

Compensation and Pension Record Interchange (CAPRI)

Male Reproductive System Conditions Disability Benefits Questionnaire (DBQ) Workflow

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

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Revision History

Date	Description (Patch # if applicable)	Author	Technical Writer
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4/1/2011	Changes for patch 163	M. Guthrie	N/A
4/7/11	Changed mandatory logic to "Please describe the appliance used for the voiding dysfunction." Changed If yes, describe: to If yes, describe the	K. DeLaCruz	N/A
	appliance		

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1 Introduction

1.1 Purpose

This document provides a high level overview of the contents found on the Male Reproductive System Conditions 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 Male Reproductive System Conditions DBQ provides the ability to capture information related to Male Reproductive Organs 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 Male Reproductive System Conditions DBQ 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 Male Reproductive System Conditions DBQ

2.1 Name of patient/Veteran

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

Table 1: Rules: DBQ - Male Reproductive System Conditions - Name of patient/Veteran

Field/Question	Field Disposition	Valid Values	Format	Error Message
Male Reproductive	Enabled, Read-	N/A	N/A	N/A
System Conditions	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 4: Print Example: DBQ - Male Reproductive System Conditions - Name of patient/Veteran

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

Male Reproductive System Conditions Disability Benefits Questionnaire

Name of patient/Veteran:

Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

2.2 Section 1. Diagnosis

The question "Does the Veteran now have or has he ever been diagnosed with any conditions of the male reproductive system?" 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 must be completed. 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 - Male Reproductive System Conditions - 1. Diagnosis

Field/Question	Field Disposition	Valid Values	Format	Error Message
1.Diagnosis	Enabled, Read-Only	N/A	N/A	N/A
Does the Veteran now have or has he ever been diagnosed with any conditions of the male reproductive system?	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 any conditions of the male reproductive
If no, provide rationale (e.g., Veteran has never had any known male reproductive organ conditions):	If Does the Veteran now have or has he ever been diagnosed with any conditions of the male reproductive system? = No; Enabled, Mandatory Else; Disabled	N/A	Free Text	system? Please provide the rationale for indicating the Veteran has not been diagnosed with a condition of the male reproductive system.

d/Question es, indicate enoses (check all that ly):	Field Disposition If Does the Veteran now have or has he	Valid Values [Erectile	Format N/A	Error Message Please indicate the
gnoses (check all that	now have or has he			Please mulcate the
	now have or has he	dysfunction;		Veteran's male
• *	ever been diagnosed	Penis,		reproductive system
	with any conditions of	deformity		diagnosis.
	the male reproductive	(e.g.,		_
	system? = Yes;	Peyronie's);		
	Enabled, Mandatory;	Testis,		
	Choose one or more	atrophy, one or		
	valid values	both; Testis,		
		removal, one		
	Else; Enabled,	or both;		
	Optional	Epididymitis,		
		chronic;		
		Epididymo-		
		orchitis,		
		chronic;		
		Prostate		
		injury; prostate		
		hypertrophy (BPH);		
		· · · · · · · · · · · · · · · · · · ·		
		the male		
		reproductive		
		male		
		reproductive		
		system		
		condition		
		(specify		
		diagnosis,		
		providing only		
	70.71			
Code:		N/A	Free Text	
				dysfunction.
	Enabled, Mandatory			
	If Diggrasis = Ma as 1			
	Enableu, Optioliai			
	Else; Disabled			
Code:	If Diagnosis = Yes and if Diagnosis includes Erectile dysfunction; Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Erectile dysfunction; Enabled, Optional Else; Disabled	Prostatitis, chronic; Prostate surgical residuals (as addressed in items 3-6); Neoplasms of the male reproductive system; Other male reproductive system condition (specify diagnosis,	Free Text	Please enter the ICD code for Erectile dysfunction.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Erectile dysfunction;	N/A	Free Text	Please enter the date of diagnosis for Erectile dysfunction.
	Enabled, Mandatory If $Diagnosis = No$ and			
	if Diagnosis includes Erectile dysfunction; Enabled, Optional			
	Else; Disabled			
ICD Code:	If Diagnosis = Yes and if Diagnosis includes Penis, deformity (e.g. Peyronie's); Enabled, Mandatory	N/A	Free Text	Please enter the ICD code for Penis, deformity (e.g. Peyronie's).
	If <i>Diagnosis</i> = <i>No</i> and if <i>Diagnosis includes Penis, deformity</i> (e.g. <i>Peyronie's</i>).; Enabled, Optional			
	Else; Disabled			
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Penis, deformity (e.g. Peyronie's); Enabled, Mandatory	N/A	Free Text	Please enter the date of diagnosis for Penis, deformity (e.g. Peyronie's).
	If Diagnosis = No and if Diagnosis includes Penis, deformity (e.g. Peyronie's).; Enabled, Optional			
	Else; Disabled			
ICD Code:	If Diagnosis = Yes and if Diagnosis includes Testis, atrophy, one or both; Enabled, Mandatory	N/A	Free Text	Please enter the ICD code for Testis, atrophy, one or both.
	If Diagnosis = No and if Diagnosis includes Testis, atrophy, one or both; Enabled, Optional			
	Else; Disabled			

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of Diagnosis:	If $Diagnosis = Yes$ and	N/A	Free Text	Please enter the date of
	if Diagnosis includes			diagnosis for Testis,
	Testis, atrophy, one or			atrophy, one or both.
	both; Enabled,			
	Mandatory			
	If $Diagnosis = No$ and			
	if Diagnosis includes			
	Testis, atrophy, one or			
	both; Enabled,			
	Optional			
	El D' 11 1			
ICD Code:	Else; Disabled	N/A	Free Text	Please enter the ICD
ICD Code:	If <i>Diagnosis</i> = <i>Yes</i> and if <i>Diagnosis includes</i>	N/A	riee Text	code for Testis, removal,
	Testis, removal, one or			one or both.
	both; Enabled,			one of both.
	Mandatory			
	If $Diagnosis = No$ and			
	if Diagnosis includes			
	Testis, removal, one or			
	both; Enabled, Optional			
	Ориона			
	Else; Disabled			
Date of Diagnosis:	If $Diagnosis = Yes$ and	N/A	Free Text	Please enter the date of
	if Diagnosis includes			diagnosis for Testis,
	Testis, removal, one or			removal, one or both.
	both; Enabled,			
	Mandatory			
	If $Diagnosis = No$ and			
	if Diagnosis includes			
	Testis, removal, one or			
	both; Enabled,			
	Optional			
	Else; Disabled			
ICD Code:	If $Diagnosis = Yes$ and	N/A	Free Text	Please enter the ICD
	if Diagnosis includes			code for Epididymitis,
	Epididymitis, chronic;			chronic.
	Enabled, Mandatory			
	If $Diagnosis = No$ and			
	if Diagnosis includes			
	Epididymitis, chronic;			
	Enabled, Optional			
	Else; Disabled			

