OMB Control No. 2900-XXXX 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 THIS FORM

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NAME OF PATIENT/VETERAN		PATIENT/VETERAN'S SOCIAL SECURITY NUMBER						
NOTE TO PHYSICIAN - The veteran has applied to the Department of Veterans Affairs (VA) for disability benefits. Please complete this questionnaire, which VA needs for review of the veteran's application.								
	SECTION I - DIAGNOSIS							
1A. DOES THE VETERAN HAVE DIABETIC PERIPHE	ERAL NEUROPATHY?							
YES NO (If "No," complete Item 1B)	1 2 2							
1B. PROVIDE RATIONALE (e.g., veteran does not cur	rently have any known diabetic peripheral neu	uropathy condition(s))						
1C. 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 -						
1D. IF THERE ARE ADDITIONAL DIAGNOSES THAT	PERTAIN TO DIABETIC PERIPHERAL NEURO	PATHY, LIST USING ABOVE FORMAT						
2A. DOES THE VETERAN HAVE DIABETES MELLITU YES NO 2B. DESCRIBE THE HISTORY (including cause, onse.								
2C. DOMINANT HAND RIGHT LEFT AMBIDEXTROUS								
3. INDICATE SYMPTOMS DUE TO DIABETIC PERIPH	SECTION III - SYMPTOMS							
THE VETERAN DENIES ANY SYMPTOMS ATT								
RIGHT UPPER EXTREMITY (Check all that app								
LEFT UPPER EXTREMITY (Check all that appl)  NO SYMPTOMS NUMBNESS	(y)  PARESTHESIAS DULL AND INTERM	MITTENT PAIN CONSTANT PAIN, AT TIMES EXCRUCIATING						
RIGHT LOWER EXTREMITY (Check all that ap,	ply)  PARESTHESIAS DULL AND INTERM	MITTENT PAIN CONSTANT PAIN, AT TIMES EXCRUCIATING						
LEFT LOWER EXTREMITY (Check all that appl	ly)  PARESTHESIAS DULL AND INTERM	MITTENT PAIN CONSTANT PAIN, AT TIMES EXCRUCIATING						
OTHER SYMPTOMS (Describe the symptoms, t	their location and severity):							

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SECTION IV - NEUROLOGIC EXAM													
4A. STRENGTH - RATE STRENGTH ACCORDING TO THE FOLLOWING SCALE:													
0/5 No muscle movement					2/5 No movement against gravity							4/5 Less than normal strength	
1/5 Visible muscle movement, but no joint movement 3/5 No movement against resistance 5/5 Normal strength													
					-	_		1					
Elbow Flexion	RIGHT:	Щ	5/5	=	l/5 [	3/5	Ļ	2/5	Ц	1/5	Ц	0/5	
	LEFT:	Ш	5/5		1/5	3/5	L	2/5	Ц	1/5	Ш	0/5	
Elbow Extension	RIGHT:	Щ	5/5		1/5	3/5	L	2/5	Ц	1/5	Ц	0/5	
	LEFT:	Щ	5/5		1/5	3/5	L	2/5	Ц	1/5	Ц	0/5	
Wrist Flexion	RIGHT:	Ш	5/5		1/5	3/5	L	2/5	Ц	1/5	Ш	0/5	
	LEFT:	Ш	5/5		I/5 [	3/5	L	2/5	Ц	1/5	Ш	0/5	
Wrist Extension	RIGHT:	Ш	5/5		I/5 [	3/5	L	2/5	Ц	1/5	Ш	0/5	
	LEFT:	Ш	5/5		!/5 <u> </u>	3/5	L	2/5	Ц	1/5	Ш	0/5	
Grip	RIGHT:	Щ	5/5		1/5	3/5	L	2/5	Ц	1/5	Ц	0/5	
	LEFT:	Щ	5/5		1/5	3/5	L	2/5	Ц	1/5	Ц	0/5	
Pinch (thumb to index finger)	RIGHT:	Ш	5/5		1/5	3/5	L	2/5	Ц	1/5	Ш	0/5	
(thumb to thuex finger)	LEFT:	Ш	5/5		1/5	3/5	L	2/5	Ц	1/5	Ш	0/5	
Knee Extension	RIGHT:	Ш	5/5		1/5	3/5	L	2/5	Ц	1/5	Ш	0/5	
	LEFT:	Ш	5/5		1/5	3/5	L	2/5	Ш	1/5	Ш	0/5	
Ankle Plantar Flexion	RIGHT:	Ш	5/5		1/5	3/5	L	2/5	Ш	1/5	Ш	0/5	
	LEFT:		5/5		1/5	3/5		2/5		1/5		0/5	
Ankle Dorsiflexion	RIGHT:	Ш	5/5		1/5	3/5	L	2/5	Ш	1/5	Ш	0/5	
	LEFT:		5/5		1/5	3/5		2/5		1/5		0/5	
4B. DEEP TENDON REFLE	EXES (DTR	(s) - F	RATE R	EFLE	(ES AC	CORDI	NG T	O THE F	FOLL	OWIN	G SC	CALE:	
0 - Absent	2+	Norm	nal					4+ Inc	creas	ed witl	n cloi	nus	
1+ Decreased	3+	Incre	ased w	ithout	clonus								
				_	_	_	_	,					
Biceps	RIGHT:	Ц	0	=	+	2+	L	] 3+	Ц	4+			
	LEFT:	Ц	0	=	+	2+	Ļ	] 3+	Ц	4+			
Triceps	RIGHT:	Ц	0	=	+	2+	L	] 3+	Ц	4+			
	LEFT:	Ц	0	=	+	2+	L	] 3+	Ц	4+			
Brachioradialis	RIGHT:	Н	0	=	+	2+	Ļ	] 3+	Н	4+			
	LEFT:	Н	0	=	+	2+	L	] 3+	Н	4+			
Knee	RIGHT:	Н	0	=	+	2+	L	] 3+	Н	4+			
	LEFT:	Н	0	=	+	2+	L	] 3+	Н	4+			
Ankle	RIGHT:	Н	0	=	+	2+	L	] 3+	Н	4+			
	LEFT:		0		+	2+		] 3+	Ш	4+			
40 110117 7011011840110													
4C. LIGHT TOUCH/MONOR		IES		_	_			1 46	_1				
Shoulder area	RIGHT:	님	Norm	-	=	reased	F	Abser					
lanca/outon formana	LEFT:	H	Norm	=	=	reased	H	Abser					
Inner/outer forearm	RIGHT: LEFT:	님	Norm	=	=	reased	늗	Abser Abser					
Lland/fingers		H	Norm	=	=		H	-					
Hand/fingers	RIGHT:	H	Norm	=	=	reased	H	Abser					
Mara a Mai ala	LEFT:	H	Norm	=	=	reased	H	Abser					
Knee/thigh	RIGHT:	H	Norm	=	=	reased	H	Abser					
Ankle/lewerles	LEFT:	H	Norm	=	=	reased	F	Abser					
Ankle/lower leg	RIGHT:	H	Norm	=	=	reased	H	Abser					
Foot/tops	LEFT:	H	Norm	=	=	reased	H	Abser					
Foot/toes	RIGHT:	H	Norm	=	=	reased	F	Abser					
AD DOCITION SENSE /	LEFT:	incar	Norm			reased	natio	Abser		un er	1.1.	1110 to 2	(amout)
4D. POSITION SENSE (gra	лър таех Ј	inger	great 1	ve on	siues a	па аѕк ј	<i>у</i> ипен	и ю тае	пију	ир ап	ı aov	vn mot	vement)
RIGHT UPPER EXTREMIT	rv		Norma	al [	7 000	reased		Abser	nt				
LEFT UPPER EXTREMITY		H	Norma	=	=	reased	F	Abser					
RIGHT LOWER EXTREMITY		H	Norma	=	=	reased	F	Abser					
LEFT LOWER EXTREMITY		H	Norma	=	=	reased	F	Abser					
LLI I LOWER EXTREMITY		Ш	NOIM	aı [_	_ Dec	- caseu		1 Ynzei	rt.				

