

# Compensation and Pension Record Interchange (CAPRI)

# Parkinson's Disease Disability Benefits Questionnaire (DBQ) Workflow

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

#### **Revision History**

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#### 1 Introduction

#### 1.1 Purpose

This document provides a high level overview of the contents found on the PARKINSON'S DISEASE 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 examples 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 PARKINSON'S DISEASE DBQ provides the ability to capture information related to Parkinson's disease and its treatment.

Each DBQ template contains a standard footer containing a note stating that the "VA may request additional medical information, including additional examinations if necessary to complete VA's review of 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 PARKINSON'S DISEASE 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 Parkinson's Disease DBQ – History Tab

#### 2.1 Name of patient/Veteran

All questions in this section must 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 displaying the error message depicted below.

Table 1: Rules: DBQ - Parkinson's Disease - Name of patient/Veteran

Field/Question	Field Disposition	Valid Values	Format	Error Message
Disability Benefits Questionnaire	Disabled, Read- Only	N/A	N/A	N/A
Parkinson's Disease	Disabled, 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.	Disabled, Read- Only	N/A	N/A	N/A

Figure 3: Template Example: DBQ - Parkinson's Disease - Name of patient/Veteran

Parkinsons Disease

Disability Benefits Questionnaire
Parkinson's Disease

Name of patient/Veteran: Patient, Test 1

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.

Figure 4: Print Example: DBQ - Parkinson's Disease - Name of patient/Veteran

Disability Benefits Questionnaire Parkinson's Disease

Name of patient/Veteran: Patient, Test 1

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 patient/Veteran now have or has he/she ever been diagnosed with Parkinson's disease?" 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 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.

Note: Some questions will activate secondary question(s) when answered. If a secondary question is answered and the primary question that triggered the secondary question is unanswered or if answered in a way where this information is no longer required, the previously entered data will be removed and the question may become disabled if it is no longer relevant.

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 - Parkinson's Disease - 1. Diagnosis

Field/Question	Field Disposition	Valid Values	Format	Error Message
1.Diagnosis	Disabled, Read-Only	N/A	N/A	N/A
Does the Veteran now	Enabled, Mandatory,	[Yes; No]	N/A	Please answer
have or has he/she ever	Choose one valid value			the question:
been diagnosed with				Does the Veteran
Parkinson's disease?				now have or has
				he/she ever been
				diagnosed with
				Parkinson's
				disease?
ICD code:	If $Diagnosis = Yes$ ;	N/A	Free Text	Please enter the
	Enabled, Mandatory			ICD code.
	Else; Enabled, Optional			
Date of diagnosis	If $Diagnosis = Yes$ ; Enabled,	N/A	Free Text	Please enter the
	Mandatory			date of
				diagnosis.
	Else; Enabled, Optional			

Figure 5: Template Example: DBO – Parkinson's Disease – 1. Diagnosis

1. Diagnosis	
Does the Veteran • Yes • No	now have or has he/she ever been diagnosed with Parkinson's disease?
ICD Code:	ICD Code goes here
Date of diagnosis:	Date goes here

Figure 6: Print Example: DBQ – Parkinson's Disease – 1. Diagnosis

```
1. Diagnosis
-----
Does the Veteran now have or has he/she ever been diagnosed of Parkinson's
Disease? [X] Yes [] No
ICD Code: ICD Code goes here
Date of diagnosis Date goes here
```

#### 2.3 Section 2. Dominant Hand

Table 3: Rules: DBQ - Parkinson's Disease - 2. Dominant hand

Field/Question	Field Disposition	Valid Values	Format	Error Message
2.Dominant Hand	If $Diagnosis = Yes$ ; Enabled,	[Right; Left;	N/A	Please indicate which
	Mandatory, Choose one	Ambidextrous]		hand is the dominant
	valid value			hand.
	Else; Enabled, Optional			

Figure 7: Template Example: DBO – Parkinson's Disease – 2. Dominant hand

rigure 7: Tempiate Example: DBQ – Parkinson's Disease – 2. Dominant nand	
2. Dominant hand	
€ Right C Left C Ambidextrous	