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Epididymitis, chronic; Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Epididymitis, chronic; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Epididymitis, chronic.
ICD Code:	If Diagnosis = Yes and if Diagnosis includes Epididymo-orchitis, chronic; Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Epididymo-orchitis, chronic; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Epididymoorchitis, chronic.
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Epididymo-orchitis, chronic; Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Epididymo-orchitis, chronic; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Epididymoorchitis, chronic.
ICD Code:	If Diagnosis = Yes and if Diagnosis includes Prostate injury; Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Prostate injury; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Prostate injury.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Prostate injury; Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Prostate injury; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Prostate injury.
ICD Code:	If Diagnosis = Yes and if Diagnosis includes Prostate hypertrophy (BPH); Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Prostate hypertrophy (BPH); Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Prostate hypertrophy (BPH).
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Prostate hypertrophy (BPH); Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Prostate hypertrophy (BPH); Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the date of diagnosis for Prostate hypertrophy (BPH).
ICD Code:	If Diagnosis = Yes and if Diagnosis includes Prostatitis, chronic; Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Prostatitis, chronic; Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Prostatitis, chronic.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Prostatitis, chronic; Enabled, Mandatory	N/A	Free Text	Please enter the date of diagnosis for Prostatitis, chronic.
	If Diagnosis = No and if Diagnosis includes Prostatitis, chronic; Enabled, Optional			
	Else; Disabled			
ICD Code:	If Diagnosis = Yes and if Diagnosis includes Prostate surgical residuals; Enabled, Mandatory	N/A	Free Text	Please enter the ICD code for Prostate surgical residuals (as addressed in items 3-6).
	If Diagnosis = No and if Diagnosis includes Prostate surgical residuals; Enabled, Optional			
	Else; Disabled			
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Prostate surgical residuals; Enabled, Mandatory	N/A	Free Text	Please enter the date of diagnosis for Prostate surgical residuals (as addressed in items 3-6).
	If Diagnosis = No and if Diagnosis includes Prostate surgical residuals; Enabled, Optional			
ICD Code:	Else; Disabled If Diagnosis = Yes and if Diagnosis includes Neoplasms of the male reproductive system; Enabled, Mandatory	N/A	Free Text	Please enter the ICD code for Neoplasms of the male reproductive system.
	If Diagnosis = No and if Diagnosis includes Neoplasms of the male reproductive system; Enabled, Optional			
	Else; Disabled			

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Neoplasms of the male reproductive system; Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Neoplasms of the male reproductive system; Enabled, Optional	N/A	Free Text	Please enter the date of Neoplasms of the male reproductive system.
ICD Code:	Else; Disabled If Diagnosis = Yes and if Diagnosis includes Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.); Enabled, Mandatory If Diagnosis = No and if Diagnosis includes Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.); Enabled, Optional Else; Disabled	N/A	Free Text	Please enter the ICD code for Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of Diagnosis:	If Diagnosis = Yes	N/A	Free Text	Please enter the date of
	and if Diagnosis			Other male reproductive
	includes Other male			system condition
	reproductive system			(specify diagnosis,
	condition (specify			providing only diagnoses
	diagnosis, providing			that pertain to male
	only diagnoses that			reproductive system.
	pertain to male			
	reproductive system.);			
	Enabled, Mandatory			
	If $Diagnosis = No$ and			
	if Diagnosis includes			
	Other male			
	reproductive system			
	condition (specify			
	diagnosis, providing			
	only diagnoses that			
	pertain to male			
	reproductive system.);			
	Enabled, Optional			
	Else; Disabled			
Other diagnosis #1:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If $Diagnosis = Yes$ and	N/A	Free Text	Please enter the ICD
	Other diagnosis #1 is			code for other diagnosis
	populated; Enabled,			#1.
	Mandatory			
	F1F1.11			
	Else; Enabled,			
Data of diagnosis	Optional If Discussis – Ves and	N/A	Free Text	Please enter the date of
Date of diagnosis:	If Diagnosis = Yes and	N/A	Free Text	other diagnosis #1.
	Other diagnosis #1 is populated; Enabled,			other diagnosis #1.
	Mandatory			
	Wandatory			
	Else; Enabled,			
	Optional			
Other diagnosis #2:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If $Diagnosis = Yes$ and	N/A	Free Text	Please enter the ICD
	Other diagnosis #2 is			code for other diagnosis
	populated; Enabled,			#2.
	Mandatory			
	Else; Enabled,			
	Optional			
Date of diagnosis:	If $Diagnosis = Yes$ and	N/A	Free Text	Please enter the date of
	Other diagnosis #2 is			other diagnosis #2.
	populated; Enabled,			
	Mandatory			
	Else; Enabled,			
	Optional			

Field/Question	Field Disposition	Valid Values	Format	Error Message
If there are additional	Enabled, Optional	N/A	Free Text	N/A
diagnoses that pertain to				
the male reproductive				
organ conditions, list				
using above format:				

igure 5: Template Example: DB 1. Diagnosis	Q – Male R	eproductive System	Conditions	s – 1. <u>D</u> iagnosis	
Does the Veteran now have or has he	ever been diag	nosed with a condition of t	he male repro	oductive system?	
If no, provide rationale/reason (e.g., Vet	eran does not i	currently have any known	male reprodu	cive organ conditions):	
If yes, indicate diagnosis: (check all tha	it apply)				
▼ Erectile dysfunction	ICD Code:		Date:		
Penis, deformity (e.g., Peyronie's)	ICD Code:		Date:		
▼ Testis, atrophy, one or both	ICD Code:		Date:		
₹ Testis, removal, one or both	ICD Code:		Date:		
✓ Epididymitis, chronic	ICD Code:		Date:		
▼ Epididymo-orchitis, chronic	ICD Code:		Date:		
▼ Prostate injury	ICD Code:		Date:		
▼ Prostate hypertrophy (BPH)	ICD Code:		Date:		
▼ Prostatitis, chronic	ICD Code:		Date:		
▼ Prostate surgical residuals (as addre		3-6)			
T Novelesson (the souls souls here)	ICD Code:		Date:		
 Neoplasms of the male reproductive 	: system ICD Code:		Date:		_
Other male reproductive system cor	ndition (specify	diagnosis, providing only	diagnoses th	nat pertain to male repr	oductive system.)
	ICD Code:		Date:		
Other diagnosis #1:					
ICD code:					
Date of diagnosis:					
Other diagnosis #2:					
,					
ICD code:					
Date of diagnosis: there are additional diagnoses that pertai	in to the seals o		list	-h (
there are additional diagnoses that pertai	n to the male it	eproductive organi condition	ris, iist usiriy a	above folillat.	
igure 6: Print Example: DBQ –	Male Repro	oductive System Cond	ditions – 1.	. Diagnosis	
1. Diagnosis		3040			
Does the Veteran now ho			_	with any condi	tions
If no, provide rationa reproductive organ con		Veteran has neve	er had ar	ny known male	

```
If yes, indicate diagnoses: (check all that apply)
  [ ] Erectile dysfunction
        ICD Code: Date of Diagnosis:
   [ ] Penis, deformity (e.g., Peyronie's)
        ICD Code: Date of Diagnosis:
  [ ] Testis, atrophy, one or both
        ICD Code: Date of Diagnosis:
  [ ] Testis, removal, one or both
        ICD Code:
                          Date of Diagnosis:
  [ ] Epididymitis, chronic
        ICD Code:
                          Date of Diagnosis:
  [ ] Epididymo-orchitis, chronic
                          Date of Diagnosis:
        ICD Code:
  [ ] Prostate injury
                         Date of Diagnosis:
        ICD Code:
  [ ] Prostate hypertrophy (BPH)
                          Date of Diagnosis:
        ICD Code:
  [ ] Prostatitis, chronic
                          Date of Diagnosis:
        ICD Code:
  [ ] Prostate surgical residuals (as addressed in items 3-6)
        ICD Code:
Date of Diagnosis:
  [ ] Neoplasms of the male reproductive system
        ICD Code:
Date of Diagnosis:
  [ ] Other male reproductive system condition (specify diagnosis,
      providing only diagnoses that pertain to male reproductive system.)
                         Date of Diagnosis:
        ICD Code:
  Other diagnosis #1:
     ICD code:
     Date of diagnosis:
  Other diagnosis #2:
     ICD code:
     Date of diagnosis:
If there are additional diagnoses that pertain to the male reproductive
  organ conditions, list using above format:
```

