OMB Approved No. 2900-XXXX
Respondent Burden: 45 minutes

Department of Veterans Affairs

EYE CONDITIONS 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 ON REVERSE 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.

NOTE - This examination must be conducted by a licensed optometrist or by a licensed ophthalmologist. The examiner must identify the disease, injury or other pathologic process responsible for any decrease in visual acuity or other visual impairment found. For VA purposes, examinations of visual fields and/or muscle function will be conducted ONLY when there is a medical indication of disease or injury that may be associated with visual field defect and/or impaired muscle [LA1] function. Unless medically contraindicated, the fundus must be examined with the claimant's pupils dilated.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH AN EYE CONDITION?

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

1B. PROVIDE RATIONALE *(veteran does not currently have any known eye conditions)*

1C. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO EYE CONDITION(S)

DIAGNOSIS # 1 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 3 -	ICD CODE -	DATE OF DIAGNOSIS -

1D. IF ADDITIONAL DIAGNOSES THAT PERTAIN TO EYE CONDITIONS, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

2. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S CURRENT EYE CONDITION(S) *(brief summary):*

SECTION III - ANATOMICAL LOSS AND/OR LIGHT PERCEPTION ONLY

3A. DOES THE VETERAN HAVE ANATOMICAL LOSS OF EITHER EYE?

☐ YES ☐ NO *(If "Yes," indicate eye(s))*

☐ RIGHT ☐ LEFT ☐ BOTH

3B. IS THE VETERAN'S VISION LIMITED TO NO MORE THAN LIGHT PERCEPTION ONLY IN EITHER EYE?

☐ YES ☐ NO *(If "Yes," indicate for which eye(s) the veteran's vision is limited to no more than light perception)*

☐ RIGHT ☐ LEFT ☐ BOTH

3C. IS THE VETERAN ABLE TO RECOGNIZE TEST LETTERS AT 1 FOOT OR CLOSER?

☐ YES ☐ NO *(If "No," indicate with which eye(s) the veteran is unable to recognize test letters at 1 foot or closer)*

☐ RIGHT ☐ LEFT ☐ BOTH

3D. IS THE VETERAN ABLE TO PERCEIVE OBJECTS, HAND MOVEMENTS, OR COUNT FINGERS AT 3 FEET?

☐ YES ☐ NO *(If "No," indicate with which eye(s) the veteran is unable to perceive objects, hand movements, or count fingers at 3 feet)*

☐ RIGHT ☐ LEFT ☐ BOTH

SECTION IV - EXAMINATION

4-1 VISUAL ACUITY

NOTE - Examination of visual acuity must include the central uncorrected and its equivalent corrected visual acuity for distance and near vision using Snellen's test type or its equivalent. Visual acuity should not be determined with eccentric fixation or viewing. For VA purposes, visual acuity is evaluated according to the lines on the Snellen chart or its equivalent.

NOTE - If assessment of the veteran's visual acuity falls between two lines on the Snellen chart, round up to the higher (worse) level (poorer vision) for answers 4-1(A) through 4-1(D) below. (For example, 20/60 would be reported as 20/70; 20/80 would be reported as 20/100, etc.

A. Uncorrected near:

RIGHT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

LEFT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

B. Uncorrected distance:

RIGHT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

LEFT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

C. Corrected near:

RIGHT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

LEFT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

D. Corrected distance:

RIGHT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

LEFT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

***** The measurement of 5/200 and 15/200 visual acuity may be accomplished through several methods, such as by having the patient/veteran walk up to the 20/200 Snellen test type chart at 5 feet and 15 feet respectively or by using another Snellen test type or its equivalent chart to measure visual acuity at comparable distances.

E. Was the corrected visual acuity determined with standard spectacle correction *(e.g., phoropter or trial frame exam)*?

☐ Yes ☐ No

F. Does the veteran customarily wear contact lenses to correct for a corneal irregularity?

☐ Yes ☐ No

(If "Yes," was the corrected visual acuity determined with habitual contact lens correction in place and standard spectacle correction over refraction?)

☐ Yes ☐ No

(If "No," explain):

G. Does the veteran have legal *(statutory)* blindness *(visual acuity of 20/200 or less in the better eye with use of a correcting lens)* based upon visual acuity loss?

☐ Yes ☐ No

4-2 VISUAL ACUITY DIFFERENCES

NOTE - For VA purposes, in any case where the examiner reports that there is a difference equal of two or more lines on the Snellen test type chart or its equivalent between near and distance corrected vision, with the near vision being worse, the examiner must provide at least 2 recordings of corrected near and distance vision and explain the reason for the difference.

