

Compensation and Pension Record Interchange (CAPRI)

Kidney Conditions (Nephrology) 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 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

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 Kidney Conditions (Nephrology) template are mandatory and require a response (value) prior to the exam being marked as completed. Some questions may activate a Popup 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	Enabled, Read-	N/A	N/A	N/A
(Nephrology)	Only			
Disability Benefits	Enabled, Read-	N/A	N/A	N/A
Questionnaire	Only			
Name of patient/Veteran:	Enabled,	N/A	Free	Please enter the name of
	Mandatory		Text	the patient/Veteran.
Your patient is applying	Enabled, Read-	N/A	N/A	N/A
to the U.S. Department	Only			
of Veterans Affairs (VA)				
for disability				
benefits. VA will				
consider the information				
you provide on this				
questionnaire as part of				
their evaluation in				
processing the Veteran's				
claim.				

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

DBQ KIDNEY CONDITIONS (NEPHROLOGY)

Author: SITTHERE MARY: Patient: VETERAN, TEST
Transcriber: SSN: 666112222

History

Kidney Conditions (Nephrology)

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

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

information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

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	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Diabetic nephropathy.
	includes Diabetic			
	nephropathy;			
	Enabled, Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes Diabetic			
	nephropathy;			
	Enabled, Optional			
	Else; Disabled			
Date of Diagnosis:	If $Diagnosis = Yes$	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for Diabetic
	includes Diabetic			nephropathy.
	nephropathy; Enabled, Mandatory			
ICD Code:	If $Diagnosis = Yes$	N/A	Free	Please enter the ICD code
ICD Code.	and if Diagnosis	11/14	Text	for Glomerulonephritis.
	includes		Tone	Tor Gromer aronepmins.
	Glomerulonephritis;			
	Enabled, Mandatory			
	If Diggrasis - No			
	If Diagnosis = No and if Diagnosis			
	includes			
	Glomerulonephritis;			
	Enabled, Optional			
	, 1			
	Else; Disabled			
Date of Diagnosis:	If $Diagnosis = Yes$	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for
	includes Glomerulonephritis;			Glomerulonephritis.
	Enabled, Mandatory			
	Zilaoica, ivialidatoly			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Glomerulonephritis;			
	Enabled, Optional			
	Else; Disabled			

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If Diagnosis = Yes	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Hydronephrosis.
	includes			
	Hydronephrosis;			
	Enabled, Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Hydronephrosis;			
	Enabled, Optional			
D	Else; Disabled	27/4	_	71 1 1 0
Date of Diagnosis:	If Diagnosis = Yes	N/A	Free	Please enter the date of
	and if Diagnosis includes		Text	diagnosis for Hydronephrosis.
	Hydronephrosis;			Hydronephrosis.
	Enabled, Mandatory			
	Linabled, Wandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Hydronephrosis;			
	Enabled, Optional			
	Else; Disabled			
ICD Code:	If Diagnosis = Yes	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Interstitial nephritis.
	includes Interstitial			
	nephritis; Enabled,			
	Mandatory			
	If Diameric Ma			
	If Diagnosis = No and if Diagnosis			
	includes Interstitial			
	nephritis; Enabled,			
	Optional			
	Else; Disabled	27/4	_	The state of the s
Date of Diagnosis:	If Diagnosis = Yes	N/A	Free	Please enter the date of
	and if Diagnosis includes Interstitial		Text	diagnosis for Interstitial nephritis.
	nephritis; Enabled,			nephrus.
	Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes Interstitial			
	nephritis; Enabled,			
	Optional			
	Else; Disabled			
L	2.50, 2.500100	1	I.	l .