2.3 Section 2. Medical history

Table 3: Rules: DBO – Male Reproductive System Conditions – 2. Medical history

	SQ – Male Reproductive System			
Field/Question	Field Disposition	Valid Values	Format	Error Message
2.Medical	Enabled; Read Only	N/A	N/A	N/A
<u>history</u>				
a. Describe the	If $Diagnosis = Yes$ and at	N/A	Free	Please describe the
history	least one diagnosis selected in		Text	history (including onset
(including onset	the Diagnosis section;			and course) of the
and course) of	Enabled, Mandatory			Veteran's current male
the Veteran's				reproductive organ
male	Else; Enabled, Optional			condition(s).
reproductive				
organ				
condition(s)				
(brief summary):				
b. Does the	If $Diagnosis = Yes$ and at	[Yes; No]	N/A	Please provide an answer
Veteran's	least one diagnosis selected in			to the question: Does the
treatment plan	the Diagnosis section;			Veteran's treatment plan
include taking	Enabled, Mandatory			include taking continuous
continuous				medication for the
medication for	Else; Enabled, Optional			diagnosed condition?
the diagnosed				
condition?	Choose one valid value.			
List	If $Diagnosis = Yes$ and $Does$	N/A	Free	Please list continuous
Medications:	the Veteran's treatment plan		Text	medications taken for the
	include taking continuous			diagnosed condition.
	medication for the diagnosed			
	<i>condition?</i> = <i>Yes;</i> Enabled,			
	Mandatory			
	,			
	If $Diagnosis = No$ and $Does$			
	the Veteran's treatment plan			
	include taking continuous			
	medication for the diagnosed			
	<i>condition?</i> = <i>Yes;</i> Enabled,			
	Optional			
	opusiui.			
	Else; Disabled			
c. Has the	If $Diagnosis = Yes$ and at	[Yes; No]	N/A	Please provide an answer
Veteran had an	least one diagnosis selected in	L,1]	to the question: Has the
orchiectomy?	the Diagnosis section;			Veteran had an
	Enabled, Mandatory			orchiectomy?
	Else; Enabled, Optional			
	Zise, Zimeren, opuenar			
	Choose one valid value			
Indicate testicle	If $Diagnosis = Yes$ and at	[Right; Left;	N/A	Please indicate which
removed:	least one diagnosis selected in	Both]	1 1/11	testicle was removed.
	the Diagnosis section and Has	1		
	the Veteran had an			
	orchiectomy? = Yes; Enabled,			
	Mandatory			
	111midutory			
	If Diagnosis = No and Has			
			i	1

	the Veteran had an orchiectomy? = Yes; Enabled, Optional Choose one valid value Else; Disabled			
Indicate reason for removal:	If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section and Has the Veteran had an orchiectomy? = Yes; Enabled, Mandatory If Diagnosis = No and Has the Veteran had an orchiectomy? = Yes; Enabled, Optional Choose one valid value Else; Disabled	[Undescended; Congenitally underdeveloped; Other: provide reason for removal:]	N/A	Please indicate the reason for the orchiectomy.
Other: provide reason for removal:	If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section and Reason for removal = Other; Enabled, Mandatory If Diagnosis = No and Has the Veteran had an orchiectomy? = Yes; Enabled, Optional Else; Disabled	N/A	Free Text	Please provide the other reason for the orchiectomy.

Figure 7: Template Example: DBQ – Male Reproductive System Conditions – 2. Medical history

2. Medical history
a. Describe the history (including onset and course) of the Veteran's male reproductive organ condition(s) (brief summary):
 b. Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition? Yes O No
List medications:
c. Has the Veteran had an orchiectomy? • Yes © No
Indicate testicle removed: Right C Left C Both
Indicate reason for removal: Undescended Congenitally underdeveloped
Other: provide reason for removal:

Figure 8: Print Example: DBQ - Male Reproductive System Conditions - 2. Medical history

2.4 Section 3. Voiding dysfunction

Table 4: Rules: DBQ – Male Reproductive System Conditions – 3. Voiding dysfunction

Field/Question	Field Disposition	tive System Conditions – 3. V Valid Values	Format	Error Message
	Enabled; Read Only	N/A	N/A	N/A
3.Voiding dysfunction	·			
Does the Veteran have a voiding dysfunction?	If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled; Mandatory. Else; Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran have a voiding dysfunction?
	Choose one valid value			
If yes, provide etiology of voiding dysfunction:	Does the Veteran have a voiding dysfunction? = Yes; Enabled; Mandatory	N/A	Free Text	Please provide the etiology of the voiding dysfunction.
If the Veteran has a voiding dysfunction,	Else; Disabled If Does the Veteran have a voiding dysfunction? = Yes;	N/A	N/A	N/A
complete the following questions:	Enabled; Read-Only Else; Disabled			
a. Does the voiding dysfunction cause urine leakage?	If Does the Veteran have a voiding dysfunction? = Yes; Enabled; Mandatory; Choose one valid value.	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction cause urine leakage?
Indicate severity (check one):	Else; Disabled If Does the voiding dysfunction cause urine leakage? = Yes; Enabled; Mandatory; Choose one valid	[Does not require/does not use absorbent material; Requires absorbent material that is changed less than 2 times per day; Requires absorbent material that is	N/A	Please check the applicable statement pertaining to the voiding dysfunction causing urine leakage.
	value. Else; Disabled	changed 2 to 4 times per day; Requires absorbent material that is changed more than 4 times per day; Other, describe:]		
Other, describe:	If Severity = Other, Enabled, Mandatory	N/A	Free Text	Please describe the other voiding dysfunction which causes urine
	Else; Disabled			leakage.
b. Does the voiding dysfunction require the use of an appliance?	If Does the Veteran have a voiding dysfunction? = Yes; Enabled; Mandatory; Choose one valid	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction require the use of an appliance?

