Department of Veterans Affairs

DIABETIC SENSORY-MOTOR PERIPHERAL NEUROPATHY DISABILITY BENEFITS QUESTIONNAIRE

Name of Patient/Veteran	Patient/Veteran's Social Security Number	Date of examination:

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.

Note - The Veteran 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 may obtain additional medical information, including an examination, if necessary, to complete VA's review of the Veteran's application. VA reserves the right to confirm the authenticity of ALL completed questionnaires. **It is intended that this questionnaire will be completed by the Veteran's healthcare provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant

☐ Third party (please list name(s) of organization(s) or individual(s))

☐ Other: please describe

Are you a VA Healthcare provider? ◯ Yes ◯ No

Is the Veteran regularly seen as a patient in your clinic? ◯ Yes ◯ No

Was the Veteran examined in person? ◯ Yes ◯ No

If no, how was the examination conducted?

EVIDENCE REVIEW

Evidence reviewed:

◯ No records were reviewed

◯ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

SECTION I - DIAGNOSIS

1A. Does the Veteran now have or has he or she ever been diagnosed with diabetic peripheral neuropathy?

◯ Yes ◯ No

1B. If yes, provide only 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

3A. Does the Veteran have any symptoms attributable to diabetic peripheral neuropathy?

◯ 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

☐ 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

Other symptoms (Describe symptoms, 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

☐ 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
Knee 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 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

☐ 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+

4C. Light touch/monofilament testing results

☐ All normal

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

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):

(For each instance of muscle atrophy, provide measurements 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: Based on symptoms and findings from Sections III and IV, complete Items a and b below to provide an evaluation of the severity of the Veteran's diabetic peripheral neuropathy.
NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve. If the nerve is completely paralyzed, check the box for "complete paralysis". If the nerve is not completely paralyzed, check the box for "incomplete paralysis" and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.

5A. Does the Veteran have an upper extremity diabetic peripheral neuropathy?

◯ Yes ◯ No (If "Yes," indicate nerve affected, severity and side affected)

☐ Radial nerve (musculospiral nerve)

(Note: Complete paralysis (hand and fingers drop, wrist and fingers flexed; cannot extend hand at wrist, extend proximal phalanges of fingers, extend thumb or make lateral movement of wrist; supination of hand, elbow extension and flexion weak, hand grip impaired)

Right: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

Left: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

☐ Median nerve

(Note: Complete paralysis (hand inclined to the ulnar side, index and middle fingers extended, atrophy of thenar eminence, cannot make fist, defective opposition of thumb, cannot flex distal phalanx of thumb; wrist flexion weak)

Right: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

Left: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

☐ Ulnar nerve

(Note: Complete paralysis ("griffin claw" deformity, atrophy in dorsal interspaces, thenar and hypothenar eminences; cannot extend ring and little finger, cannot spread fingers, cannot adduct the thumb; wrist flexion weakened.)

Right: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

Left: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

5B. Does the Veteran have a lower extremity diabetic peripheral neuropathy?

◯ Yes ◯ No (If "Yes," indicate nerve affected, severity and side affected)

☐ Sciatic nerve

(Note: Complete paralysis (foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost.)

Right: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

Left: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

☐ Femoral nerve (anterior crural)

(Note: Complete paralysis (paralysis of quadriceps extensor muscles.))

Right: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

Left: ◯ Normal ◯ Incomplete paralysis ◯ Complete paralysis

(If incomplete paralysis is checked, indicate severity):

◯ Mild ◯ Moderate ◯ Severe

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

6A. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms related to any conditions listed in the diagnosis section above?

◯ Yes ◯ No If yes, describe (brief summary):

6B. Does the Veteran have any scars or other disfigurement (of the skin) related to any conditions or to the treatment of any conditions listed in the diagnosis section?

◯ Yes ◯ No If yes, also complete the appropriate dermatological questionnaire.

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

8A. Does the Veteran's diabetic peripheral neuropathy impact his or her ability to work?

◯ Yes ◯ No

If "Yes," describe impact of the Veteran's diabetic peripheral neuropathy, providing one or more examples:

SECTION IX - REMARKS

9A. Remarks (if any - please identify the section to which the remark pertains when appropriate).

SECTION X - EXAMINER'S CERTIFICATION AND SIGNATURE

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

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

10A. Examiner's signature:	10B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):
10C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):	10D. Date Signed:
10E. Examiner's phone/fax numbers:	10F. National Provider Identifier (NPI) number:	10G. Medical license number and state:
10H. Examiner's address:	