OMB Control No. 2900-0776
Respondent Burden: 30 minutes

Department of Veterans Affairs

DIABETIC PERIPHERAL NEUROPATHY (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.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE DIABETIC PERIPHERAL NEUROPATHY?

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

1B. PROVIDE DIAGNOSES THAT PERTAIN TO DIABETIC 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 DIABETIC PERIPHERAL NEUROPATHY, LIST USING ABOVE FORMAT

SECTION II - MEDICAL HISTORY

2A. DOES THE VETERAN HAVE DIABETES MELLITUS TYPE I OR TYPE II?

☐ YES ☐ NO

2B. DESCRIBE THE HISTORY *(including cause, onset and course)* OF THE VETERAN'S DIABETIC PERIPHERAL NEUROPATHY

2C. DOMINANT HAND

☐ RIGHT ☐ LEFT ☐ AMBIDEXTROUS

SECTION III - SYMPTOMS

3. INDICATE SYMPTOMS DUE TO DIABETIC PERIPHERAL NEUROPATHY, INCLUDING LOCATION AND SEVERITY *(Check all that apply)*

☐ THE VETERAN DENIES ANY SYMPTOMS ATTRIBUTABLE TO DIABETIC PERIPHERAL NEUROPATHY

☐ RIGHT UPPER EXTREMITY *(Check all that apply)*
☐ NO SYMPTOMS ☐ NUMBNESS ☐ PARESTHESIAS ☐ DULL AND INTERMITTENT PAIN ☐ CONSTANT PAIN, AT TIMES EXCRUCIATING

☐ LEFT UPPER EXTREMITY *(Check all that apply)*
☐ NO SYMPTOMS ☐ NUMBNESS ☐ PARESTHESIAS ☐ DULL AND INTERMITTENT PAIN ☐ CONSTANT PAIN, AT TIMES EXCRUCIATING

☐ RIGHT LOWER EXTREMITY *(Check all that apply)*
☐ NO SYMPTOMS ☐ NUMBNESS ☐ PARESTHESIAS ☐ DULL AND INTERMITTENT PAIN ☐ CONSTANT PAIN, AT TIMES EXCRUCIATING

☐ LEFT LOWER EXTREMITY *(Check all that apply)*
☐ NO SYMPTOMS ☐ NUMBNESS ☐ PARESTHESIAS ☐ DULL AND INTERMITTENT PAIN ☐ CONSTANT PAIN, AT TIMES EXCRUCIATING

☐ OTHER SYMPTOMS *(Describe the symptoms, their location and severity):*

SECTION IV - NEUROLOGIC EXAM

4A. STRENGTH - RATE STRENGTH ACCORDING TO THE FOLLOWING SCALE:

0/5 No muscle movement
1/5 Visible muscle movement, but no joint movement
2/5 No movement against gravity
3/5 No movement against resistance
4/5 Less than normal strength
5/5 Normal strength

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. DEEP TENDON REFLEXES (DTRs) - RATE REFLEXES ACCORDING TO THE FOLLOWING SCALE:

0 - Absent
1+ Decreased
2+ Normal
3+ Increased without clonus
4+ Increased with clonus

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+

4C. LIGHT TOUCH/MONOFILAMENT TESTING RESULTS

Shoulder area	RIGHT:	☐ Normal	☐ Decreased	☐ Absent
	LEFT:	☐ Normal	☐ Decreased	☐ Absent
Inner/outer forearm	RIGHT:	☐ Normal	☐ Decreased	☐ Absent
	LEFT:	☐ Normal	☐ Decreased	☐ Absent
Hand/fingers	RIGHT:	☐ Normal	☐ Decreased	☐ Absent
	LEFT:	☐ Normal	☐ Decreased	☐ Absent
Knee/thigh	RIGHT:	☐ Normal	☐ Decreased	☐ Absent
	LEFT:	☐ Normal	☐ Decreased	☐ Absent
Ankle/lower leg	RIGHT:	☐ Normal	☐ Decreased	☐ Absent
	LEFT:	☐ Normal	☐ Decreased	☐ Absent
Foot/toes	RIGHT:	☐ Normal	☐ Decreased	☐ Absent
	LEFT:	☐ Normal	☐ Decreased	☐ Absent

4D. POSITION SENSE *(grasp index finger/great toe on sides and ask patient to identify up and down movement)*

☐ Not tested

RIGHT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
RIGHT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent

SECTION IV - NEUROLOGIC EXAM *(Continued)*

4E. VIBRATION SENSATION *(place low-pitched tuning fork over DIP joint of index finger/IP joint of great toe)*

☐ Not tested

RIGHT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
RIGHT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent

4F. COLD SENSATION *(test distal extremities for cold sensation with side of tuning fork)*

☐ Not tested

RIGHT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT UPPER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
RIGHT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent
LEFT LOWER EXTREMITY	☐ Normal	☐ Decreased	☐ Absent

4G. DOES THE VETERAN HAVE MUSCLE ATROPHY?