	value.			
	Else; Disabled			
If yes, describe the appliance:	If Does the voiding dysfunction require the use of an appliance? = Yes; Enabled, Mandatory	N/A	Free Text	Please describe the appliance used for the voiding dysfunction.
	Else; Disabled			
c. Does the voiding dysfunction cause increased urinary frequency?	If Does the Veteran have a voiding dysfunction? = Yes; Enabled; Mandatory; Choose one valid value.	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction cause increased urinary frequency?
	Else; Disabled			
If yes, check all that apply:	If Does the voiding dysfunction cause increased urinary frequency? = Yes; Enabled; Mandatory; Choose one valid value for Daytime and one valid value for Nighttime.	[Daytime voiding interval between 2 and 3 hours; Daytime voiding interval between 1 and 2 hours; Daytime voiding interval less than 1 hour] [Nighttime awakening to void 2 times; Nighttime awakening to 4 times; Nighttime awakening	N/A	Please check the applicable statement(s) pertaining to the voiding dysfunction causing signs and/or symptoms of urinary frequency.
	Else; Disabled	times; Nighttime awakening to void 5 or more times]		
d. Does the voiding dysfunction cause signs or symptoms of obstructed voiding?	If Does the Veteran have a voiding dysfunction? = Yes; Enabled; Mandatory; Choose one valid value.	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction cause signs or symptoms of obstructed voiding?
voiding.	Else; Disabled			
If yes, check all that apply:	If Does the voiding dysfunction cause signs or symptoms of obstructed voiding? = Yes; Enabled; Mandatory; Choose one or more valid values. Else; Disabled	[Hesitancy; slow or weak stream; decreased force of stream; stricture disease requiring dilatation 1 to 2 times per year; stricture disease requiring periodic dilatation every 2 to 3 months; recurrent urinary tract infections secondary to obstruction; uroflowmetry peak flow rate less than 10 cc/sec; post void residuals greater than 150 cc; urinary retention requiring intermittent catheterization; urinary retention requiring continuous catheterization; Other, describe:]	N/A	Please check one or more boxes to indicate the signs and symptoms of obstructed voiding.

If checked, is hesitancy marked?	If Voiding dysfunction signs or symptoms include Hesitancy; Enabled, Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please indicate whether or not hesitancy is marked.
If checked, is stream markedly slow or weak?	If Voiding dysfunction signs or symptoms include Slow or weak stream; Enabled, Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please indicate whether or not stream is markedly slow or weak.
If checked, is force of stream markedly decreased?	If Voiding dysfunction signs or symptoms include Decreased force of stream; Enabled, Mandatory; Choose one valid value. Else; Disabled	[Yes; No]	N/A	Please indicate whether or not force of stream is markedly decreased.
Other, describe:	If Voiding dysfunction signs or symptoms include Other; Enabled; Mandatory Else Disabled	N/A	Free Text	Please describe the other signs and symptoms of obstructed voiding.

Figure 9: Template Example: DBQ – Male Reproductive System Conditions – 3. Voiding dysfunction

3. Voiding dysfunction Does the Veteran have a voiding dysfunction? ✓ Yes C No	
If yes, provide etiology of voiding dysfunction:	
If the Veteran has a voiding dysfunction, complete the following questions: a. Does the voiding dysfunction cause urine leakage? Yes No Indicate severity (check one): Does not require the wearing of absorbent material Requires absorbent material which must be changed less than 2 times per day Requires absorbent material which must be changed 2 to 4 times per day Requires absorbent material which must be changed more than 4 times per day Other, describe:	
	7
b. Does the voiding dysfunction require the use of an appliance? • Yes C No	
If yes, describe the appliance:	
c. Does the voiding dysfunction cause increased urinary frequency?	
☐ Other, describe:	

Figure 10: Print Example: DBQ – Male Reproductive System Conditions – 3. Voiding dysfunction

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

[X] Other, describe:

2.5 Section 4. Urinary tract/kidney infection

Table 5: Rules: DBQ - Male Reproductive System Conditions - 4. Urinary tract/kidney infection

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

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

Figure~11: Template~Example:~DBQ-Male~Reproductive~System~Conditions-4.~Urinary~tract/kidney~infection

4. Urinary tract/kidney infection
Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections? Yes 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 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 12: Print Example: DBQ – Male Reproductive System Conditions – 4. Urinary tract/kidney infection

	he Veteran have a history of recurrent symptomatic urinary tract or
kidney	infections?
[]	Yes [X] 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:

2.6 **Section 5. Erectile dysfunction**

Table 6: Rules: DBQ - Male Reproductive System Conditions - 5. Erectile Dysfunction

Field Disposition	WOIIG		
	Valid Values	Format	Error Message
Enabled; Read-Only	N/A	N/A	N/A
	[Yes; No]	N/A	Please provide an
			answer to the
			question: Does the
Mandatory			Veteran have
			erectile dysfunction?
Else, Enabled, Optional			
Choose one valid value.			
If Does the Veteran have	N/A	Free	Please provide the
<pre>erectile dysfunction? = Yes;</pre>		Text	etiology of erectile
Enabled, Mandatory			dysfunction.
Else: Disabled			
	[Yes: No]	N/A	Please answer
	[,		whether or not
• •			erectile dysfunction
one valid value.			is attributable to one
			of the diagnoses in
Else; Disabled			Section 1, including
			its residuals of
			treatment.
	N/A		Please specify the
Enabled, Mandatory		Text	diagnosis to which
			erectile dysfunction
Else; Disabled			is as likely as not
TCD 1 XX	FX7 X7 3	NT/ A	attributable.
	[Yes; No]	N/A	Please answer
			whether or not the
			Veteran is able to
one valid value.			achieve an erection sufficient for
Elsa, Dischlad			
Eise; Disabled			penetration and ejaculation (without
			,
If pravious question - No.	[Vac. No.]	N/A	medication). Please answer
	[1es, NO]	IN/A	whether or not the
			Veteran is able to
one vana varae.			achieve an erection
Else: Disabled			sufficient for
2100, 21000100			penetration and
			ejaculation (with
			medication).
	If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else, Enabled, Optional Choose one valid value. If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory Else; Disabled If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory, Choose one valid value.	Enabled; Read-Only If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else, Enabled, Optional Choose one valid value. If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory Else; Disabled If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory, Choose one valid value. Else; Disabled If previous question = Yes; Enabled, Mandatory Else; Disabled If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory Else; Disabled If previous question? = Yes; Enabled, Mandatory; Choose one valid value. Else; Disabled If previous question? = Yes; Enabled, Mandatory; Choose one valid value. Else; Disabled If previous question = No; Enabled, Mandatory; Choose one valid value. [Yes; No]	Enabled; Read-Only If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else, Enabled, Optional Choose one valid value. If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory Else; Disabled If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory, Choose one valid value. Else; Disabled If previous question = Yes; Enabled, Mandatory Else; Disabled If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory Else; Disabled If previous question = Yes; Enabled, Mandatory Else; Disabled If poes the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory; Choose one valid value. Else; Disabled If previous question = No; Enabled, Mandatory; Choose one valid value. If previous question = No; Enabled, Mandatory; Choose one valid value.