A. Is there a difference equal of two or more lines on the Snellen test type chart or its equivalent between near and distance corrected vision, with the near vision being worse?

☐ Yes ☐ No

(If "Yes," explain reason for the difference):

B. Does the lens required to correct distance vision in the poorer eye differ by more than 3 diopters from the lens required to correct distance vision in the better eye?

☐ Yes ☐ No

(If "Yes," explain reason for the difference):

C. If the answer to 4-2(A) or 4-2(B) is yes, provide a second recording of corrected near and distance vision

Second recording of corrected near vision:

RIGHT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

LEFT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

Second recording of corrected distance vision:

RIGHT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

LEFT: ☐ 5/200* ☐ 20/400 ☐ 15/200* ☐ 20/200 ☐ 20/100 ☐ 20/70 ☐ 20/50 ☐ 20/40 or better

SECTION IV - EXAMINATION *(Continued)*

4-3 PUPILS

Pupils:

- ☐ Pupils are round and reactive to light
- ☐ Afferent papillary defect, describe [LA2]: _____
- ☐ Other, describe: _____

_____

Pupil diameter: Right: _____ mm Left: _____ mm

4-4 DIPLOPIA

A. Does the veteran have diplopia?

☐ Yes ☐ No

(If "Yes," provide etiology (such as traumatic injury, thyroid eye disease, myasthenia gravis, etc.)

(If "Yes," chart the areas of diplopia on a Goldman perimeter chart that identifies the four major quadrants (upward, downward, left lateral and right lateral) and the central field (20 degrees or less) and include the chart with this questionnaire)

Include the results from the Goldman perimeter chart below:

Right eye:

- Up: _____ degrees
- Down: _____ degrees
- Right lateral: _____ degrees
- Left lateral: _____ degrees

Left eye:

- Up: _____ degrees
- Down: _____ degrees
- Right lateral: _____ degrees
- Left lateral: _____ degrees

B. Is the diplopia occasional?

☐ Yes ☐ No

(If "Yes," indicate frequency of diplopia and most recent occurrence [LA3]): _____

C. Is the diplopia correctable with standard spectacle correction?

☐ Yes ☐ No

(If "No," is the diplopia correctable with standard spectacle correction that includes a special prismatic correction [LA4][LA5]?)

☐ Yes ☐ No

D. Is the veteran's diplopia secondary to a cranial nerve or extraocular muscle weakness [LA6]/paralysis?

☐ Yes ☐ No

(If "Yes," indicate cranial nerve(s), extraocular muscle(s) and side affected: (check all that apply))

☐ 3rd cranial nerve (oculomotor) paresis/paralysis	☐ RIGHT	☐ LEFT	☐ BOTH
☐ 4th cranial nerve (trochlear) paresis/paralysis	☐ RIGHT	☐ LEFT	☐ BOTH
☐ 6th cranial nerve (abducens) paresis/paralysis	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Superior rectus	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Medial rectus	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Inferior rectus	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Lateral rectus	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Superior oblique	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Inferior oblique	☐ RIGHT	☐ LEFT	☐ BOTH

SECTION IV - EXAMINATION *(Continued)*

4-5 VISUAL FIELDS

A. Are visual fields intact to confrontation [LA7]?

☐ Yes ☐ No

B. Does the veteran have a visual field defect?

☐ Yes ☐ No

(If "Yes," complete 4-5(C) through 4-5(G) below):

NOTE - If the veteran has a visual field defect, examiners must perform visual field testing using either Goldmann kinetic perimetry or automated perimetry using Humphrey Model 750, Octopus Model 101, or later versions of these perimetric devices with simulated kinetic Goldmann testing capability. Report the findings on a standard Goldmann chart and include the chart with this questionnaire [LA8].

C. Was visual fields testing performed?

☐ Yes ☐ No

Results: ☐ Using Goldmann's equivalent III/4e isopter ☐ Using Goldmann's equivalent IV/4e isopter [LA9]

Date of exam:

☐ Superior:	(normal 45)	Right: _____ degrees	Left: _____ degrees
☐ Superior-temporal:	(normal 55)	Right: _____ degrees	Left: _____ degrees
☐ Superior-nasal:	(normal 55)	Right: _____ degrees	Left: _____ degrees
☐ Inferior:	(normal 65)	Right: _____ degrees	Left: _____ degrees
☐ Inferior-temporal:	(normal 85)	Right: _____ degrees	Left: _____ degrees
☐ Inferior-nasal:	(normal 50)	Right: _____ degrees	Left: _____ degrees
☐ Nasal:	(normal 60)	Right: _____ degrees	Left: _____ degrees
☐ Temporal:	(normal 85)	Right: _____ degrees	Left: _____ degrees

