



**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.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
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**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 PERIPHERAL NEUROPATHY?

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

1B. PROVIDE RATIONALE (e.g., veteran does not currently have any known diabetic peripheral neuropathy 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 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 (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	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
LEFT UPPER EXTREMITY	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
RIGHT LOWER EXTREMITY	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
LEFT LOWER EXTREMITY	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent

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

Not tested

RIGHT UPPER EXTREMITY	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
LEFT UPPER EXTREMITY	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
RIGHT LOWER EXTREMITY	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
LEFT LOWER EXTREMITY	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> 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	<input type="checkbox"/> Not affected	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
LEFT	<input type="checkbox"/> Not affected	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> 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	<input type="checkbox"/> Not affected	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderately Severe	<input type="checkbox"/> Severe, with marked muscular atrophy
LEFT	<input type="checkbox"/> Not affected	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderately Severe	<input type="checkbox"/> 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)*

<input type="checkbox"/> RIGHT UPPER EXTREMITY	Results:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Date: _____
<input type="checkbox"/> LEFT UPPER EXTREMITY	Results:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Date: _____
<input type="checkbox"/> RIGHT LOWER EXTREMITY	Results:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Date: _____
<input type="checkbox"/> LEFT LOWER EXTREMITY	Results:	<input type="checkbox"/> Normal	<input type="checkbox"/> 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 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 [www.vba.va.gov/disabilityexams](http://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 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 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](http://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.