OMB Control No. 2900-0779
Respondent Burden: 45 Minutes
Expiration Date: 01/31/2018

Department of Veterans Affairs

Peripheral Nerves Conditions (Not Including Diabetic Sensory- Motor Peripheral Neuropathy) Disability Benefits Questionnaire

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) ***WILL NOT PAY*** OR ***REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

NOTE TO PHYSICIAN - 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. VA reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE A PERIPHERAL NERVE CONDITION OR PERIPHERAL NEUROPATHY?

☐ Yes ☐ No *(If "Yes," complete Item 1B)*

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO A PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY:

Diagnosis # 1:	ICD Code:	Date of diagnosis:
Diagnosis # 2:	ICD Code:	Date of diagnosis:
Diagnosis # 3:	ICD Code:	Date of diagnosis:

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO A PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY, LIST USING ABOVE FORMAT:

DEFINITIONS: For VA purposes, neuralgia indicates a condition characterized by a dull and intermittent pain of typical distribution so as to identify the nerve, while neuritis is characterized by loss of reflexes, muscle atrophy, sensory disturbances and constant pain, at times excruciating.

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S PERIPHERAL NERVE CONDITION *(brief summary)*:

2B. DOMINANT HAND

☐ Right ☐ Left ☐ Ambidextrous

SECTION III - SYMPTOMS

3A. Does the veteran have any symptoms attributable to any peripheral nerve conditions?

☐ Yes ☐ No

If yes, indicate symptoms' location and severity *(check all that apply)*:

Constant pain *(may be excruciating at times)*				
Right upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Right lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Intermittent pain *(usually dull)*				
Right upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Right lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Paresthesias and/or dysesthesias				
Right upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Right lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe

SECTION III - SYMPTOMS *(Continued)*

3A. Does the veteran have any symptoms attributable to any peripheral nerve conditions? *(Continued)*

Numbness

Right upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Right lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe

3B. Other symptoms *(describe symptoms, location and severity)*:

SECTION IV - MUSCLE STRENGTH TESTING

4A. Rate strength according to the following scale:

0/5 No muscle movement

1/5 Palpable or visible muscle contraction, but no joint movement

2/5 Active movement with gravity eliminated

3/5 Active movement against gravity

4/5 Active movement against some resistance

5/5 Normal strength

☐ All normal

Elbow flexion:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Elbow extension:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Wrist flexion:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Wrist extension:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Grip:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Pinch (thumb to index finger):	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Knee extension:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Ankle plantar flexion:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Ankle dorsiflexion:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5

4B. Does the veteran have muscle atrophy?

☐ Yes ☐ No

If muscle atrophy is present, indicate location: _____

For each instance of muscle atrophy, provide measurements in centimeters of normal side and atrophied side, measured at maximum muscle bulk:

Normal side: _____ cm Atrophied side: _____ cm

SECTION V - REFLEX EXAM

5. Rate deep tendon reflexes (DTRs) according to the following scale:

0 - Absent

1+ Hypoactive

2+ Normal

3+ Hyperactive without clonus

4+ Hyperactive with clonus

☐ All normal

Biceps	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
Triceps	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
Brachioradialis	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
Knee	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
Ankle	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+