Single:

Right 0 degrees: _____ degrees	Left 0 degrees: _____ degrees
Right 90 degrees: _____ degrees	Left 90 degrees: _____ degrees
Right 180 degrees: _____ degrees	Left 180 degrees: _____ degrees
Right 270 degrees: _____ degrees	Left 270 degrees: _____ degrees

Double:

Right 0 degrees: _____ degrees	Left 0 degrees: _____ degrees
Right 90 degrees: _____ degrees	Left 90 degrees: _____ degrees
Right 180 degrees: _____ degrees	Left 180 degrees: _____ degrees
Right 270 degrees: _____ degrees	Left 270 degrees: _____ degrees

D. Does the veteran have contraction of a visual field?

☐ Yes ☐ No

(If "Yes," for VA purposes, calculate average concentric contraction of the visual field of each eye by measuring the remaining visual field in degrees at each of the 8 principal meridians, adding them, and dividing the sum by 8)

Right average concentric contraction: _____

Left average concentric contraction: _____

E. Does the veteran have loss of a visual field?

☐ Yes ☐ No

(If "Yes," check all that apply and indicate side):

Homonymous hemianopsia	☐ RIGHT	☐ LEFT	☐ BOTH
Loss of temporal half of visual field	☐ RIGHT	☐ LEFT	☐ BOTH
Loss of nasal half of visual field	☐ RIGHT	☐ LEFT	☐ BOTH
Loss of inferior half of visual field	☐ RIGHT	☐ LEFT	☐ BOTH
Loss of superior half of visual field	☐ RIGHT	☐ LEFT	☐ BOTH
Other *(specify)* _____	☐ RIGHT	☐ LEFT	☐ BOTH

F. Does the veteran have a scotoma?

☐ Yes ☐ No

(If "Yes," check all that apply and indicate side):

☐ Scotoma affecting at least 1/4 of the visual field	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Centrally located scotoma	☐ RIGHT	☐ LEFT	☐ BOTH

G. Does the veteran have legal (statutory) blindness (visual field diameter of 20 degrees or less in the better eye, even if the corrected visual acuity is 20/20) based upon visual field loss?

☐ Yes ☐ No

SECTION IV - EXAMINATION *(Continued)*

4-6 TONOMETRY

Tonometry:

☐ Applanation

☐ Other, describe [LA11]: _____

☐ Dilatation: ☐ RIGHT ☐ LEFT ☐ BOTH Time: _____ Tropicamide: _____ %

4-7 SLIT LAMP EXAM

☐ All normal *(check this box only if all physical exam findings, a-k, below are normal [LA12])*

A. External exam/lids/lashes

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

B. Conjunctiva

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

C. Cornea

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

D. Anterior chamber

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

E. Iris

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

F. Lens

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

G. Fundus

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

H. Macula

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

I. Vessels

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

J. Vitreous

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

K. Periphery

☐ Right: ☐ Normal ☐ Other, describe: _____

☐ Left: ☐ Normal ☐ Other, describe: _____

SECTION V - EYE CONDITIONS

A. Does the veteran have any of the following eye conditions?

☐ Yes ☐ No *(If "No," proceed to Section VI)*

(If "Yes," indicate the eye condition(s), checking all that apply)

☐ Anatomical loss of eyelids and/or brows *(If checked complete 5-1(B))*

☐ Lacrimal gland and lid *(If checked complete 5-2(C))*

☐ Ptosis, in either or both eyes *(If checked complete 5-3(D))*

☐ Conjunctivitis and other conjunctival conditions *(If checked complete 5-4(E))*

☐ Corneal conditions *(If checked complete 5-5(F))*

☐ Inflammatory eye conditions/injuries *(If checked complete 5-6(G))*

☐ Glaucoma *(If checked complete 5-7(H))*

☐ Cataracts and lens conditions *(If checked complete 5-8(I))*

☐ Retinal eye conditions *(If checked complete 5-9(J))*

☐ Neurologic eye conditions *(If checked complete 5-10(K))*

☐ Neoplasms *(If checked complete 5-11(L))*

☐ Other eye condition(s) *(specify)* _____ *(If checked complete 5-12(M))*

SECTION V - EYE CONDITIONS (Continued)

5-1 ANATOMICAL LOSS OF EYELIDS AND/OR BROWS

B. Indicate the veteran's condition(s) and side affected

- ☐ Partial or complete loss of eyelid(s) ☐ RIGHT ☐ LEFT ☐ BOTH
- ☐ Complete loss of eyebrows ☐ RIGHT ☐ LEFT ☐ BOTH
- ☐ Complete loss of eyelashes ☐ RIGHT ☐ LEFT ☐ BOTH

Is the veteran's decrease in visual acuity or other visual impairment, if present, attributable to eyelid loss condition?