Figure 8: Print Example: DBQ – Parkinson's Disease – 2. Dominant hand

2. Dominant	hand		
[X] Right		[ ] Ambidextrous	

#### 2.4 Section 3. Motor manifestations due to Parkinson's or its treatment

Table 4: Rules: DBQ – Parkinson's Disease – 3. Motor manifestations due to Parkinson's or its treatment

Field/Question	Field Disposition	Valid Values	Form	Error Message
			at	
3. Motor	Disabled, Read-Only	N/A	N/A	N/A
manifestations due				
to Parkinson's or				
its treatment (check				
all that apply)				
Stooped posture	If $diagnosis = Yes$ ; Enabled,	[None;	N/A	Please indicate whether
	Mandatory, Choose one	Mild;		the Veteran has stooped
	valid value	Moderate;		posture due to Parkinson's
		Severe]		disease or its treatment.
	Else; Enabled, Optional			
Balance	If $diagnosis = Yes$ ; Enabled,	[None;	N/A	Please indicate whether
impairment	Mandatory, Choose one	Mild;		the Veteran has balance
	valid value	Moderate;		impairment due to
		Severe]		Parkinson's disease or its
	Else; Enabled, Optional			treatment.
Bradykinesia or	If $diagnosis = Yes$ ; Enabled,	[None;	N/A	Please indicate whether
slowed motion	Mandatory, Choose one	Mild;		the Veteran has
(difficulty initiating	valid value	Moderate;		bradykinesia or slowed
movement,		Severe]		motion due to Parkinson's
"freezing," short	Else; Enabled, Optional			disease or its treatment.
shuffling steps)				

Field/Question	Field Disposition	Valid Values	Form at	Error Message
Loss of automatic movements (such as blinking, leading to fixed gaze; typical Parkinson's facies)	If diagnosis = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has loss of automatic movements due to Parkinson's disease or its treatment.
Speech changes (monotone, slurring words, soft or rapid speech)	If diagnosis = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has speech changes due to Parkinson's disease or its treatment.
Tremor (characteristic hand shaking, "pill- rolling")	If diagnosis = Yes; Enabled, Mandatory, Choose one valid value  Else; Enabled, Optional	[Yes; No]	N/A	Please indicate whether the Veteran has tremor due to Parkinson's disease or its treatment.
Extremities affected: Right Upper	If Tremor = Yes; Enabled, Mandatory, Choose one valid value  Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has right upper extremity tremor due to Parkinson's disease or its treatment.
Extremities affected: Left Upper	If <i>Tremor</i> = <i>Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has left upper extremity tremor due to Parkinson's disease or its treatment.
Extremities affected: Right Lower	If <i>Tremor</i> = <i>Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has right lower extremity tremor due to Parkinson's disease or its treatment.
Extremities affected: Left Lower	If <i>Tremor</i> = <i>Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has left lower extremity tremor due to Parkinson's disease or its treatment.
Muscle rigidity and stiffness	If diagnosis = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please indicate whether the Veteran has muscle rigidity and stiffness due to Parkinson's disease or its treatment.
Extremities affected: Right Upper	If Muscle rigidity and stiffness = Yes; Enabled, Mandatory, Choose one valid value  Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has right upper extremity muscle rigidity and stiffness due to Parkinson's disease or its treatment.

Field/Question	Field Disposition	Valid Values	Form	Error Message
			at	
Extremities	If Muscle rigidity and	[Not affected;	N/A	Please indicate whether
affected: Left	stiffness	Mild;		the Veteran has left upper
Upper	= Yes; Enabled, Mandatory,	Moderate;		extremity muscle rigidity
	Choose one valid value	Severe]		and stiffness due to
				Parkinson's disease or its
	Else; Disabled			treatment.
Extremities	If Muscle rigidity and	[Not affected;	N/A	Please indicate whether
affected: Right	stiffness	Mild;		the Veteran has right
Lower	= Yes; Enabled, Mandatory,	Moderate;		lower extremity muscle
	Choose one valid value	Severe]		rigidity and stiffness due
				to Parkinson's disease or
	Else; Disabled			its treatment.
Extremities	If Muscle rigidity and	[Not affected;	N/A	Please indicate whether
affected: Left	stiffness	Mild;		the Veteran has left lower
Lower	= Yes; Enabled, Mandatory,	Moderate;		extremity muscle rigidity
	Choose one valid value	Severe]		and stiffness due to
				Parkinson's disease or its
	Else; Disabled			treatment.