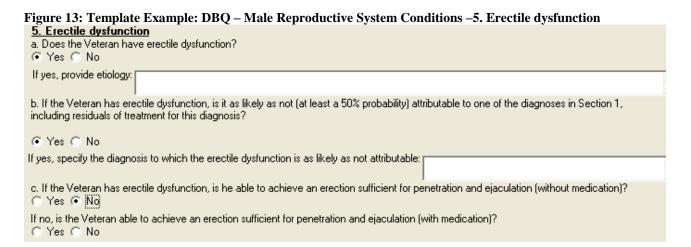


Figure 14: Print Example: DBQ – Male Reproductive System Conditions – 5. Erectile dysfunction

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

2.7 Section 6. Retrograde ejaculation

Field/Question	Field Disposition	Valid	Format	Error Message
6. Retrograde	Enabled; Read-Only	Values N/A	N/A	N/A
ejaculation	Zhaorea, Read Olly	1 1/11	1 1/11	11/11
a. Does the Veteran have	If Diagnosis = Yes and at least	[Yes; No]	Free	Please provide an
retrograde ejaculation?	one diagnosis selected in the		Text	answer to the
	Diagnosis section; Enabled,			question: Doe the Veteran have
	Mandatory			retrograde
	Else, Enabled, Optional			ejaculation?
	r			J
	Choose one valid value			
If yes, provide etiology	If Does the Veteran have	N/A	Free	Please provide the
of the retrograde	retrograde ejaculation? = Yes;		Text	etiology of
ejaculation:	Enabled, Mandatory			retrograde ejaculation.
	Else; Disabled			cjaculation.
b. If the Veteran has	If Does the Veteran have	[Yes; No]	N/A	Please answer
retrograde ejaculation, is	retrograde ejaculation? = Yes;			whether or not
it as likely as not (at least	Enabled, Mandatory; Choose			retrograde
a 50% probability) attributable to one of the	one valid value.			ejaculation is attributable to one of
diagnoses in Section 1,	Else; Disabled			the diagnoses in
including residuals of	Bise, Bisaciea			Section 1, including
treatment for this				its residuals of
diagnosis?				treatment.
If yes, specify the	If previous question = Yes;	N/A	Free	Please specify the
diagnosis to which the	Enabled, Mandatory		Text	diagnosis to which
retrograde ejaculation is as likely as not	Else; Disabled			retrograde ejaculation is as
attributable:	Lise, Disabled			likely as not
				attributable.

Figure 15: Template Example: DBQ – Male Reproductive System Conditions –6. Retrograde ejaculation				
6. Retrograde ejaculation a. Does the Veteran have retrograde ejaculation? ● Yes ○ No				
If yes, provide etiology of retrograde ejaculation:				
b. If the Veteran has retrograde ejaculation, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?				

Figure 16: Print Example: DBQ – Male Reproductive System Conditions – 6. Retrograde ejaculation

6.	Retrograde ejaculation	
	a. Does the Veteran have retrograde ejaculation? [] Yes [] No	
	If yes, provide etiology of the retrograde ejaculation:	

```
b. If the Veteran has retrograde ejaculation, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?

Yes
Yes
No

If yes, specify the diagnosis to which the retrograde ejaculation is as likely as not attributable:
```

2.8 Section 7. Male reproductive organ infections

Table 8: Rules: DBQ – Male Reproductive System Conditions – 7. Male reproductive organ infections

Field/Question	Tale Reproductive System Con Field Disposition	Valid Values	Format	Error Message
7. Male reproductive	Enabled; Read-Only	N/A	N/A	N/A
	, , , , , , , , , , , , , , , , , , , ,			
b. Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis? If yes, indicate all treatment modalities that apply:	If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else, Enabled, Optional Choose one valid value If Does the Veteran have a history of chronic epididymitis, epididymoorchitis or prostatitis? = Yes, Enabled, Mandatory; Choose one or more valid	[No treatment; OR Long-term drug therapy; Hospitalization; Continuous intensive	N/A	Please provide an answer to the question: Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis? Please check one or more boxes to indicate applicable treatment modalities for chronic
	values. Else disabled	management; Intermittent intensive management; Other, describe:]		epididymitis.
If checked, list medications used and indicate dates for courses of treatment over the past 12 months:	If treatment modalities include Long-term drug therapy; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please list medications used for chronic epididymitis, epididymo-orchitis or prostatitis, and their treatment dates.
If checked, indicate frequency of hospitalization:	If treatment modalities include hospitalization; Enabled, Mandatory; Choose one valid value Else; Disabled	[1 or 2 per year; > 2 per year]	N/A	Please indicate the frequency of hospitalization.
If checked, indicate types of treatment and medications used over the past 12 months:	If treatment modalities include continuous intensive management; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the types of treatment and medications for continuous intensive management used over the past 12 months.
If checked, indicate types of treatment and medications used over the past 12 months:	If treatment modalities include intermittent intensive management; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the types of treatment and medications for intermittent intensive management used over the past 12 months.

Other, describe:	If treatment modalities	N/A	Free	Please describe the
	include other; Enabled,		Text	other treatment
	Mandatory			modalities used for
				chronic
	Else; Disabled			epididymitis,
				epididymo-orchitis
				or prostatitis.

Figure 17: Template Example: DBQ – Male Reproductive System Conditions –7. Male reproductive organ infections

organ infections
7. Male reproductive organ infections
Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis? Yes C No
f yes, indicate all treatment modalities that apply:
No treatment
✓ Intensive management
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
Continuous Continuous
If checked, indicate types of treatment and medications used over past 12 months:
✓ Intermittent
If checked, indicate types of treatment and medications used over past 12 months:
✓ Other, describe:
J. Other, describe.

Figure 18: Print Example: DBQ – Male Reproductive System Conditions – 7. Male reproductive organ infections

```
7. Male reproductive organ infections

Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis?

[] Yes [] No

If yes, 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

[] 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:
```

2.9 Section 8. Physical exam

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

Table 9: Rules: DBQ - Male Reproductive System Conditions - 8. Physical exam

Field/Question	Male Reproductive System Condi Field Disposition	Valid Values	Format	Error Message
8. Physical exam	Enabled; Read-Only	N/A	N/A	N/A
a. Penis	If $Diagnosis = Yes$ and at	[Normal; Not	N/A	Please select a
	least one diagnosis selected in	examined per		value from the
	the Diagnosis section;	Veteran's		penis exam group.
	Enabled, Mandatory	request; Not		
	-	examined,		
	Else; Enabled, Optional	penis exam		
		not relevant to		
	Choose one valid value	condition;		
		Abnormal]		
If abnormal, indicate	If $Penis\ exam = Abnormal$,	[Loss/removal	N/A	Please indicate the
severity:	Enabled, Mandatory, Choose	of half or		severity of the
	one valid value.	more of penis;		penis abnormality.
		Loss/removal		
	Else; Disabled	of glans		
		penis; Penis		
		deformity		
		(such as		
		Peyronie's		
		disease)		
If checked, describe:	If $Penis\ exam = Penis$	N/A	Free	Please describe
	deformity (such as Peyronie's		Text	penis deformity.
	disease), Enabled, Mandatory			
1 5	Else; Disabled	DY 1.37	27/4	71
b. Testes	If $Diagnosis = Yes$ and at	[Normal; Not	N/A	Please select a
	least one diagnosis selected in	examined per		value from the
	the Diagnosis section;;	Veteran's		testes exam group.
	Enabled, Mandatory	request; Not		
	Floor Foodland Ondown	examined,		
	Else; Enabled, Optional	testicular		
	Choose one valid value.	exam not relevant to		
	Choose one vand value.	condition;		
		Abnormal]		
If abnormal, check all	If Testicular exam =	[Size 1/3 or	N/A	Please indicate the
that apply:	Abnormal AND no	less of	1 V/ A	testes abnormality.
Right testicle:	abnormality selected for	normal; Size		testes autormanty.
Right testicie.	either right or left testicle;	½ to 1/3 of		
	Enabled, Mandatory, Choose	normal;		
	one or more valid values.	Considerably		
	one of more varia varies.	harder than		
	Else; Disabled	normal;		
		Considerably		
		softer than		
		normal;		
		Absent; Other		
		abnormality]		
Describe:	If Right testicular exam	N/A	Free	Please describe the
	includes Other abnormality;		Text	other abnormality
	Enabled, Mandatory			of the right testicle.
		Ī	I	1