☐ Yes ☐ No ☐ There is no decrease in visual acuity or other visual impairment

(If "No," explain): _____

If present, does eyelid loss cause scarring or disfigurement?

☐ Yes ☐ No

(If "Yes," complete scarring and disfigurement in Section VI)

5-2LACRIMAL GLAND AND LID CONDITIONS

C. Indicate the veteran's condition(s) and side affected *(check all that apply)*

- ☐ Ectropion ☐ RIGHT ☐ LEFT ☐ BOTH
- ☐ Entropion ☐ RIGHT ☐ LEFT ☐ BOTH
- ☐ Lagophthalmos ☐ RIGHT ☐ LEFT ☐ BOTH
- ☐ Disorders of the lacrimal apparatus *(epiphora, dacryocystitis, etc.)* ☐ RIGHT ☐ LEFT ☐ BOTH

5-3 PTOSIS

D. If ptosis is present, indicate side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

Is the veteran's decrease in visual acuity or other visual impairment, if present, attributable to ptosis?

☐ Yes ☐ No ☐ There is no decrease in visual acuity or other visual impairment

(If "No," explain): _____

Does the Ptosis loss cause disfigurement?

☐ Yes ☐ No

(If "Yes," complete scarring and disfigurement in Section VI)

5-4 CONJUNCTIVITIS AND OTHER CONJUNCTIVAL CONDITIONS

E. Indicate type of conjunctivitis, activity, and side affected *(check all that apply)*:

- ☐ Trachomatous
  - ☐ Active
  - ☐ Inactive

  If present, indicate side affected ☐ RIGHT ☐ LEFT ☐ BOTH
- ☐ Nontrachomatous
  - ☐ Active
  - ☐ Inactive

  If present, indicate side affected ☐ RIGHT ☐ LEFT ☐ BOTH

Indicate the veteran's other conjunctival conditions, if any *(check all that apply)*

- ☐ Pinguecula: if present, indicate side affected ☐ RIGHT ☐ LEFT ☐ BOTH
- ☐ Symblepharon: if present, indicate side affected ☐ RIGHT ☐ LEFT ☐ BOTH
- ☐ Other, describe: _____ ☐ RIGHT ☐ LEFT ☐ BOTH

Is the veteran's decrease in visual acuity or other visual impairment, if present, attributable to any of the eye conditions checked above in this section?

☐ Yes ☐ No ☐ There is no decrease in visual acuity or other visual impairment

(If "No," explain): _____

Does this eye condition cause scarring or disfigurement?

☐ Yes ☐ No

(If "Yes," complete scarring and disfigurement in Section VI)

5-5 CORNEAL CONDITIONS

F. Has the veteran had a corneal transplant?

☐ Yes ☐ No

(If "Yes," indicate residuals and side affected (check all that apply)

- Pain ☐ RIGHT ☐ LEFT ☐ BOTH
- Photophobia ☐ RIGHT ☐ LEFT ☐ BOTH
- Glare sensitivity ☐ RIGHT ☐ LEFT ☐ BOTH
- Other, describe: ☐ RIGHT ☐ LEFT ☐ BOTH

_____

SECTION V - EYE CONDITIONS *(Continued)*

5-5 CORNEAL CONDITIONS *(Continued)*

Does the veteran have keratoconus?

☐ Yes ☐ No *(If "Yes," indicate side affected)* ☐ RIGHT ☐ LEFT ☐ BOTH

Does the veteran have pterygium?

☐ Yes ☐ No *(If "Yes," indicate side affected)* ☐ RIGHT ☐ LEFT ☐ BOTH

Does the veteran have another corneal condition that may result in an irregular cornea? *(For example, pellucid marginal degeneration, irregular astigmatism from corneal scar, post-laser refractive surgery, acne rosacea keratopathy, etc.)*

☐ Yes ☐ No

(If "Yes," specify corneal condition and indicate side affected)

_____

☐ RIGHT ☐ LEFT ☐ BOTH

Is the veteran's decrease in visual acuity or other visual impairment, if present, attributable to keratoconus or another corneal condition, if present?