 $\label{eq:Figure 9: Template Example: DBQ - Parkinson's Disease - 3. \ Motor \ manifestations \ due \ to \ Parkinson's \ or \ its \ treatment$ 

3. Motor manifestations due to Parkinson's or its treatment (check all that apply)
Stooped posture
C None € Mild C Moderate C Severe
Balance impairment C None C Mild C Moderate C Severe
Bradykinesia or slowed motion (difficulty initiating movement, "freezing," short shuffling steps)  C None C Mild C Moderate C Severe
Loss of automatic movements (such as blinking, leading to fixed gaze; typical Parkinson's facies)  C None C Mild ← Moderate C Severe
Speech changes (monotone, slurring words, soft or rapid speech)  € None C Mild C Moderate C Severe
Tremor (characteristic hand shaking, "pill-rolling")  • Yes C No
Extremities affected:
Right upper C Not affected ← Mild ← Moderate ← Severe
Left upper
C Not affected C Mild € Moderate C Severe
Right lower
C Not affected
Left lower C Not affected ○ Mild ○ Moderate ○ Severe
Muscle rigidity and stiffness  ← Yes ← No
Extremities affected:
Right upper C. Not affected. ← Mild. C. Moderate. ← Severe
Left upper
Right lower C Not affected ← Mild C Moderate ← Severe
Left lower
Not affected

Figure 10: Print Example: DBQ – Parkinson's Disease – 3. Motor manifestations due to Parkinson's or its treatment

3. Motor manifestations due to Parkinson's or its treatment (check all that apply)
Stooped posture
[ ] None [X] Mild [ ] Moderate [ ] Severe
Balance impairment
[ ] None [ ] Mild [X] Moderate [ ] Severe
Bradykinesia or slowed motion
(difficulty initiating movement, "freezing", short shuffling steps)
[] None [] Mild [] Moderate [X] Severe
Loss of automatic movements
(such as blinking, leading to fixed gaze; typical Parkinson's facies)
[] None [] Mild [X] Moderate [] Severe
Speech changes (monotone, slurring words, soft or rapid speech)
[X] None [ ] Mild [ ] Moderate [ ] Severe
Tremor (characteristic hand shaking, "pill-rolling") [X] Yes [] No
Extremities affected:
[X] Right upper
[ ] Not affected [X] Mild [ ] Moderate [ ] Severe
[X] Left upper
[ ] Not affected [ ] Mild [X] Moderate [ ] Severe
[X] Right lower
[ ] Not affected [X] Mild [ ] Moderate [ ] Severe
[X] Left lower
[ ] Not affected [ ] Mild [ ] Moderate [X] Severe
Muscle rigidity and stiffness [X] Yes [ ] No
Extremities affected:
[X] Right upper
[ ] Not affected [X] Mild [ ] Moderate [ ] Severe
[X] Left upper
[X] Not affected [] Mild [] Moderate [] Severe
<pre>[X] Right lower [ ] Not affected [X] Mild [ ] Moderate [ ] Severe</pre>
[X] Left lower
[X] Not affected [ ] Mild [ ] Moderate [ ] Severe

#### 2.5 Section 4. Mental manifestations due to Parkinson's or its treatment

 $\begin{tabular}{ll} Table 5: Rules: DBQ-Parkinson's Disease-4. Mental manifestations due to Parkinson's or its treatment \\ \end{tabular}$ 

Field/Question	Field Disposition	Valid Values	Format	Error Message
4. Mental Disabled, Read-Only		N/A	N/A	N/A
manifestations due to				
Parkinson's or its				
<u>treatment</u>				
Depression	If $diagnosis = Yes$ ; Enabled,	[None; Mild;	N/A	Please indicate
	Mandatory, Choose one	Moderate;		whether the Veteran
	valid value	Severe]		has depression due
				to Parkinson's
Else; Enabled, Optional				disease or its
				treatment.
Cognitive impairment	If $diagnosis = Yes$ ; Enabled,	[None; Mild;	N/A	Please indicate
or dementia	Mandatory, Choose one	Moderate;		whether the Veteran
	valid value	Severe]		has cognitive
				impairment or
Else; Enabled, Optional				dementia due to
				Parkinson's disease
				or its treatment.