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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							
LEFT UPPER EXTREMITY							
RIGHT LOWER EXTREMITY							
LEFT LOWER EXTREMITY							
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							
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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  (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?  YES NO							
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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  (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?  YES NO							
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  (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?  YES NO							

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SECTION VII - DIAGNOSTIC TESTING									
<b>NOTE:</b> For purposes of this examination, elector peripheral neuropathy can be made in the approbjective clinical findings, which may include and/or lost/decreased sensation to monofilamen	ropriate clinical se symmetrical lost/de	MG) studies are etting by a histo ecreased reflexe	e rarely ory of cles, decrea	required to diagnose haracteristic pain an ased strength, lost/d	e diabetic peripheral neurop nd/or sensory changes in a ecreased sensation for cold,	athy. The diagnosis of diabetic stocking/glove distribution and vibration and/or position sense,			
7A. HAVE EMG STUDIES BEEN PERFORMED?									
YES NO									
(Extremities tested)									
RIGHT UPPER EXTREMITY Results:	Normal	Abnormal	Date:						
LEFT UPPER EXTREMITY Results:	Normal	Abnormal							
RIGHT LOWER EXTREMITY Results:	Normal	Abnormal							
LEFT LOWER EXTREMITY Results:	Normal	Abnormal							
LEFT LOWER EXTREMITT Results.	Normar _	ADHOITIAI	Date.						
(If abnormal, describe):									
7B. IF THERE ARE OTHER SIGNIFICANT FIND	INGS OR DIAGNO	STIC TEST RES	SULTS, F	PROVIDE DATES AN	ND DESCRIBE				
	SECTION V	III - FUNCTIO	NAL IN	IPACT AND REM	ARKS				
8. DOES THE VETERAN'S DIABETIC PERIPHEI	RAL NEUROPATH	Y IMPACT HIS	OR HER	ABILITY TO WORK	?				
YES NO (If "Yes." describe	impact of each of t	the veteran's dia	ahetic ne	rinheral neuronath	condition(s), providing one	or more examples)			
	impact of each of t	ne veteran s ara	ioene pe	ripherai nearopain	condition(s), providing one	or more examples)			
9. REMARKS (If any)									
SECTION IX - PHYSICIAN'S CERTIFICATION AND SIGNATURE									
<b>CERTIFICATION</b> - To the best of my knowledge, the information contained herein is accurate, complete and current.									
10A. PHYSICIAN'S SIGNATURE		10B. PHYSICI	AN'S PR	INTED NAME		10C. DATE SIGNED			
10D. PHYSICIAN'S PHONE NUMBER	10E. PHYSICIAN'	S MEDICAL LIC	ENSE N	UMBER	10F. PHYSICIAN'S ADDRE	SS			
NOTE - VA may obtain additional medical information, including an examination, 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 <a href="https://www.vba.va.gov/disabilityexams">www.vba.va.gov/disabilityexams</a> 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 <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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