☐ Yes ☐ No ☐ There is no decrease in visual acuity or other visual impairment

(If "No," explain):

5-6 INFLAMMATORY EYE CONDITIONS AND/OR INJURIES

G. Indicate the veteran's condition and side affected:

☐ Choroidopathy *(including uveitis, iritis, cyclitis, and choroiditis)*	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Keratopathy	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Scleritis	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Intraocular hemorrhage	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Unhealed eye injury	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Other, describe: _____	☐ RIGHT	☐ LEFT	☐ BOTH

_____

Is the veteran's decrease in visual acuity or other visual impairment, if present, attributable to any eye condition and/or injury checked above?

☐ Yes ☐ No ☐ There is no decrease in visual acuity or other visual impairment

(If "No," explain): _____

During the past 12 months, has the veteran had any incapacitating episodes attributable to any eye condition and/or injury checked [LA13] above?

☐ Yes ☐ No

(If "Yes," complete Section VII)

5-7 GLAUCOMA

H. Specify the type of glaucoma:

☐ Angle-closure Eye affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Open-angle Eye affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Other, specify type *(For example, neovascular, phakolytic, etc.)* Eye affected: ☐ RIGHT ☐ LEFT ☐ BOTH

Does the glaucoma require continuous medication for treatment?

☐ Yes ☐ No *(If "Yes," indicate side affected)* ☐ RIGHT ☐ LEFT ☐ BOTH

List medication(s) used for treatment of glaucoma: _____

Is the veteran's decrease in visual acuity or other visual impairment, if present, attributable to the type of glaucoma eye condition checked above?

☐ Yes ☐ No ☐ There is no decrease in visual acuity or other visual impairment

(If "No," explain): _____

During the past 12 months, has the veteran had any incapacitating episodes attributable to the type of glaucoma eye condition checked above?

☐ Yes ☐ No

(If "Yes," complete Section VII)

5-8 CATARACT AND LENS CONDITIONS

I. Indicate cataract condition [LA14]

☐ Non-operative *(If a cataract is present, check "non-operative" if surgery is not indicated at the present time)* If present, indicate eye affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Preoperative *(If a cataract is present, check "preoperative" if surgery is not indicated at the present time)* If present, indicate eye affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Postoperative *(If "postoperative," is there a replacement intraocular lens?)* If present, indicate eye affected: ☐ RIGHT ☐ LEFT ☐ BOTH

Is there aphakia or dislocation of the crystalline lens?

☐ Yes ☐ No *(If "Yes," indicate side affected)* ☐ RIGHT ☐ LEFT ☐ BOTH

Is the veteran's decrease in visual acuity or other visual impairment, if present, attributable to the cataract or lens eye condition checked above?

☐ Yes ☐ No ☐ There is no decrease in visual acuity or other visual impairment

(If "No," explain): _____

SECTION V - EYE CONDITIONS *(Continued)*

5-9 RETINOL CONDITIONS

J. Indicate cataract condition [LA14]:

☐ Retinopathy	Specify side affected:	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Maculopathy	Specify side affected:	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Detached retina	Specify side affected:	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Retinal hemorrhage	Specify side affected:	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Unhealed eye injury	Specify side affected:	☐ RIGHT	☐ LEFT	☐ BOTH
☐ Centrally located retinal scars, atrophy or irregularities in either eye that result in an irregular, duplicated, enlarged or diminished image in either eye	Specify side affected:	☐ RIGHT	☐ LEFT	☐ BOTH

Is the veteran's decrease in visual acuity or other visual impairment, if present, attributable to the cataract eye condition checked above?

☐ Yes ☐ No ☐ There is no decrease in visual acuity or other visual impairment

During the past 12 months, has the veteran had any incapacitating episodes attributable to the cataract eye condition checked above?

