



SCARS/DISFIGUREMENT 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 A SCAR CONDITION?

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

1B. Provide only diagnoses that pertain to scar conditions:

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 SCAR CONDITIONS, LIST USING ABOVE FORMAT:

INSTRUCTIONS - Provide all linear measurements in centimeters and area measurements in centimeters squared. For non-linear scars, measure the length and width at their widest points. After measuring the scars, use the summary sections to provide the combined approximate total area for all scars in each region.

If scars are too numerous to count (for example, multiple scattered shrapnel wound scars, acne scarring or pseudofolliculitis barbae), indicate "TNTC" and provide approximate combined total area.

NOTE - For VA purposes, superficial non-linear scars are those not associated with underlying soft tissue damage, while deep non-linear scars are associated with underlying soft tissue damage.

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including cause/origin and course) OF THE VETERAN'S SCAR CONDITION(S) (brief summary)

2B. ARE ANY OF THE SCARS PAINFUL?

YES NO (If, "Yes," specify location of painful scars and describe frequency and severity of pain):

2C. ARE ANY OF THE SCARS UNSTABLE, WITH FREQUENT LOSS OF COVERING OF SKIN OVER THE SCAR?

YES NO (If, "Yes," specify location of unstable scars and indicate frequency and severity of loss of covering of skin):

SECTION III - PHYSICAL EXAM FOR SCARS ON THE TRUNK AND EXTREMITIES

3. DOES THE VETERAN HAVE ANY SCARS ON THE TRUNK OR EXTREMITIES (regions other than the head, face or neck)?

YES NO (If, "Yes," complete the following sections 3-1 and 3-2)

3-1 - SUMMARY OF SCAR FINDINGS FOR THE TRUNK AND EXTREMITIES

A. TOTAL NUMBER OF UNSTABLE OR PAINFUL SCARS

None 1 2 3 4 5 or more

B. SUPERFICIAL NON-LINEAR SCARS (check all that apply and provide approximate combined total area in centimeters squared for each affected anatomical region)

- None
- Right upper extremity: Approximate total area: _____ cm2
- Left upper extremity: Approximate total area: _____ cm2
- Right lower extremity: Approximate total area: _____ cm2
- Left lower extremity: Approximate total area: _____ cm2
- Anterior trunk: Approximate total area: _____ cm2
- Posterior trunk: Approximate total area: _____ cm2

SECTION III - PHYSICAL EXAM FOR SCARS ON THE TRUNK AND EXTREMITIES

3. DOES THE VETERAN HAVE ANY SCARS ON THE TRUNK OR EXTREMITIES (regions other than the head, face or neck)?

YES NO (If, "Yes," complete the following sections 3-1 and 3-2)

3-1 - SUMMARY OF SCAR FINDINGS FOR THE TRUNK AND EXTREMITIES

A. TOTAL NUMBER OF UNSTABLE OR PAINFUL SCARS

None 1 2 3 4 5 or more

B. SUPERFICIAL NON-LINEAR SCARS (check all that apply and provide approximate combined total area in centimeters squared for each affected anatomical region)

None
 Right upper extremity: Approximate total area: _____ cm2
 Left upper extremity: Approximate total area: _____ cm2
 Right lower extremity: Approximate total area: _____ cm2
 Left lower extremity: Approximate total area: _____ cm2
 Anterior trunk: Approximate total area: _____ cm2
 Posterior trunk: Approximate total area: _____ cm2

C. DEEP NON-LINEAR SCARS (check all that apply and provide approximate combined total area in centimeters squared for each affected anatomical region)

None
 Right upper extremity: Approximate total area: _____ cm2
 Left upper extremity: Approximate total area: _____ cm2
 Right lower extremity: Approximate total area: _____ cm2
 Left lower extremity: Approximate total area: _____ cm2
 Anterior trunk: Approximate total area: _____ cm2
 Posterior trunk: Approximate total area: _____ cm2

3-2 - DETAILS OF SCAR FINDINGS FOR THE TRUNK AND EXTREMITIES

NOTE - INDICATE THE ANATOMICAL REGIONS AFFECTED AND COMPLETE APPROPRIATE SECTIONS:

A. RIGHT UPPER EXTREMITY

Affected Not affected

Specify location of scars on right upper extremity: _____

Indicate types of scars and provide measurements (check all that apply)