	Else; Disabled			
Left:	If Testicular exam = Abnormal AND no abnormality selected for either right or left testicle; Enabled, Mandatory, Choose one or more valid values. Else; Disabled	[Size 1/3 or less of normal; Size 1/2 to 1/3 of normal; Considerably harder than normal; Considerably softer than normal; Absent; Other abnormality]	N/A	Please indicate the testes abnormality.
Describe:	If Left testicular exam includes Other abnormality; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other abnormality of the left testicle.
c. Epididymis	If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value.	[Normal; Not examined per Veteran's request; Not examined, epididymis exam not relevant to condition; Abnormal]	N/A	Please select a value from the epididymis exam group.
If abnormal, check all that apply: Right epididymis:	If Epididymis exam = Abnormal AND no abnormality selected for either right or left epididymis; Enabled, Mandatory; Choose one valid value. Else; Disabled	[Tender to palpation; Other, describe]	N/A	Please indicate the epididymis abnormality.
Other, describe:	If Epididymis exam includes other; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other abnormality of the right epididymis.
Left epididymis:	If Epididymis exam = Abnormal AND no abnormality selected for either right or left epididymis; Enabled, Mandatory; Choose one valid value Else; Disabled	[Tender to palpation; Other, describe]	N/A	Please indicate the epididymis abnormality.
Other, describe:	If Epididymis exam includes other; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other abnormality of the left epididymis.
d. Prostate	If Diagnosis = Yes and at least one diagnosis selected in	[Normal; Not examined per	N/A	Please select a value from the

	the Diagnosis section;	Veteran's		prostate exam
	Enabled, Mandatory	request; Not		group.
		examined,		
	Else; Enabled, Optional	prostate exam		
		not relevant to		
	Choose one valid value	condition;		
		Abnormal]		
If abnormal, describe:	If $Prostate\ exam = abnormal;$	N/A	Free	Please describe the
	Enabled, Mandatory		Text	abnormality of the
				prostate.
	Else; Disabled			

Figure 19: Template Example: DBQ – Male Reproductive System Conditions –8. Physical exam
8.Physical exam
a. Penis
Normal
Not examined per Veteran's request
Not examined; penis exam not relevant to condition
If abnormal, indicate severity: Loss/removal of half or more of penis
Coss/removal of glans penis
Penis deformity (such as Peyronie's disease)
If checked, describe:
b. Testes
Normal Not examined per Veteran's request
Not examined per Veteran's request Not examined; testicular exam not relevant to condition
Not examined, testicular exam not relevant to condition Abnormal
If abnormal, check all that apply:
Right testicle ☐ Size 1/3 or less of normal
Size 1/2 to 1/3 of normal
Considerably harder than normal
Considerably softer than normal
Absent
▼ Other abnormality.
Describe:
Describe.
Left testicle
□ Size 1/3 or less of normal
☐ Size 1/2 to 1/3 of normal
Considerably harder than normal
Considerably softer than normal
☐ Absent
▼ Other abnormality,
Describe:

c. Epididymis Normal Not examined per Veteran's request Not examined; epididymis exam not relevant to condition Abnormal				
If abnormal, check all that apply:				
Right epididymis				
Tender to palpation				
▼ Other , describe:				
Left epididymis				
☐ Tender to palpation				
Othe), describe:				
d. Prostate				
C Normal				
Not examined per Veteran's request				
Not examined; prostate exam not relevant to condition				
If abnormal, describe:				

Figure 20: Print Example: DBQ – Male Reproductive System Conditions – 8. Physical exam

```
8.Physical exam
-----
a. Penis
   [ ] Normal
   [ ] Not examined per Veteran's request
   [ ] Not examined; penis exam not relevant to condition
    [ ] Abnormal
        If abnormal, indicate severity:
           [ ] Loss/removal of half or more of penis
           [ ] Loss/removal of glans penis
           [ ] Penis deformity (such as Peyronie's disease)
              If checked, describe:
b. Testes
   [ ] Normal
    [ ] Not examined per Veteran's request
    [ ] Not examined; testicular exam not relevant to condition
    [ ] Abnormal
       If abnormal, check all that apply:
           Right testicle
              [ ] Size 1/3 or less of normal
              [ ] Size 1/2 to 1/3 of normal
              [ ] Considerably harder than normal
              [\ ] Considerably softer than normal
              [ ] Absent
              [ ] Other abnormality,
                     Describe:
           Left testicle
              [ ] Size 1/3 or less of normal
              [ ] Size 1/2 to 1/3 of normal
```

I	[] Considerably harder than normal
	[] Considerably softer than normal
	[] Absent
	[] Other abnormality,
	Describe:
	c. Epididymis
	[] Normal
	[] Not examined per Veteran's request
	[] Not examined; epididymis exam not relevant to condition
	[] Abnormal
	If abnormal, check all that apply:
	Right epididymis
	[] Tender to palpation
	[] Other, describe:
	Left epididymis
	[] Tender to palpation
	[] Other, describe:
	d. Prostate
	[] Normal
	[] Not examined per Veteran's request
	[] Not examined; prostate exam not relevant to condition
	[] Abnormal
	If abnormal, describe:

2.10 Section 9. Tumors and Neoplasms

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

Table 10: Rules: DBQ - Male Reproductive System Conditions - 9. Tumors and Neoplasms

	Iale Reproductive System Con			
Field/Question	Field Disposition	Valid Values N/A	Format N/A	Error Message N/A
9. Tumors and	Enabled, Read-Only	IN/A	IN/A	IN/A
Neoplasms a. 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 Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value. If Does the Veteran have a benign or malignant	[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? N/A
h Is the georgians	neoplasm or metastases related to any of the diagnoses in the Diagnosis section?? = Yes; Enabled, Read-Only Else; Disabled If Does the Veteran have a	(Davies)	N/A	Please indicate
b. Is the neoplasm	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	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; OR 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	currently 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 completion of the antineoplastic chemotherapy treatment.
If checked, describe procedure:	If treatments include <i>Other</i> therapeutic procedure; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other therapeutic procedure.
Date of most recent procedure:	If treatments include Other therapeutic procedure; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent other therapeutic procedure.
If checked, describe treatment:	If treatments include Other therapeutic treatment; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other therapeutic treatment.