Figure 11: Template Example: DBQ – Parkinson's Disease – 4. Mental manifestations due to Parkinson's or its treatment

3. Mental manifestations due to Parkinson's or its treatment: Depression	
C None	
Cognitive impairment or dementia  C None C Mild • Moderate C Severe	

# Figure 12: Print Example:DBQ – Parkinson's Disease – 4. Mental manifestations due to Parkinson's or its treatment

4. Mental manifes	tations due to Parkinson	s or its treatment
Depression [ ] None	[X] Mild [ ] Moderate	[ ] Severe
	airment or dementia	
[X] None	[ ] Mild [ ] Moderate	[ ] Severe

#### 2.6 Section 5. Additional manifestations/complications due to Parkinson's or its treatment

 $\label{lem:complex} \begin{tabular}{ll} Table 6: Rules: DBQ-Parkinson's Disease-5. Additional manifestations/complications due to Parkinson's or its treatment \end{tabular}$ 

Field/Question	Field Disposition	Valid Values	Format	Error Message
5. Additional mental	Disabled, Read-Only	N/A	N/A	N/A
manifestations/complica				
tions due to Parkinson's				
or its treatment				
Loss of sense of smell	If $diagnosis = Yes$ ;	[None; Partial;	N/A	Please indicate
	Enabled, Mandatory,	Complete]		whether the Veteran
	Choose one valid value			has loss of sense of
				smell due to
	Else; Enabled, Optional			Parkinson's disease or
				its treatment.
Sleep	If $diagnosis = Yes$ ;	[None;	N/A	Please indicate
disturbance(insomnia or	Enabled, Mandatory,	Mild;		whether the Veteran
daytime "sleep attacks")	Choose one valid value	Moderate;		has sleep disturbance
		Severe]		due to Parkinson's
	Else; Enabled, Optional			disease or its
D100 1	70.11	D.Y.	37/4	treatment.
Difficulty	If diagnosis = Yes;	[None;	N/A	Please indicate
chewing/swallowing	Enabled, Mandatory,	Mild;		whether the Veteran
	Choose one valid value	Moderate;		has difficulty
	Floor Foods of Continual	Severe]		chewing/swallowing
	Else; Enabled, Optional			due to Parkinson's
				disease or its
I I	If diagnosis Ver	[Name] an	NT / A	treatment.  Please indicate
Urinary problems	If <i>diagnosis</i> = <i>Yes</i> ; Enabled, Mandatory,	[None] or [Incontinence;	N/A	whether the Veteran
	Choose one or more valid	Urinary		has urinary problems
	values	retention];		due to Parkinson's
	values	retention],		disease or its
	Else; Enabled, Optional			treatment.
Absorbent material	If <i>Urinary problems</i> =	[0;	N/A	Please specify the
required, specify	<i>Incontinence</i> ; Enabled,	1;	1 1/ 2 2	number of pads
pads/day:	Mandatory, Choose one	2-4;		needed per day for
The state of the s	valid value	>4;		incontinence.
	Else; Disabled			
Use of an appliance	If <i>Urinary problems</i> =	[Yes; No]	N/A	Please indicate
required?	Incontinence or Urinary			whether or not use of
	retention; Enabled,			an appliance is
	Mandatory, Choose one			required for
	valid value			incontinence or
				urinary retention.
	Else; Disabled			
Constipation (due to	If $diagnosis = Yes$ ;	[None;	N/A	Please indicate
slowing of GI tract or	Enabled, Mandatory,	Mild;		whether the Veteran
secondary to	Choose one valid value	Moderate;		has constipation due
Parkinson's	F1 F 11 1 0 2	Severe]		to Parkinson's disease
medications)	Else; Enabled, Optional	DI	NT/A	or its treatment.
Sexual dysfunction	If diagnosis = Yes;	[None;	N/A	Please indicate
	Enabled, Mandatory,	Mild;		whether the Veteran
	Choose one valid value	Moderate;		has sexual dysfunction
		Severe		due to Parkinson's