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

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If Diagnosis = Yes	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Nephrolithiasis.
	includes			_
	Nephrolithiasis;			
	Enabled, Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Nephrolithiasis;			
	Enabled, Optional			
	El D' 11 1			
Data of Diagnosia	Else; Disabled	NT/A	Гина	Diagram the date of
Date of Diagnosis:	If Diagnosis = Yes	N/A	Free Text	Please enter the date of
	and if Diagnosis includes		Text	diagnosis for Nephrolithiasis.
	Nephrolithiasis;			Nepinonunasis.
	Enabled, Mandatory			
	Litabled, Walldatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Nephrolithiasis;			
	Enabled, Optional			
	Else; Disabled			
ICD Code:	If $Diagnosis = Yes$	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Renal artery stenosis.
	includes Renal artery			
	stenosis; Enabled,			
	Mandatory			
	If Diagnosia Ma			
	If $Diagnosis = No$			
	and if Diagnosis includes Renal artery			
	stenosis; Enabled,			
	Optional			
	Optional			
	Else; Disabled			
Date of Diagnosis:	If Diagnosis = Yes	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for Renal artery
	includes Renal artery			stenosis.
	stenosis; Enabled,			
	Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes Renal artery			
	stenosis; Enabled,			
	Optional			
	Eleas Disal-1- 4			
	Else; Disabled	<u> </u>		

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If Diagnosis = Yes	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Ureterolithiasis.
	includes			
	Ureterolithiasis;			
	Enabled, Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Ureterolithiasis;			
	Enabled, Optional			
D (D)	Else; Disabled	3. T / A	Е	D1
Date of Diagnosis:	If Diagnosis = Yes	N/A	Free	Please enter the date of
	and if Diagnosis includes		Text	diagnosis for Ureterolithiasis.
	Ureterolithiasis;			Oreterontmasis.
	Enabled, Mandatory			
	Litabled, Walldatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Ureterolithiasis;			
	Enabled, Optional			
	Elsa, Disablad			
ICD Code:	Else; Disabled If Diagnosis = Yes	N/A	Free	Please enter the ICD code
icb code.	and if Diagnosis	IV/A	Text	for Neoplasm of the
	includes Neoplasm of		TOAL	kidney.
	the kidney; Enabled,			maney.
	Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes Neoplasm of			
	the kidney; Enabled,			
	Optional			
	Else; Disabled			
Date of Diagnosis:	If Diagnosis = Yes	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for Neoplasm
	includes Neoplasm of			of the kidney.
	the kidney; Enabled,			
	Mandatory			
	ICD:			
	If Diagnosis = No			
	and if Diagnosis includes Neoplasm of			
	the kidney; Enabled,			
	Optional			
	Special Specia			
	Else; Disabled			

Field/Question	Field Disposition	Valid Values	Format	Error Message
Other diagnosis #1:	If Diagnosis includes Other kidney condition; Enabled; Mandatory	is includes N/A ey Iandatory		Please enter a value in the 'Other diagnosis #1' field.
ICD code:	Else; Disabled If Other diagnosis #1 N/A is populated; Enabled, Mandatory Else; Disabled		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						
Doe	<u>) iagnosis</u> es the <u>Vetera</u> n now have or h	as he/she ever	been diagnosed with a	kidney condition?			
	Yes						
If no	o, provide rational (e.g., Veter	n nas never na	a any known kianey cor	idition(s)):			
If y	es, indicate diagnoses: (chec	k all that apply)				
✓	Diabetic nephropathy	ICD Code:		Date of Diagno	sis:		
~	Glomerulonephritis	ICD Code:		Date of Diagno	sis:		
V	Hydronephrosis	ICD Code:		Date of Diagno	sis:		
✓	Interstitial nephritis	ICD Code:		Date of Diagno	sis:		
✓	Kidney transplant	ICD Code:		Date of Diagno	sis:		
~	Nephrosclerosis	ICD Code:		Date of Diagno	sis:		
✓	Nephrolithiasis	ICD Code:		Date of Diagno	sis:		
✓	Renal artery stenosis	ICD Code:		Date of Diagno	sis:		
~	Ureterolithiasis	ICD Code:		Date of Diagno	sis:		
✓	Neoplasm of the kidney	ICD Code:		Date of Diagno	sis:		
✓	Other kidney condition (spec	ify diagnosis, pr	oviding only diagnoses th	nat pertain to kidney conditio	ns.)		
	Other diagnosis #1:						
	ICD code:						
	Date of diagnosis:						
	Other diagnosis #2:						
	ICD code:						
	Date of diagnosis:						
If th	ere are additional diagnoses t	hat pertain to ki	idney condition(s) of the	Veteran's current kidney con	ditions, list using above format:		