Linear

Length and width of each linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Superficial non-linear

Length and width of each superficial non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Deep non-linear

Length and width of each deep non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

B. LEFT UPPER EXTREMITY

Affected Not affected

Specify location of scars on left upper extremity: _____

Indicate types of scars and provide measurements (check all that apply)

Linear

Length and width of each linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Superficial non-linear

Length and width of each superficial non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Deep non-linear

Length and width of each deep non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

SECTION III - PHYSICAL EXAM FOR SCARS ON THE TRUNK AND EXTREMITIES (Continued)

3-2 - DETAILS OF SCAR FINDINGS FOR THE TRUNK AND EXTREMITIES (continued)

NOTE - INDICATE THE ANATOMICAL REGIONS AFFECTED AND COMPLETE APPROPRIATE SECTIONS:

C. RIGHT LOWER EXTREMITY

Affected Not affected

Specify location of scars on right lower extremity: _____

Indicate types of scars and provide measurements (*check all that apply*):

Linear

Length and width of each linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Superficial non-linear

Length and width of each superficial non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Deep non-linear

Length and width of each deep non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

D. LEFT LOWER EXTREMITY

Affected Not affected

Specify location of scars on left lower extremity: _____

Indicate types of scars and provide measurements (*check all that apply*):

Linear

Length and width of each linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Superficial non-linear

Length and width of each superficial non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Deep non-linear

Length and width of each deep non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

E. ANTERIOR TRUNK

Affected Not affected

Specify location of scars on anterior trunk: _____

Indicate types of scars and provide measurements (*check all that apply*):

Linear

Length and width of each linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Superficial non-linear

Length and width of each superficial non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Deep non-linear

Length and width of each deep non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

SECTION III - PHYSICAL EXAM FOR SCARS ON THE TRUNK AND EXTREMITIES (Continued)

3-2 - DETAILS OF SCAR FINDINGS FOR THE TRUNK AND EXTREMITIES (continued)

NOTE - INDICATE THE ANATOMICAL REGIONS AFFECTED AND COMPLETE APPROPRIATE SECTIONS:

F. POSTERIOR TRUNK

Affected Not affected

Specify location of scars on posterior trunk: _____

Indicate types of scars and provide measurements (check all that apply)

Linear

Length and width of each linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Superficial non-linear

Length and width of each superficial non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Deep non-linear

Length and width of each deep non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

SECTION IV - PHYSICAL EXAM FOR SCARS ON THE HEAD, FACE AND NECK

4. DOES THE VETERAN HAVE ANY SCARS ON THE HEAD, FACE OR NECK?

YES NO (If "Yes," complete the following three sections 4-1, 4-2 and 4-3)

4-1 - SUMMARY OF SCAR FINDINGS FOR THE HEAD, FACE AND NECK

A. Total number of unstable or painful scars: 0 1 2 3 4 5 or more

B. Total number of scars 13 cm in length or longer: 0 1 2 3 4 5 or more

C. Total number of scars .6cm in width or wider: 0 1 2 3 4 5 or more

D. Total number of scars that are elevated or depressed: 0 1 2 3 4 5 or more

E. Total number of scars that are adherent to underlying tissue: 0 1 2 3 4 5 or more

F. Approximate total area of head, face and neck covered by scars that are hypo- or hyperpigmented: _____ cm²

G. Approximate total area of head, face and neck covered by scars that have abnormal texture: _____ cm²

H. Approximate total area of head, face and neck covered by scars that have missing underlying soft tissue: _____ cm²

I. Approximate total area of head, face and neck covered by scars that are indurated and inflexible: _____ cm²

4-2 - DETAILS OF SCAR FINDINGS FOR THE HEAD, FACE AND NECK

A. INDICATE TYPES OF SCARS AND PROVIDE MEASUREMENTS (check all that apply)

Linear

Location of linear scars: _____

Length and width of each linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Superficial non-linear

Location of superficial non-linear scars: _____

Length and width of each superficial non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

Deep non-linear

Location of deep non-linear scars: _____

Length and width of each deep non-linear scar:

