performed?

⦿ Yes ○ No

   If yes, provide most recent results, if available:

b. Laboratory studies

   ☑ BUN: Date: [＿＿＿＿]   Result: [＿＿＿＿]

   ☑ Creatinine: Date: [＿＿＿＿]   Result: [＿＿＿＿]

   ☑ EGFR   Date: [＿＿＿＿]   Result: [＿＿＿＿]

c. Urinalysis:

   ☑ Hyaline casts: Date: [＿＿＿＿]   Result: [＿＿＿＿]

   ☑ Granular casts: Date: [＿＿＿＿]   Result: [＿＿＿＿]

   ☑ RBC's/HPF: Date: [＿＿＿＿]   Result: [＿＿＿＿]

   ☑ Protein (albumin): Date: [＿＿＿＿]   Result: [＿＿＿＿]

   ☑ Spot urine for protein/creatinine ratio: Date: [＿＿＿＿]

                Result: [＿＿＿＿]

   ☑ 24 hour protein (albumin): Date: [＿＿＿＿]   Result: [＿＿＿＿]

d. Urine microalbumin: Date: [＿＿]   Result: [＿＿＿＿]

e. Are there any other significant diagnostic test findings and/or results?

⦿ Yes ○ No

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

Figure 22: Print Example: DBQ – Kidney Conditions (Nephrology) – 9. Diagnostic testing

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

a. Has the Veteran had laboratory or other diagnostic studies performed?
   [ ] Yes   [ ] No

If yes, provide most recent results, if available:

b. Laboratory studies
   [ ] BUN:              Date:                Result:
   [ ] Creatinine:       Date:                Result:
   [ ] EGFR:             Date:                Result:

c. Urinalysis:
   [ ] Hyaline casts:    Date:                Result:
   [ ] Granular casts:   Date:                Result:
   [ ] RBC's/HPF:        Date:                Result:
   [ ] Protein (albumin):  Date:              Result:
   [ ] Spot urine for protein/creatinine ratio:
                         Date:                Result:
   [ ] 24 hour protein (albumin):
                         Date:                Result:
```

```
       d. Urine microalbumin:       Date:                        Result:

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

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

2.11 **Section 10. Functional impact**

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

Table 11: Rules: DBQ – Kidney Conditions (Nephrology) – 10. Functional impact

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>10. Functional impact</u>	Enabled; Read-Only	N/A	N/A	N/A
Does the Veteran's kidney condition(s), including neoplasms, if any, impact his or her ability to work?	If *Diagnosis = Yes* and *at least one diagnosis is selected in the Diagnosis section*; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran's kidney condition(s), including neoplasms, if any, impact his or her ability to work.
If yes, describe impact of each of the Veteran's kidney conditions, providing one or more examples:	If *Does the Veteran's kidney condition(s) impact his or her ability to work? = Yes*; Enabled; Mandatory	N/A	Free Text	Please describe the impact of each of the Veteran's kidney condition(s) (including neoplasms, if any) on his or her ability to work, providing one or more examples.

Figure 23: Template Example: DBQ – Kidney Conditions (Nephrology) – 10. Functional impact

Figure 24: Print Example: DBQ – Kidney Conditions (Nephrology) – 10. Functional impact

```
10. Functional impact
---------------------
Does the Veteran's kidney condition(s), including neoplasms, if any, impact
his or her ability to work?
   [X] Yes   [ ] No

       If yes, describe impact of each of the Veteran's kidney conditions,
       providing one or more examples:
```

2.12 Section 11. Remarks, if any

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

Table 12: Rules: DBQ – Kidney Conditions (Nephrology) – 11. Remarks, if any

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

Figure 25: Template Example: DBQ – Kidney Conditions (Nephrology) – 11. Remarks, if any

Figure 26: Print Example: DBQ – Kidney Conditions (Nephrology) – 11. Remarks, if any

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11. Remarks, if any
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```