Figure 6: Print 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? [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
                          Date of Diagnosis:
        ICD Code:
   [ ] Hydronephrosis
                          Date of Diagnosis:
   [ ] Interstitial nephritis
                           Date of Diagnosis:
        ICD Code:
   [ ] Kidney transplant
                    Date of Diagnosis:
        ICD Code:
   [ ] Nephrosclerosis
        ICD Code:
                          Date of Diagnosis:
  [ ] Nephrolithiasis
ICD Code:
                          Date of Diagnosis:
   [ ] Renal artery stenosis
                    Date of Diagnosis:
        ICD Code:
   [ ] 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

Table 3: Rules: DBQ - Kidney Conditions (Nephrology) - 2. Medical History

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

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

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

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

2. Medical history

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

2.4 Section 3. Renal dysfunction

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

Field/Question	Field Disposition	ns (Nephrology) – 3. Renal dy Valid Values	Format	Error Message
3.Renal	Enabled; Read Only	N/A	N/A	N/A
dysfunction	Zinasiea, riena sinj		11/11	1771
a. Does the	If Diagnosis = Yes	[Yes; No]	N/A	Please provide an answer
Veteran have	and at least one			to the question: Does the
renal	diagnosis is selected			Veteran have renal
dysfunction?	in the Diagnosis			dysfunction?
	section; Enabled,			
	Mandatory, Choose			
	one valid value			
	Else; Enabled,			
	Optional			
If yes, does the	If Does the Veteran	[Yes; No]	N/A	Please answer whether or
Veteran require	have real			not the Veteran requires
regular	dysfunction? = Yes;			regular dialysis.
dialysis?	Enabled; Mandatory;			
	Choose one valid			
	value			
	Else; Disabled			
b. Does the	If Does the Veteran	[Yes; No]	N/A	Please provide an answer
Veteran have	have renal			to the question: Does the
any signs or	dysfunction? = Yes;			Veteran have any signs or
symptoms due	Enabled, Mandatory,			symptoms due to renal
to renal	Choose one valid			dysfunction?
dysfunction?	value			
	Else; Disabled			
If yes, check all	If Does the Veteran	[Proteinuria (albuminuria);	N/A	Please select all
that apply:	have renal	Edema (due to renal	1 1/12	applicable renal
11.5	dysfunction? = Yes;	dysfunction); Anorexia (due		dysfunction related signs
	Enabled; Optional;	to renal dysfunction);		or symptoms.
		Weight loss (due to renal		
	If Does the Veteran	dysfunction); Generalized		
	have any signs or	poor health due to renal		
	symptoms due to	dysfunction; Lethargy due		
	renal dysfunction? =	to renal dysfunction;		
	Yes; Enabled;	Weakness due to renal		
	Mandatory;	dysfunction; Limitation of exertion due to renal		
	Choose one or more	dysfunction; Able to		
	valid values	perform only sedentary		
		activity, due to persistent		
	Else; Disabled	edema caused by renal		
		dysfunction; Markedly		
		decreased function other		
		organ systems, especially		
		the cardiovascular system,		
		caused by renal		
TC 1 1 1	TCD 4 XX	dysfunction]	NT/A	D1 11 11 11
If checked,	If Does the Veteran	[Recurring; Constant;	N/A	Please indicate the
indicate	have any signs or	Persistent]		frequency of Proteinuria (albuminuria).
frequency: (check all that	symptoms due to renal dysfunction? =			(albummuna).
(CHECK all that	тениі аузјинсион: —			

onnly)	Yes and if Renal			
apply)	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); Enable			
	d; Optional;			
	, 1			
	Choose one or more			
	valid values			
	F1 - F1 - 11 - 1			
TC 1 1 1	Else; Disabled	10 Th. 1 (01) 1 (NT/A	DI : 1:
If checked, indicate	If Does the Veteran have any signs or	[Some; Transient; Slight; Persistent]	N/A	Please indicate the frequency of edema (due
frequency:	symptoms due to	reisistentj		to renal dysfunction).
(check all that	renal dysfunction? =			to renar dysrunetion).
apply)	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			
If checked,	If Does the Veteran	N/A	Free	Please provide the
provide	have any signs or		Text	baseline weight.
baseline weight	symptoms due to			
(average weight	renal dysfunction? =			
for 2-year	Yes and if Renal			
period preceding onset	dysfunction signs or symptoms include			
of disease):	Weight loss (due to			
or arsease).	meigin ioss (une io	l	l	