Scar # 1: _____ x _____ cm Scar # 2: _____ x _____ cm Scar # 3: _____ x _____ cm

Scar # 4: _____ x _____ cm Scar # 5: _____ x _____ cm If additional scars, list using same format: _____

B. ARE ANY OF THE SCARS ELEVATED, DEPRESSED, ADHERENT TO UNDERLYING TISSUE OR MISSING UNDERLYING SOFT TISSUE?

YES NO (If "Yes," check all that apply)

Surface contour elevated on palpation (If checked, describe surface contour elevation for each affected scar): _____

Surface contour depressed on palpation (If checked, describe surface contour depression for each affected scar): _____

Scar adherent to underlying tissue (If checked, describe adherence to underlying tissue for each affected scar): _____

Underlying soft tissue missing (If checked, describe location of each affected scar): _____

SECTION IV - PHYSICAL EXAM FOR SCARS ON THE HEAD, FACE AND NECK (Continued)

4-2 - DETAILS OF SCAR FINDINGS FOR THE HEAD, FACE AND NECK (Continued)

C. DO ANY OF THE SCARS HAVE ABNORMAL PIGMENTATION OR TEXTURE?

- YES NO (If, "Yes," check all that apply)
- Surface contour elevated on palpation (If checked, describe surface contour elevation for each affected scar): _____
 - Surface contour depressed on palpation (If checked, describe surface contour depression for each affected scar): _____
 - Scar adherent to underlying tissue (If checked, describe adherence to underlying tissue for each affected scar): _____
 - Underlying soft tissue missing (If checked, describe location of each affected scar): _____

4-3 - DISTORTION OF FACIAL FEATURES AND TISSUE LOSS FOR THE HEAD, FACE AND NECK

A. DO ANY OF THE SCARS CAUSE GROSS DISTORTION OR ASYMMETRY OF FACIAL FEATURES OR VISIBLE OR PALPABLE TISSUE LOSS?

- YES NO (If, "Yes," indicate features affected (check all that apply))
- Nose Chin Forehead Cheeks Lips
- Eyes (including eyelids) (If checked, specify):
- Tissue loss/distortion of eyelid Side: Right Left
 - Tissue loss/distortion of eye Side: Right Left
 - Anatomical loss of eye Side: Right Left
- Ears (auricles) (If checked, specify):
- Complete loss of auricle Side: Right Left
 - Deformity of auricle, with loss of less than one-third the substance Side: Right Left
 - Deformity of auricle, with loss of one-third or more of the substance Side: Right Left

B. FOR ALL CHECKED FEATURES IN (4-3(A)), PROVIDE A BRIEF DESCRIPTION OF THE TISSUE LOSS, GROSS DISTORTION AND/OR ASYMMETRY OF FACIAL FEATURES:

SECTION X - LIMITATION OF FUNCTION/OTHER CONDITIONS

5A. DO ANY OF THE SCARS CAUSE LIMITATION OF FUNCTION?

- YES NO (If, "Yes," indicate which scars are causing the limitation and describe the specific limitations):

5B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS ASSOCIATED WITH ANY SCAR CONDITIONS (such as muscle or nerve damage)?

- YES NO (If "Yes," describe (brief summary))

SECTION VI - COLOR PHOTOGRAPHS

6. PROVIDE COLOR PHOTOGRAPHS, IF POSSIBLE, FOR ANY DISFIGURING CONDITIONS OF THE HEAD, FACE AND/OR NECK

PHOTOGRAPHS NOT INDICATED PHOTOGRAPHS PROVIDED PHOTOGRAPHS NOT AVAILABLE

SECTION VII - FUNCTIONAL IMPACT AND REMARKS

7. DOES THE VETERAN'S SCAR CONDITIONS IMPACT HIS OR HER ABILITY TO WORK?

YES NO (*If "Yes," describe impact of each of the veteran's scar conditions, providing one or more examples*)

8. REMARKS (*If any*)

SECTION VIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

9A. PHYSICIAN'S SIGNATURE

9B. PHYSICIAN'S PRINTED NAME

9C. DATE SIGNED

9D. PHYSICIAN'S PHONE NUMBER

9E. PHYSICIAN'S MEDICAL LICENSE NUMBER

9F. 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, 58/VA21/22/28, 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 law 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 15 minutes to review the instructions, find the information, and complete the 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.