3 Kidney Conditions (Nephrology) 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 KIDNEY CONDITIONS (NEPHROLOGY)" worksheet.   DBQ-AMIE worksheets should be sent to a printer.

```
                        Kidney Conditions (Nephrology)
                        Disability Benefits Questionnaire


Name of patient/Veteran: _____   SSN: _____


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:

Does the Veteran now have or has he/she ever been diagnosed with a kidney
condition?
___ Yes   ___ No

If no, provide rationale (e.g., Veteran has never had any known kidney
condition(s)):_____

If yes, indicate diagnoses: (check all that apply)
___ Diabetic nephropathy      ICD Code: _____    Date of Diagnosis: _____
___ Glomerulonephritis        ICD Code: _____    Date of Diagnosis: _____
___ Hydronephrosis            ICD Code: _____    Date of Diagnosis: _____
___ Interstitial nephritis    ICD Code: _____    Date of Diagnosis: _____
___ Kidney transplant         ICD Code: _____    Date of Diagnosis: _____
___ Nephrosclerosis           ICD Code: _____    Date of Diagnosis: _____
___ Nephrolithiasis           ICD Code: _____    Date of Diagnosis: _____
___ Renal artery stenosis     ICD Code: _____    Date of Diagnosis: _____
___ Ureterolithiasis          ICD Code: _____    Date of Diagnosis: _____
___ Neoplasm of the kidney
                              ICD Code: _____    Date of Diagnosis: _____
___ Other kidney condition (specify diagnosis, providing only diagnoses
    that pertain to kidney conditions.)

    Other diagnosis #1: _____
    ICD code: _____
    Date of diagnosis: _____

    Other diagnosis #2: _____
    ICD code: _____
    Date of diagnosis: _____

If there are additional diagnoses that pertain to kidney conditions, list
using above format: _____

2. Medical history

Describe the history (including cause, onset and course) of the Veteran's
kidney condition: _____
```

Disability Benefits Questionnaire for
Kidney Conditions (Nephrology)

3. Renal dysfunction

a. Does the Veteran have renal dysfunction?
___ Yes ___ No

If yes, does the Veteran require regular dialysis?
___ Yes ___ No

b. Does the Veteran have any signs or symptoms due to renal dysfunction?
___ Yes ___ No

If yes, check all that apply:

___ Proteinuria (albuminuria)
    If checked, indicate frequency: (check all that apply)
        ___ Recurring ___ Constant ___ Persistent
___ Edema (due to renal dysfunction)
    If checked, indicate frequency: (check all that apply)
        ___ Some ___ Transient ___ Slight ___ Persistent
___ Anorexia (due to renal dysfunction)
___ Weight loss (due to renal dysfunction)
    If checked, provide baseline weight (average weight for 2-year period
    preceding onset of disease): _____
    Provide current weight: _____
___ Generalized poor health due to renal dysfunction
___ Lethargy due to renal dysfunction
___ Weakness due to renal dysfunction
___ Limitation of exertion due to renal dysfunction
___ Able to perform only sedentary activity, due to persistent edema
    caused by renal dysfunction
___ Markedly decreased function other organ systems, especially the
    cardiovascular system, caused by renal dysfunction
        If checked, describe: _____

c. Does the Veteran have hypertension and/or heart disease due to renal
dysfunction or caused by any kidney condition?
___ Yes ___ No

If yes, also complete the Hypertension and/or Heart Disease Questionnaire
as appropriate.

Disability Benefits Questionnaire for
Kidney Conditions (Nephrology)

4. Urolithiasis

a. Does the Veteran have kidney, ureteral or bladder calculi?
___ Yes ___ No

If yes, indicate location (check all that apply)
  ___ Kidney ___ Ureter ___ Bladder