	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;			
	Enabled, Optional,			
	CI			
	Choose one or more			
	valid values			
	Else; Disabled			
Provide current	If Does the Veteran	N/A	Free	Please provide the current
weight:	have any signs or		Text	weight.
	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			
If checked,	If Does the Veteran	N/A	Free	Please describe the
describe:	have any signs or		Text	decreased function of
30501100.	symptoms due to		10/11	other organ systems
	renal dysfunction? =			caused by renal
	Yes and if Renal			dysfunction.
	dysfunction signs or			
	symptoms include			
	Markedly decreased			
	function other organ			
	systems, especially			
L	. , , ,	1	-1	i

	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			
	valid values			
	Else; Disabled			
c. Does the	If $Diagnosis = Yes$	[Yes; No]	N/A	Please provide an answer
Veteran have	and at least one			to the question: Does the
hypertension	diagnosis is selected			Veteran have
and/or heart	in the Diagnosis			hypertension and/or heart
disease due to	section and Does the			disease due to renal
renal	Veteran have renal			dysfunction or caused by
dysfunction or	dysfunction = Yes;			any kidney condition?
caused by any	Enabled, Mandatory,			
kidney	Choose one valid			
condition?	value			
	Fl F 1.1 1			
	Else; Enabled,			
If was also	Optional If Does the Veteran	NI/A	NI/A	N/A
If yes, also	If Does the Veteran	N/A	N/A	N/A
complete the Hypertension	have hypertension and/or heart disease			
and/or Heart	due to renal			
Disease	dysfunction or caused			
Questionnaire	by any kidney			
as appropriate.	condition? = Yes;			
по прргорише.	Enabled; Read-Only			
	Zinasiea, rieda Olliy			
	Else; Disabled			

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

3. Renal dysfunction
a. Does the Veteran have renal dysfunction? • Yes • No
If yes, does the Veteran require regular dialysis? C Yes C 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
If checked, describe:
ii checked, describe.
c. Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition? • Yes © No
fives, 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

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	N/A	N/A	N/A
b. Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder?	Else; Disabled 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 <i>Diet</i> 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 <i>Diagnosis</i> = <i>Yes</i> ; 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 <i>Other</i> ; Enabled; Mandatory	N/A	Free Text	Please describe the other signs or symptoms due to urolithiasis.
	Else; Disabled			uronunasis.