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

Figure 21: Template Example: DBQ - Male Reproductive System Conditions - 9. Tumors and

Reoplasms
9. Tumors and neoplasms
a. Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? © Yes © No
If yes, complete the following:
b. Is the neoplasm
☐ Benign ☐ Malignant
c. Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases? • Yes • No; watchful waiting
If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply): Treatment completed; currently in watchful waiting status
✓ Surgery
If checked, describe:
Date(s) of surgery:
▼ Radiation therapy
Date of most recent treatment:
Date of completion of treatment or anticipated date of completion:
Antineoplastic chemotherapy
Date of most recent treatment:
Date of completion of treatment or anticipated date of completion:
□ Other therapeutic procedure
If checked, describe procedure:
Date of most recent procedure:
▼ Other therapeutic treatment
If checked, describe treatment:
Date of completion of treatment or anticipated date of completion:
d. Does the Veteran currently have any residual conditions or complications due to the neoplasm (including metastases) or its treatment, other than those already documented in the report above?
© Yes C No
If yes, list residual conditions and complications (brief summary):
e. If there are additional benign or malignant neoplasms or metastases related to any of the diagnoses in the Diagnosis section, describe using the
above format:

Figure 22: Print Example: DBQ – Male Reproductive System Conditions – 9. Tumors and Neoplasms

9. 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?

```
[X] 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
   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
      [X] Surgery
          If checked, describe:
          Date(s) of surgery:
      [X] Radiation therapy
          Date of most recent treatment:
          Date of completion of treatment or anticipated date of
             completion:
      [X] 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:
```

2.11 Section 10. Other pertinent physical findings, complications, conditions, signs and/or symptoms

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 11: Rules: DBQ – Male Reproductive System Conditions – 10. Other pertinent physical findings, complications, conditions, signs and/or symptoms

Field/Question	Field Disposition	Valid	Format	Error Message
10 0/1 //	F 11 1 P 10 1	Values	NT/A	NT/A
10. Other pertinent physical findings, complications, conditions, signs and/or symptoms	Enabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis section above?	If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional 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.
If yes, are any of the scars painful and/or unstable, or is the total area of all related scars greater than 39 square cm (6 square inches)?	If previous question = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not any of the scars are painful and/or unstable, or if the total area of all related scars is greater than 39 square cm (6 square inches).
If yes, also complete a Scars Questionnaire.	If previous question = Yes; Enabled, Read-Only Else; Disabled	N/A	N/A	N/A
b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?	If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?
If yes, describe (brief summary):	If Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms? = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe any other pertinent physical findings, complications, conditions, signs or symptoms.

Figure 23: Template Example: DBQ – Male Reproductive System Conditions – 10. Other pertinent physical findings, complications, conditions, signs and/or symptoms

kullaran imames, sambusanans, samaranans, arena anakar al'impasina
10. 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?
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:

Figure 24: Print Example: DBQ – Male Reproductive System Conditions – 10. Other pertinent physical findings, complications, conditions, signs and/or symptoms

10.	Other pertinent physical findings, complications, conditions, signs and/or symptoms
	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.
	Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms? [] Yes [] No
	If yes, describe:

2.12 Section 11. Diagnostic testing

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

Table 12: Rules: DBQ - Male Reproductive System Conditions - 11. Diagnostic testing

ole 12: Rules: DBQ – Male Reproductive System Con			
eld/Question Field Disposition	Valid Values	Format	Error Message
. Diagnostic testing Enabled; Read-Only	N/A	N/A	N/A
DTE: If imaging dies, diagnostic ocedures or laboratory sting has been reformed and reflects of Veteran's current andition, provide most cent results; no further dies or testing are quired for this amination.	N/A	N/A	N/A
Has the Veteran had a sticular biopsy to termine the presence spermatozoa? If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value.		N/A	Please provide an answer to the question: Has the Veteran had a testicular biopsy to determine the presence of spermatozoa?
yes, were spermatozoa esent? If Has the Veteran had a testicular biopsy to determine the presence of spermatozoa = Yes; Enabled, Mandatory, Choose one valid value. Else; Disabled	[Yes; No]	N/A	Please answer whether or not spermatozoa were present in the testicular biopsy.
If Has the Veteran had a testicular biopsy to determine the presence of spermatozoa = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the testicular biopsy.
Have any other aging studies, agnostic procedures or poratory testing been rformed and are the sults available? If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value.		N/A	Please provide an answer to the question: Have any other imaging studies, diagnostic procedures or laboratory testing been performed and are the results available?
yes, provide type of it or procedure, date d results (brief mmary): If Have any other imaging studies, diagnostic procedures or laboratory testing been performed and are the results available? = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please provide the type of test or procedure, its date and the results.
Mand	atory	atory	atory

Figure 25: Template Example: DBQ – Male Reproductive System Conditions – 11. Diagnostic testing

11. Diagnostic testing NOTE: If imaging studies, diagnostic procedures or laboratory testing has been performed and reflects the Veteran's current condition, provide most recent results; no further studies or testing are required for this examination. a. Has the Veteran had a testicular biopsy to determine the presence of spermatozoa? Yes No If yes, were spermatozoa present? Yes No Date of biopsy: b. Have any other imaging studies, diagnostic procedures or laboratory testing been performed and are the results available? Yes No If yes, provide type of test or procedure, date and results (brief summary):

Figure 26: Print Example: DBQ - Male Reproductive System Conditions-11. Diagnostic testing

```
11. Diagnostic testing
NOTE: If imaging studies, diagnostic procedures or laboratory testing has
      been performed and reflects the Veteran's current condition, provide most
      recent results; no further studies or testing are required for this
      examination.
a. Has the Veteran had a testicular biopsy to determine the presence of
   spermatozoa?
   [ ] Yes [ ] No
       If yes, were spermatozoa present?
          [ ] Yes [ ] No
       Date of biopsy:
b. Have any other imaging studies, diagnostic procedures or laboratory
   testing been performed and are the results available?
   [ ] Yes
             [ ] No
       If yes, provide type of test or procedure, date and results (brief
          summary):
```

2.13 Section 12. Functional impact

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

Table 13: Rules: DBQ - Male Reproductive System Conditions - 12. Functional impact

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

Figure 27: Template Example: DBQ – Male Reproductive System Conditions – 12. Functional impact

12. Functional impact

If yes, describe the impact of each of the Veteran's male reproductive system condition(s), providing one or more examples:

Figure 28: Print Example: DBQ - Male Reproductive System Conditions - 12. Functional impact

```
12. Functional impact

Does the Veteran's male reproductive system condition(s), including neoplasms, if any, impact his ability to work?

[] Yes [] No

If yes, describe the impact of each of the Veteran's male reproductive system condition(s), providing one or more examples:
```

2.14 Section 13. Remarks, if any

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

Table 14: Rules: DBQ - Male Reproductive System Conditions -13. Remarks, if any

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

Figure 29: Template Example: DBQ – Male Reproductive System Conditions – 13. Remarks, if any 13. Remarks, if any

Figure 30: Print Example: DBQ – Male Reproductive System Conditions – 13. Remarks, if any	
13. Remarks, if any:	

3 Male Reproductive System Conditions 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 MALE REPRODUCTIVE SYSTEM CONDITIONS" worksheet. DBQ-AMIE worksheets should be sent to a printer.