	Else; Enabled, Optional	(precludes		disease or its
		intercourse);		treatment.
		Erectile		
		dysfunction		
		precludes		
		intercourse]		
Other	Enabled, Optional	N/A	Free	N/A
manifestations/complica	_		Text	
tions				

Figure 13: Template Example: DBQ – Parkinson's Disease – 5. Additional manifestations/complications due to Parkinson's or its treatment

5. Additional manifestations/complications due to Parkinson's or its treatment Loss of sense of smell C None C Partial C Complete
Sleep disturbance (insomnia or daytime "sleep attacks") C None ⓒ Mild ℂ Moderate ℂ Severe
Difficulty chewing/swallowing C None C Mild ← Moderate C Severe
Urinary problems  None  Incontinence  Urinary retention
Absorbent material required, specify pads/day: C 0 C 1 C 2-4 € >4
Use of an appliance required?  ☞ Yes C No
Constipation (due to slowing of GI tract or secondary to Parkinson's medications) C None ⓒ Mild C Moderate C Severe
Sexual dysfunction  None C Mild C Moderate C Severe (precludes intercourse) C Erectile dysfunction precludes intercourse
Other manifestations/complications: Other manifestations/complications will go here

Figure 14: Print Example: DBQ – Parkinson's Disease – 5. Additional manifestations/complications due to Parkinson's or its treatment

```
5. Additional manifestations/complications due to Parkinson's or its treatment
   Loss of sense of smell
      [ ] None [ ] Partial [X] Complete
   Sleep disturbance (insomnia or daytime "sleep attacks")
       [ ] None [X] Mild
                          [ ] Moderate [ ] Severe
   Difficulty chewing/swallowing
       [ ] None [ ] Mild
                            [X] Moderate [ ] Severe
   Urinary problems
       [ ] None [X] Incontinence [X] Urinary retention
     Absorbent material required, specify pads/day:
       []0 []1 []2-4
                                     [X] > 4
     Use of an appliance required?
       [X] Yes [ ] No
   Constipation
    (due to slowing of GI tract or secondary to Parkinson's medications)
       [] None [X] Mild [] Moderate [] Severe
   Sexual dysfunction
       [ ] None [ ] Mild
                            [X] Moderate [ ] Severe (precludes intercourse)
       [ ] Erectile dysfunction precludes intercourse
   Other manifestations/complications: Other manifestations/complications will
   go here
```

#### 2.7 Section 6. Financial responsibility

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 displaying the error message depicted below.

Table 7: Rules: DBQ - Parkinson's Disease - 6. Financial responsibility

Field/Question	Field Disposition	Valid Values	Format	Error Message
6. Financial Responsibility	Disabled, Read only	N/A	N/A	N/A
In your judgment, is the Veteran able to manage his/her benefit payments in his/her own best interest, or able to direct someone else	If diagnosis = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question in section 6. Financial responsibility.
to do so?	Elise, Eliastea, Optional			

Figure 15: Template Example: DBQ - Parkinson's Disease - 6. Financial responsibility

#### 6. Financial responsibility

In your judgment, is the Veteran able to manage his/her benefit payments in his/her own best interest, or able to direct someone else to do so?

Figure 16: Print Example: DBQ - Parkinson's Disease - 6. Financial responsibility

#### ${\tt 6. \ Financial \ responsibility}$

\_\_\_\_\_\_

In your judgment, is the Veteran able to manage his/her benefit payments in his/her own best interest, or able to direct someone else to do so?
[X] Yes [] No

#### 2.8 Section 7. Functional impact

Table 8: Rules: DBQ - Parkinson's Disease - 7. Functional impact

Field/Question	Field Disposition	Valid Values	Format	Error
7. Functional Impact	Disabled, Read only	N/A	N/A	Message N/A
Does the Veteran's Parkinson's disease impact his or her ability to work?	If diagnosis = Yes; Enabled, Mandatory, Choose one value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran's Parkinson's disease impact his or her ability to work?
If yes, describe impact, providing one or more examples:	If preceding question = Yes; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe the impact of Parkinson's disease on the Veteran's ability to work, providing one or more examples.