Figure 11: Template Example: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis
4. Urolithiasis a. Does the Veteran have kidney, ureteral or bladder calculi? ✓ Yes C 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?
If yes, indicate severity (check all that apply)
No symptoms of attacks of colic
Cocasional 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

```
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

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

Field/Question	idney Conditions (Nephrology) Field Disposition	Valid Values	Format	Error Message
5. Urinary	Enabled; Read-Only	N/A	N/A	N/A
tract/kidney infection	Litablea, Read-Only	1 1 1 / 1 1	11/71	11/1
Does the Veteran have a	If $Diagnosis = Yes$ and at	[Yes; No]	N/A	Please answer the
history of recurrent	least one diagnosis is selected	[168, 100]	IN/A	question: Does the
symptomatic urinary	in the Diagnosis section;			Veteran have a
tract or kidney	Enabled, Mandatory, Choose			history of
infections?	one valid value			recurrent
infections:	one vand value			symptomatic
	Else; Enabled, Optional			urinary tract or
	Zise, Zimerea, optional			kidney infections?
If yes, provide etiology:	If Does the Veteran have a	N/A	Free	Please provide the
<i>3</i> / 1	history of recurrent		Text	etiology of the
	symptomatic urinary tract or			recurrent
	kidney infections?= Yes;			symptomatic
	Enabled; Mandatory			urinary tract or
				kidney infections.
	Else; Disabled			
If the Veteran has had	If Does the Veteran have a	[No treatment;	N/A	Please check one
recurrent symptomatic	history of recurrent	OR Long-term		or more boxes to
urinary tract or kidney	symptomatic urinary tract or	drug therapy;		indicate
infections, indicate all	kidney infections?= Yes;	Hospitalization;		applicable
treatment modalities	Enabled; Mandatory; Choose	Drainage;		treatment
that apply:	one or more valid values	Continuous		modalities for
		intensive		recurrent
	Else; Disabled	management;		symptomatic
		Intermittent		urinary tract or
		intensive		kidney infections.
		management;		
TC 1 1 1 1 4	TC 1 11:2	Other]	Г	DI 1' .
If checked, list	If treatment modalities	N/A	Free	Please list
medications used and	include Long-term drug		Text	medications used
indicate dates for courses of treatment	therapy; Enabled; Mandatory			for urinary tract or kidney infections
over the past 12 months:	Else Disabled			and their
over the past 12 months.	Else Disabled			treatment dates
				over the past 12
				months.
If checked, indicate	If treatment modalities	[1 or 2 per	N/A	Please indicate the
frequency of	include Hospitalization;	year; >2 per		frequency of
hospitalization:	Enabled; Mandatory	year]		hospitalization.
•		_		
	Else Disabled			
If checked, indicate	If treatment modalities	N/A	Free	Please indicate the
dates when drainage	include <i>Drainage</i> ; Enabled;		Text	dates that
performed over past 12	Mandatory			drainage was
months:				performed over
	Else Disabled			the past 12
				months.
If checked, indicate	If treatment modalities	N/A	Free	Please describe
types of treatments and	include Continuous intensive		Text	the types of
medications used over	management; Enabled;			treatment and
past 12 months:	Mandatory			medications for

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

 $\label{eq:conditions} \textbf{Figure 13: Template Example: DBQ-Kidney Conditions} \ (\textbf{Nephrology}) - \textbf{5. Urinary tract/kidney infection}$

5. Urinary tract/kidney infection
Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections? Pes C 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:

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

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

Field/Question	dney Conditions (Nephrology) – 6 Field Disposition	Valid	Format	Error Message
ricia/Question	Field Disposition	Values	Format	Lift Wessage
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 <i>Diagnosis</i> = <i>Yes</i> ; 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

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:
▼ Other, describe:
b. Has the Veteran had a kidney transplant? ⊙ Yes ⊜ No
If yes, date of admission:
Date of discharge:

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**

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

Field/Question	Field Disposition	Valid Values	Format	Error Message
7. Tumors and	Enabled, Read-Only	N/A	N/A	N/A
Neoplasms	Enabled, Read-Only	N/A	IN/A	IN/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

If checked, describe:	Else; Disabled If treatments include Surgery; Enabled, Mandatory Else; Disabled	Antineoplastic chemotherapy; Other therapeutic procedure; Other therapeutic treatment]	Free Text	undergoing or has completed. 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	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 O No. If yes, complete the following: b. Is the neoplasm C Benign C 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:

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?
           [ ] No; watchful waiting
   [ ] Yes
   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

Enabled; Read-Only If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional If previous question = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	Values N/A [Yes; No]	N/A N/A	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. Please answer whether or not any