☐ YES ☐ NO

(If muscle atrophy is present, indicate location): _____

_____

_____

(If possible, provide difference measured in cm between normal and atrophied side, measured at maximum muscle bulk: _____ *cm)*

4H. DOES THE VETERAN HAVE TROPHIC CHANGES *(characterized by loss of extremity hair, smooth, shiny skin, etc.)* ATTRIBUTABLE TO DIABETIC PERIPHERAL NEUROPATHY?

☐ YES ☐ NO

(If "Yes," describe):

SECTION V - SEVERITY

NOTE: For VA purposes, when the involvement is wholly sensory, the evaluation should be for the mild, or at most, the moderate degree of severity. Based on symptoms and findings from Sections IV and V, complete Items 5A and 5B to provide an evaluation of the severity of the Veteran's diabetic peripheral neuropathy.

5A. DOES THE VETERAN HAVE AN UPPER EXTREMITY DIABETIC PERIPHERAL NEUROPATHY?

☐ YES ☐ NO

(If "Yes," indicate severity and side affected)

RIGHT	☐ Not affected	☐ Mild	☐ Moderate	☐ Severe
LEFT	☐ Not affected	☐ Mild	☐ Moderate	☐ Severe

(Indicate nerves affected (check all that apply; checked nerves include terminal branches))

☐ Radial nerve ☐ Median nerve ☐ Ulnar nerve

5B. DOES THE VETERAN HAVE A LOWER EXTREMITY DIABETIC PERIPHERAL NEUROPATHY?

☐ YES ☐ NO

(If "Yes," indicate severity and side affected)

RIGHT	☐ Not affected	☐ Mild	☐ Moderate	☐ Moderately Severe	☐ Severe, with marked muscular atrophy
LEFT	☐ Not affected	☐ Mild	☐ Moderate	☐ Moderately Severe	☐ Severe, with marked muscular atrophy

(Indicate nerves affected (check all that apply; checked nerves include terminal branches))

☐ Sciatic ☐ Femoral nerve

SECTION VI - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

6. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS?

☐ YES ☐ NO

(If "Yes," describe):

SECTION VII - DIAGNOSTIC TESTING

NOTE: For purposes of this examination, electromyography (EMG) studies are rarely required to diagnose diabetic peripheral neuropathy. The diagnosis of diabetic peripheral neuropathy can be made in the appropriate clinical setting by a history of characteristic pain and/or sensory changes in a stocking/glove distribution and objective clinical findings, which may include symmetrical lost/decreased reflexes, decreased strength, lost/decreased sensation for cold, vibration and/or position sense, and/or lost/decreased sensation to monofilament testing

7A. HAVE EMG STUDIES BEEN PERFORMED?

☐ YES ☐ NO

(Extremities tested)

☐ RIGHT UPPER EXTREMITY	Results:	☐ Normal	☐ Abnormal	Date:	_____
☐ LEFT UPPER EXTREMITY	Results:	☐ Normal	☐ Abnormal	Date:	_____
☐ RIGHT LOWER EXTREMITY	Results:	☐ Normal	☐ Abnormal	Date:	_____
☐ LEFT LOWER EXTREMITY	Results:	☐ Normal	☐ Abnormal	Date:	_____

(If abnormal, describe): _____

_____

7B. IF THERE ARE OTHER SIGNIFICANT FINDINGS OR DIAGNOSTIC TEST RESULTS, PROVIDE DATES AND DESCRIBE

SECTION VIII - FUNCTIONAL IMPACT AND REMARKS

8. DOES THE VETERAN'S DIABETIC PERIPHERAL NEUROPATHY IMPACT HIS OR HER ABILITY TO WORK?

☐ YES ☐ NO *(If "Yes," describe impact of each of the veteran's diabetic peripheral neuropathy condition(s), providing one or more examples)*

9. REMARKS *(If any)*

SECTION IX - PHYSICIAN'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

10A. PHYSICIAN'S SIGNATURE	10B. PHYSICIAN'S PRINTED NAME	10C. DATE SIGNED

10D. PHYSICIAN'S PHONE NUMBER	10E. PHYSICIAN'S MEDICAL LICENSE NUMBER	10F. PHYSICIAN'S ADDRESS

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

IMPORTANT - Physician please fax the completed form to _____

(VA Regional Office FAX No.)

NOTE - A list of VA Regional Office FAX Numbers can be found at www.vba.va.gov/disabilityexams or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of low in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete a form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.