Figure 17: Template Example: DBQ – Parkinson's Disease – 7. Functional impact

ı	7. Functional impact
ı	Does the Veteran's Parkinson's disease impact his or her ability to work?
ı	© Yes C No
ı	If yes, describe impact, providing one or more examples:
ı	Examples will be stated here
ı	·

Figure 18: Print Example: DBQ – Parkinson's Disease – 7. Functional impact

```
7. Functional impact
------
Does the Veteran's Parkinson's disease impact his or her ability to work?
[X] Yes [] No
If yes, describe impact, providing one or more examples: Examples will be stated here
```

#### 2.9 Section 8. Remarks

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

Table 9: Rules: DBQ - Parkinson's Disease - 8. Remarks

Field/Question	Field Disposition	Valid Values	Format	Error
				Message
8. Remarks, if	Disabled, Read only	N/A	N/A	N/A
<u>any</u>				
Remarks	Enabled, Optional	N/A	Free Text	N/A

Figure 19: Template Example: DBQ – Parkinson's Disease – 8. Remarks

8. Remarks, if any	Remarks will be entered here	_

#### Figure 20: Print Example: DBQ – Parkinson's Disease – 6. Remarks

8. Remarks, if any	
Remarks will be entered here	

# 3 Parkinson's Disease AMIE Worksheet

The AMIE worksheets are accessed via the [DVBA C PRINT BLANK C&P WORKSHE] Print Blank C&P Worksheet DBQ PARKINSONS menu option.

Parkinson's Disease	nnaire
Name of patient/Veteran:	SSN:
Your patient is applying to the U. S. Depa (VA) for disability benefits. VA will con provide on this questionnaire as part of th the Veteran's claim.	sider the information you
1. Diagnosis	
Does the Veteran now have or has he/sh Parkinson's disease?YesNo	
ICD code:	
Date of diagnosis:	
2. Dominant hand	
RightLeftAmbidextrous	S
3. Motor manifestations due to Parkinson (check all that apply)	's or its treatment
Stooped postureNoneMildModerate	_Severe
Balance impairmentNoneMildModerate	_Severe
Bradykinesia or slowed motion (difficus short shuffling stepsNoneMildModerate	)
Loss of automatic movements (such as typical Parkinson's fa None Mild Moderate	blinking, leading to fixed gaze; cies)
Speech changes (monotone, slurring wo	ords, soft or rapid speech)

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Disability Benefits Questionnaire for Parkinson's Disease

Tremor (characteristic hand shaking, "pill-rolling")					
_Yes _No					
Extremities affected:					
Right upperNot affectedMildModerateSevere					
Left upperNot affectedMildModerateSevere					
Right lowerNot affectedMildModerateSevere					
Left lowerNot affectedMildModerateSevere					
Muscle rigidity and stiffness					
_Yes _No					
Extremities affected:					
Right upperNot affectedMildModerateSevere					
Left upper Not affectedMildModerateSevere					
Right lowerNot affectedMildModerateSevere					
Left lower Not affectedMildModerateSevere					
4. Mental manifestations due to Parkinson's or its treatment					
DepressionNoneMildModerateSevere					
Cognitive impairment or dementiaNoneMildModerateSevere					

# Page: 3 Disability Benefits Questionnaire for Parkinson's Disease 5. Additional manifestations/complications due to Parkinson's or its Loss of sense of smell \_\_None \_\_Partial \_\_Complete Sleep disturbance (insomnia or daytime "sleep attacks") \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe Difficulty chewing/swallowing \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe Urinary problems \_\_None \_\_Incontinence \_\_Urinary retention Absorbent material required, specify pads/day: \_\_0 \_\_1 \_\_2-4 \_\_>4 Use of an appliance required? \_\_Yes \_\_No Constipation (due to slowing of GI tract or secondary to Parkinson's medications) \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe Sexual dysfunction \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe (precludes intercourse)

6. Financial responsibility

\_\_Erectile dysfunction precludes intercourse

Other manifestations/complications:\_\_\_\_

In your judgment, is the Veteran able to manage his/her benefit payments in his/her own best interest, or able to direct someone else to do so? \_\_\_Yes \_\_\_No

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