If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional If previous question = Yes; Enabled, Mandatory, Choose one valid value	[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. Please answer whether or not any
one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional If previous question = Yes; Enabled, Mandatory, Choose one valid value			whether or not the Veteran has any scars (surgical or otherwise) related to any conditions (or their treatment) listed in the Diagnosis section. Please answer whether or not any
Enabled, Mandatory, Choose one valid value	[Yes; No]	N/A	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 previous question = Yes; Enabled, Read-Only Else; Disabled	N/A	N/A	N/A
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 Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?= Yes: Enabled:	N/A	Free Text	Please describe any other pertinent physical findings, complications, conditions, signs or symptoms.
N V E	Mandatory, Choose one valid alue Else; Enabled, Optional If Does the Veteran have any ther pertinent physical indings, complications, onditions, signs and/or symptoms? = Yes; Enabled; Mandatory	Mandatory, Choose one valid alue Else; Enabled, Optional If Does the Veteran have any ther pertinent physical indings, complications, onditions, signs and/or symptoms? = Yes; Enabled; Mandatory	Mandatory, Choose one valid alue Else; Enabled, Optional If Does the Veteran have any ther pertinent physical indings, complications, onditions, signs and/or ymptoms? = Yes; Enabled;

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	- Kidney Conditions (Nephro 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	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	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.	[BUN; Creatinine; EGFR]	N/A	N/A
BUN: Date:	Else; Enabled, Optional 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.

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

	Laboratory studies include EGFR; Enabled; Optional			
Result:	Else; Disabled If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include EGFR; Enabled; Mandatory	N/A	Free Text	Please enter the result of the EGFR laboratory study.
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Laboratory studies include EGFR; Enabled; Optional			
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	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	(albumin)] N/A	Free Text	Please enter the date of the hyaline casts urinalysis.
Result:	performed? = No and If Urinalysis includes Hyaline casts; Enabled; Optional Else; Disabled If Has the Veteran had	N/A	Free	Please enter the
1.5541.0	laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Hyaline casts; Enabled; Mandatory		Text	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	N/A	Free Text	Please enter the date of the granular casts urinalysis.
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Granular casts; Enabled; Optional			
Result:	Else; Disabled If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Granular casts; Enabled; Mandatory	N/A	Free Text	Please enter the results of the granular casts urinalysis.
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Granular casts; Enabled; Optional			
RBC's/HPF: Date:	Else; Disabled If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes RBC's/HPF; Enabled; Mandatory	N/A	Free Text	Please enter the date of the RBC's/HPF urinalysis.
	If Has the Veteran had laboratory or other diagnostic studies			

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

	(albumin); Enabled; Optional			
Spot urine for protein/creatinine ratio: Date:	Else; Disabled 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	27/4		
Result:	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes 24 hour protein (albumin); Enabled; Mandatory	N/A	Free Text	Please enter the result of the 24 hour protein (albumin) urinalysis.
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes 24 hour protein (albumin); Enabled; Optional			
	Else; Disabled			
d. Urine microalbumin: Date:	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and Urine microalbumin result is populated; Enabled; Mandatory	N/A	Free Text	Please enter the date of the urine microalbumin test.
Result:	Else; Enabled; Optional If Has the Veteran had	N/A	Free	Please enter the
result.	laboratory or other diagnostic studies performed? = Yes and Urine microalbumin date is populated; Enabled; Mandatory	TV/X	Text	result of the urine microalbumin test.
	Else; Enabled, Optional			
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	[Yes; No]	N/A	Please provide an answer to the question: Are there any other significant diagnostic test findings and/or
If yes, provide type of	Else; Enabled, Optional If Are there any other	N/A	Free	results? Please provide the
test or procedure, date and results (brief summary):	significant diagnostic test findings and/or results? = Yes; Enabled; Mandatory		Text	type of test or procedure, date and results.
	Else; Disabled			

Figure 21: Template 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: Result: Date: ✓ Granular casts: 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

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 lab	oratory or other d	liagnostic studies performed?			