Male Reproductive System Conditions Disability Benefits Questionnaire

Name of patient/Veteran: _		SSN:	
Your patient is applying to disability benefits. VA wa questionnaire as part of th	ill consider the i	nformation you provid	de on this
1. Diagnosis:			
Does the Veteran now have of the male reproductive sy Yes No		n diagnosed with any	conditions
If no, provide rationale (ereproductive organ condition		never had any known	male
If yes, indicate diagnoses	· ·	11 1.	
<pre>Erectile dysfunction Penis, deformity (e.g.,</pre>		Date of Diagnosis:	
remis, deforming (e.g.		Date of Diagnosis:	
Testis, atrophy, one of	r both		
		Date of Diagnosis:	
Testis, removal, one or		Date of Diagnosis:	
Epididymitis, chronic	ICD Code:	Date of Diagnosis:	
Epididymo-orchitis, cl	nronic		
		Date of Diagnosis:	
<pre>Prostate injury Prostate hypertrophy ()</pre>		Date of Diagnosis:	
rresease mpererepm, (Date of Diagnosis:	
Prostatitis, chronic	ICD Code:	Date of Diagnosis:	
Prostate surgical resid			
		Date of Diagnosis:	
Neoplasms of the male :		m Date of Diagnosis:	
		•	
Other male reproductive only diagnoses that pe			providing
		Date of Diagnosis:	
Other diagnosis #1:ICD code:			

Date of diagnosis:
Page: 2
Disability Benefits Questionnaire for Male Reproductive System Conditions
Other diagnosis #2: ICD code: Date of diagnosis:
If there are additional diagnoses that pertain to the male reproductive organ conditions, list using above format:
2. Medical history
a. Describe the history (including onset and course) of the Veteran's male reproductive organ condition(s) (brief summary):
 b. Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition? Yes No List medications:
c. Has the Veteran had an orchiectomy? Yes No
Indicate testicle removed: Right Left Both
Indicate reason for removal:UndescendedCongenitally underdevelopedOther: provide reason for removal:
3. Voiding dysfunction
Does the Veteran have a voiding dysfunction? Yes No
If yes, provide etiology of voiding dysfunction: If the Veteran has a voiding dysfunction, complete the following questions:
a. Does the voiding dysfunction cause urine leakage? Yes No
Indicate severity (check one):
Does not require the wearing of absorbent material Requires absorbent material which must be changed less than 2 times per day
Requires absorbent material which must be changed 2 to 4 times per day Requires absorbent material which must be changed more than 4 times per day Other, describe:
Page 2
Page: 3

Disability Benefits Questionnaire for Male Reproductive System Conditions

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

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:
5. Erectile dysfunction
a. Does the Veteran have erectile dysfunction? Yes No
If yes, provide etiology:
 b. If the Veteran has erectile dysfunction, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis? Yes No
If yes, specify the diagnosis to which the erectile dysfunction is as likely as not attributable:
Page: 5
Disability Benefits Questionnaire for Male Reproductive System Conditions
c. If the Veteran has erectile dysfunction, is he able to achieve an erection sufficient for penetration and ejaculation (without medication)? Yes No
If no, is the Veteran able to achieve an erection sufficient for penetration and ejaculation (with medication)? Yes No
6. Retrograde ejaculation
a. Does the Veteran have retrograde ejaculation?
Yes No
If yes, provide etiology of the retrograde ejaculation:
<pre>b. If the Veteran has retrograde ejaculation, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis? Yes No</pre>
If yes, specify the diagnosis to which the retrograde ejaculation is as likely as not attributable:
7. Male reproductive organ infections
Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis? Yes No

Ιf	yes, indicate all treatment modalities that apply:
	No treatment Long-term drug therapy
	If checked, list medications used and indicate dates for courses of
	ttt
	Hospitalization
	If checked, indicate frequency of hospitalization:
	1 or 2 per year
	> 2 per year
	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:
	
age	: 6
)isa	bility Benefits Questionnaire for
Male	Reproductive System Conditions
8.	Physical exam
a.	Penis
	Normal
	Not examined per Veteran's request
	Not examined; penis exam not relevant to condition
	Abnormal
	If abnormal, indicate severity:
	Loss/removal of half or more of penis
	Loss/removal of glans penis
	Penis deformity(such as Peyronie's disease)
	If checked, describe:
b.	Testes
	Normal
	Not examined per Veteran's request
	Not examined; testicular exam not relevant to condition
	Abnormal
	If abnormal, check all that apply:
	Right testicle
	Size 1/3 or less of normal
	Size 1/2 to 1/3 of normal
	Considerably harder than normal
	Considerably harder than normal Considerably softer than normal
	Absent
	Other abnormality,
	Describe:
	Left testicle
	Size 1/3 or less of normal
	Size 1/2 to 1/3 of normal
	Considerably harder than normal
	Considerably softer than normal
	Absent
	Other abnormality,
	Describe:
	pesetibe.

Page: 7 Disability Benefits Questionnaire for Male Reproductive System Conditions c. Epididymis ___ Normal ____ Not examined per Veteran's request ____ Not examined; epididymis exam not relevant to condition ____ Abnormal If abnormal, check all that apply: Right epididymis ____ Tender to palpation ___ Other, describe: _____ Left epididymis ____ Tender to palpation ___Other, describe: d. Prostate ___ Normal ____ Not examined per Veteran's request ____ Not examined; prostate exam not relevant to condition Abnormal
If abnormal, describe: 9. 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 Page: 8 Disability Benefits Questionnaire for Male Reproductive System Conditions 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 freatment of 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:
bace of completion of clearment of 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:
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Disability Benefits Questionnaire for
Male Reproductive System Conditions
10. Other pertinent physical findings, complications, conditions, signs and/or symptoms
<pre>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</pre>
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)?
YesNo If yes, also complete a Scars Questionnaire.
b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?YesNo
<pre>If yes, describe (brief summary):</pre>
11. Diagnostic testing
NOTE: If imaging studies, diagnostic procedures or laboratory testing has been performed and reflects the Veteran's current condition, provide most recent results; no further studies or testing are required for this examination.
 a. Has the Veteran had a testicular biopsy to determine the presence of spermatozoa? Yes No If yes, were spermatozoa present? Yes No
Date of biopsy:
b. Have any other imaging studies, diagnostic procedures or laboratory

testing been performed and are the results available? Yes No	
If yes, provide type of test or procedure, date and resu	ults (brief summary):
12. Functional impact	
Does the Veteran's male reproductive system condition(s) if any, impact his ability to work? Yes No	, including neoplasms
If yes, describe the impact of each of the Veteran's man condition(s), providing one or more examples:	
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Disability Benefits Questionnaire for Male Reproductive System Conditions	
13. Remarks, if any:	
Physician signature:	Date:
Physician printed name:	Phone:
Medical license #:	Fax:
Physician address:	
NOTE: VA may request additional medical information, indexaminations if necessary to complete VA's review of the application.	-

April 2011