☐ Yes ☐ No *(If "Yes," complete Section VII)*

5-10 NEUROLOGIC EYE CONDITIONS

K. Indicate the veteran's neurologic eye condition/disorder:

☐ Nystagmus *(If checked, specify type (For example central, endpoint, pendular, etc.)*: _____ Specify side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Paresis/paralysis of 3rd cranial nerve *(oculomotor)* Specify side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Paresis/paralysis of 4th cranial nerve *(trochlear)* Specify side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Paresis/paralysis of 6th cranial nerve *(abducens)* Specify side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Paresis/paralysis of 7th cranial nerve *(facial, Bell's palsy)* Specify side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Cerebrovascular accident *(CVA) (If checked, specify location):* Specify side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

_____

(For example: optic nerve, pre-chiasmal, post-chiasmal, optic tract, ateral geniculate body, temporal lobe, parietal lobe, occipital lobe)

☐ Optic neuritis Specify side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

☐ Intracranial mass/tumor *(If checked, specify location):* Specify side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

_____

(For example: optic nerve, pre-chiasmal, post-chiasmal, optic tract, lateral geniculate body, temporal lobe, parietal lobe, occipital lobe)

☐ Traumatic brain injury *(TBI)*
(If checked, describe effect of TBI on eye conditions):

_____

☐ Other, specify condition/disorder *(For example, Alzheimer's disease, Jakob-Creutzfeldt disease, etc.)*: Specify side affected: ☐ RIGHT ☐ LEFT ☐ BOTH

_____

(If checked, specify location): _____

(For example: optic nerve, pre-chiasmal, chiasmal, post-chiasmal, optic tract, lateral geniculate body, temporal lobe, parietal lobe, occipital lobe))

Is the veteran's decrease in visual acuity or other visual impairment, if present, attributable to the neurologic condition/disorder checked above?

☐ Yes ☐ No ☐ There is no decrease in visual acuity or other visual impairment

(If "No," explain): _____

During the past 12 months, has the veteran had any incapacitating episodes attributable to the neurologic eye condition checked above?

☐ Yes ☐ No *(If "Yes," complete Section VII)*

5-11 NEOPLASMS

L. Does the veteran have an ophthalmic neoplasm?

☐ Yes ☐ No *(If "Yes," also complete VA Form 21-0960O-1, Tumors and Neoplasms Disability Benefits Questionnaire*

5-12 OTHER EYE CONDITIONS, PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

M. Does the veteran have any other eye conditions, pertinent physical findings, complications, conditions, signs and/or symptoms?

☐ Yes ☐ No *(If "Yes," describe):*

SECTION VI - SCARRING AND DISFIGUREMENT FOR EYE CONDITIONS

NOTE: Include color photographs with any report of scarring or disfigurement.

6. DOES THE VETERAN HAVE SCARRING ATTRIBUTABLE TO ANY EYE CONDITION?

☐ YES ☐ NO

(If "Yes," indicate scar attributes (check all that apply))

- ☐ Scar at least one-quarter inch (0.6cm) wide at widest part
- ☐ Surface contour of scar elevated or depressed on palpation *(or inspection in the case of sclera)*
- ☐ Scar adherent to underlying tissue *(including eyelids adherent to scleral tissue)*
- ☐ Visible or palpable tissue loss
- ☐ Gross distortion or asymmetry of one feature or paired set of features *(eyes)*

SECTION VII - INCAPACITATING EPISODES

NOTE: For VA purposes, an incapacitating episode is a period of acute symptoms severe enough to require prescribed bed rest and treatment by a physician or other healthcare provider (For example, temporary bed rest required for a retinal condition).

7A. DURING THE PAST 12 MONTHS, HAS THE VETERAN HAD ANY INCAPACITATING EPISODES ATTRIBUTABLE TO ANY EYE CONDITIONS?

☐ YES ☐ NO

(If "Yes," specify the eye condition(s) causing incapacitating episodes [LA15]):

_____

(If "Yes," describe how the eye condition(s) caused incapacitating episodes):

_____

7B. PROVIDE THE TOTAL DURATION FOR THE INCAPACITATING EPISODES FOR ALL INCAPACITATING CONDITIONS OVER THE PAST 12 MONTHS

- ☐ LESS THAN 1 WEEK
- ☐ AT LEAST 1 WEEK BUT LESS THAN 2 WEEKS
- ☐ AT LEAST 2 WEEKS BUT LESS THAN 4 WEEKS
- ☐ AT LEAST 4 WEEKS BUT LESS THAN 6 WEEKS
- ☐ AT LEAST 6 WEEKS

SECTION VIII - FUNCTIONAL IMPACT AND REMARKS

8. DOES THE VETERAN'S EYE CONDITION(S) IMPACT HIS OR HER ABILITY TO WORK?

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

9. REMARKS *(If any)*

SECTION X - OPTOMETRIST/PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

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

10D. OPTOMETRIST/PHYSICIAN'S PHONE NUMBER	10E. OPTOMETRIST/PHYSICIAN'S MEDICAL LICENSE NUMBER	10F. OPTOMETRIST/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 45 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.