If yes, provide most recen	t results, if avai	lable:			
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 prote	ein/creatinine rat	io:			
	Date:	Result:			
[] 24 hour protein (al	bumin):				
-	Date:	Result:			

d. Urine microalbumin:	Date:	Result:
e. Are there any other [] Yes [] No	significant	diagnostic test findings and/or results?
If yes, provide summary):	type of test	t or procedure, date and results (brief

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

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:

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

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10. Functional impact
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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

11. Remarks, if any			

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

11. Remarks, if any

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:
disability benefits. VA will	the U.S. Department of Veterans Affairs (VA) for l consider the information you provide on this ir evaluation in processing the Veteran's claim.
1. Diagnosis:	
Does the Veteran now have or condition? Yes No	has he/she ever been diagnosed with a kidney
	g., Veteran has never had any known kidney
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 (s	specify diagnosis, providing only diagnoses
that pertain to kidney co	
Other diagnosis #1:	
TOD and a	
Date of diagnosis:	
Other diagnosis #2:	
Date of diagnosis:	
If there are additional diagrasing above format:	noses that pertain to kidney conditions, list
2. Medical history	
Describe the history (includi	ing cause, onset and course) of the Veteran's

Page: 2 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. Page: 3 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:

<pre>b. Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder? Yes No</pre>
<pre>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</pre>
<pre>c. Does the Veteran have signs or symptoms due to urolithiasis? Yes No</pre>
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 treatmen past 12 months: Other, describe:	
6.	Kidney transplant or removal	
	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:	
	Has the Veteran had a kidney transplant? Yes No	
If Dat	yes, date of admission:te of discharge:	
Page	e: 5	
	ability Benefits Questionnaire for ney Conditions (Nephrology)	
7.	Tumors and neoplasms	
re	Does the Veteran have a benign or malignan lated to any of the diagnoses in the Diagnos Yes No	
Ιf	yes, complete the following:	
	Is the neoplasm _ Benign Malignant	
tre	Has the Veteran completed treatment or is t eatment for a benign or malignant neoplasm o Yes No; watchful waiting	
	<pre>If yes, indicate type of treatment the Vete has completed (check all that apply):</pre>	
	Date(s) of surgery: Radiation therapy Date of most recent treatment:	
	Date of completion of treatment or anti completion: Antineoplastic chemotherapy	cipated date of
	Date of most recent treatment: Date of completion of treatment or anti completion: Other therapeutic procedure	cipated date of
	If checked, describe procedure: Date of most recent procedure: Other therapeutic treatment	
	If checked, describe treatment: Date of completion of treatment or anti	cipated date of

completion:			
<pre>d. Does the Veteran currently have due to the neoplasm (including met already documented in the report a Yes No</pre>	tastases) or i		
If yes, list residual conditions a	and complicati	ons (brief summary):	
e. If there are additional benign related to any of the diagnoses in above format:			ne
Page: 6			
Disability Benefits Questionnaire f Kidney Conditions (Nephrology)	for		
8. Other pertinent physical finding symptoms	ngs, complicat	ions, conditions, signs and/	or
a. Does the Veteran have any scars conditions or to the treatment of section above? Yes No If yes, are any of the scars part of all related scars greater the Yes No If yes, also complete a Scars Q	any condition ainful and/or nan 39 square	unstable, or is the total arcm (6 square inches)?	:ea
b. Does the Veteran have any other complications, conditions, signs aYes No			
If yes, describe (brief summary):			
9. Diagnostic testing			
NOTE: If laboratory test results a Veteran's current renal function,			
a. Has the Veteran had laboratory Yes No	or other diag	mostic studies performed?	
If yes, provide most recent result	s, if availab	ole:	
<pre>b. Laboratory studies BUN:</pre>	Date:	Result: Result:	
EGFR:	Date:	Result:	
c. Urinalysis: Hyaline casts: Granular casts:	Date:	Pogult:	
RBC's/HPF:	Date:		
Protein (albumin): Spot urine for	Date:	Result:	
protein/creatinine ratio: 24 hour protein (albumin):	Date:	Result:	

d. Urine microalbumin:	Date:	Result:
e. Are there any other sign	nificant diagnostic to	est findings and/or results?
If yes, provide type of tes	st or procedure, date	and results (brief summary):
Page: 7		
Disability Benefits Question Kidney Conditions (Nephrolog		
10. Functional impact		
Does the Veteran's kidney of his or her ability to work' Yes No		ng neoplasms, if any, impact
If yes, describe impact of one or more examples:		s kidney conditions, providing
11. Remarks, if any:		
		Date:
Physician printed name:		Phone:
Medical license #:		Fax:
Physician address:		
NOTE: VA may request additional examinations if necessary tapplication.		