If the Veteran has urolithiasis, complete the following:

b. Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder?
___ Yes   ___ No

If yes, indicate treatment: (check all that apply)
   ___ Diet therapy
       If checked, specify diet and dates of use: _____
   ___ Drug therapy
       If checked, list medication and dates of use: _____
   ___ Invasive or non-invasive procedures
       If checked, indicate average number of times per year invasive or
       non-invasive procedures were required:
       ___ 0 to 1 per year   ___ 2 per year   ___ > 2 per year
       Date and facility of most recent invasive or non-invasive procedure:
       _____

c. Does the Veteran have signs or symptoms due to urolithiasis?
___ Yes   ___ No

If yes, indicate severity (check all that apply):
   ___ No symptoms or attacks of colic
   ___ Occasional attacks of colic
   ___ Frequent attacks of colic
   ___ Causing voiding dysfunction
   ___ Requires catheter drainage
   ___ Causing infection (pyonephrosis)
   ___ Causing hydronephrosis
   ___ Causing impaired kidney function
   ___ Other, describe: _____

Page: 4

Disability Benefits Questionnaire for
Kidney Conditions (Nephrology)

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: _____
   ___ 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: _____

  6. Kidney transplant or removal

  a. Has the Veteran had a kidney removed?
  ___ Yes   ___ No

  If yes, provide reason:
      ___ Kidney donation
      ___ Due to disease
      ___ Due to trauma or injury
      ___ Other, describe: _____

  b. Has the Veteran had a kidney transplant?
  ___ Yes   ___ No

  If yes, date of admission: _____
  Date of discharge: _____

Disability Benefits Questionnaire for
Kidney Conditions (Nephrology)

  7. Tumors and neoplasms

  a. Does the Veteran have a benign or malignant neoplasm or metastases
  related to any of the diagnoses in the Diagnosis section?
  ___ Yes   ___ No

  If yes, complete the following:

  b. Is the neoplasm
  ___ Benign   ___ Malignant

  c. Has the Veteran completed treatment or is the Veteran currently undergoing
  treatment for a benign or malignant neoplasm or metastases?
  ___ Yes   ___ No; watchful waiting

     If yes, indicate type of treatment the Veteran is currently undergoing or
     has completed (check all that apply):
     ___ Treatment completed; currently in watchful waiting status
     ___ Surgery
         If checked, describe: _____
         Date(s) of surgery: _____
     ___ Radiation therapy
         Date of most recent treatment: _____
         Date of completion of treatment or anticipated date of
         completion: _____
     ___ Antineoplastic chemotherapy
         Date of most recent treatment: _____
         Date of completion of treatment or anticipated date of
         completion: _____
     ___ Other therapeutic procedure
         If checked, describe procedure: _____
         Date of most recent procedure: _____
     ___ Other therapeutic treatment
         If checked, describe treatment: _____
         Date of completion of treatment or anticipated date of

completion: _____

d. Does the Veteran currently have any residual conditions or complications
due to the neoplasm (including metastases) or its treatment, other than those
already documented in the report above?
___ Yes   ___ No

If yes, list residual conditions and complications (brief summary): _____
_____

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

Page: 6

Disability Benefits Questionnaire for
Kidney Conditions (Nephrology)

8. 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 and/or symptoms?
___ Yes   ___ No

If yes, describe (brief summary): _____

9. Diagnostic testing

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

a. Has the Veteran had laboratory or other diagnostic studies performed?
___ Yes   ___ No

If yes, provide most recent results, if available:

b. Laboratory studies
   ___ BUN: Date: _____   Result: _____
   ___ Creatinine: Date: _____   Result: _____
   ___ EGFR: Date: _____   Result: _____

c. Urinalysis:
   ___ Hyaline casts: Date: _____   Result: _____
   ___ Granular casts: Date: _____   Result: _____
   ___ RBC's/HPF: Date: _____   Result: _____
   ___ Protein (albumin):   Date: _____   Result: _____
   ___ Spot urine for
       protein/creatinine ratio: Date: _____ Result: _____
   ___ 24 hour protein (albumin): Date: _____ Result: _____

d. Urine microalbumin: Date: _____   Result: _____

e. Are there any other significant diagnostic test findings and/or results?
___ Yes   ___ No

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

Disability Benefits Questionnaire for
Kidney Conditions (Nephrology)

10. Functional impact

Does the Veteran's kidney condition(s), including neoplasms, if any, impact
his or her ability to work?
___ Yes   ___ No

If yes, describe impact of each of the Veteran's kidney conditions, providing
one or more examples: _____

11. 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.