



## AMPUTATIONS 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.

**NOTE:** If the following are noted, complete the appropriate disability questionnaire.

1. For limited motion or instability in the joint above the amputation site, also complete the Disability Benefits Questionnaire for the specific joint.
2. For scars, or skin breakdown also complete the VA Form 21-0960F-1, Scars Disability Benefits Questionnaire.
3. For muscular injuries, also complete VA Form 21-0960M-10, Muscle Injury Disability Benefits Questionnaire.
4. For Osteomyelitis, also complete the VA Form 21-0960M-11, Osteomyelitis Disability Benefits Questionnaire.
5. For circulation conditions related to amputation, also complete VA Form 21-0960A-2, Arteries and Veins Disability Benefits Questionnaire.
6. For painful neuroma, also complete VA Form 21-0960C-10, Peripheral Nerve Disability Benefits Questionnaire.

### SECTION I - DIAGNOSIS

1A. HAS AN AMPUTATION(S) BEEN PERFORMED?

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

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO AMPUTATION(S)

| AMPUTATION # 1 - | ICD CODE - | DATE OF AMPUTATION - |
|------------------|------------|----------------------|
| AMPUTATION # 2 - | ICD CODE - | DATE OF AMPUTATION - |
| AMPUTATION # 3 - | ICD CODE - | DATE OF AMPUTATION - |

1C. IF ADDITIONAL AMPUTATION(S) EXIST, LIST USING ABOVE FORMAT:

### SECTION II - MEDICAL HISTORY

2. DESCRIBE THE ETIOLOGY OF EACH AMPUTATION LISTED IN SECTION I:

### SECTION III - DOMINANT HAND

3. DOMINANT HAND

RIGHT  LEFT  AMBIDEXTROUS

### SECTION IV - AMPUTATION(S) SITE(S)

4. AMPUTATION(S) SITE(S) (Check all that apply):

- UPPER EXTREMITIES (not including the fingers)  
 FINGERS  
 LOWER EXTREMITIES (including the forefoot)  
 TOES

(If checked, complete the appropriate section below)

NOTE - Imaging studies are not required to document amputation(s)

### SECTION V - AMPUTATION(S) OF THE UPPER EXTREMITY(IES) (NOT INCLUDING FINGERS)

5A. IS THERE AN AMPUTATION OF EITHER ARM?

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

LEFT

- Amputation is below insertion of deltoid  
 Amputation is above insertion of deltoid  
 Disarticulation

Does the amputation site allow the use of a suitable prosthetic appliance?

YES  NO

RIGHT

- Amputation is below insertion of deltoid  
 Amputation is above insertion of deltoid  
 Disarticulation

Does the amputation site allow the use of a suitable prosthetic appliance?

YES  NO

**SECTION V - AMPUTATION(S) OF THE UPPER EXTREMITY(IES) (NOT INCLUDING FINGERS) (Continued)**

5B. IS THERE AN AMPUTATION OF EITHER FOREARM?

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

LEFT

- Amputation resulting in loss of use of the hand
- Amputation below insertion of pronator teres
- Amputation above insertion of pronator teres

RIGHT

- Amputation resulting in loss of use of hand
- Amputation below insertion of pronator teres
- Amputation above insertion of pronator teres

Does the amputation site allow the use of a suitable prosthetic appliance?

YES  NO

Does the amputation site allow the use of a suitable prosthetic appliance?

YES  NO

**SECTION VI - AMPUTATION(S) OF FINGER(S)**

6A. IS THERE AN AMPUTATION OF EITHER THUMB?

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

LEFT

- Amputation at the distal joint or through the distal phalanx
- Amputation at the metacarpophalangeal joint or through the proximal phalanx
- Amputation with metacarpal resection

RIGHT

- Amputation at the distal joint or through the distal phalanx
- Amputation at the metacarpophalangeal joint or through the proximal phalanx
- Amputation with metacarpal resection

6B. IS THERE AN AMPUTATION OF EITHER INDEX FINGER?

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

LEFT

- Amputation through the long phalanx or at the distal joint
- Amputation without metacarpal resection, at the proximal interphalangeal joint or proximal thereto
- Amputation with metacarpal resection (more than one-half the bone lost)

RIGHT

- Amputation through the long phalanx or at the distal joint
- Amputation without metacarpal resection, at the proximal interphalangeal joint or proximal thereto
- Amputation with metacarpal resection (more than one-half the bone lost)

6C. IS THERE AN AMPUTATION OF EITHER LONG FINGER?

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

LEFT

- Amputation without metacarpal resection, at the proximal interphalangeal joint or proximal thereto
- Amputation with metacarpal resection (more than one-half the bone lost)

RIGHT

- Amputation without metacarpal resection, at the proximal interphalangeal joint or proximal thereto
- Amputation with metacarpal resection (more than one-half the bone lost)

6D. IS THERE AN AMPUTATION OF EITHER RING FINGER?

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

LEFT

- Amputation without metacarpal resection, at the proximal interphalangeal joint or proximal thereto
- Amputation with metacarpal resection (more than one-half the bone lost)

RIGHT

- Amputation without metacarpal resection, at the proximal interphalangeal joint or proximal thereto
- Amputation with metacarpal resection (more than one-half the bone lost)

6E. IS THERE AN AMPUTATION OF EITHER LITTLE FINGER?

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

LEFT

- Amputation without metacarpal resection, at the proximal interphalangeal joint or proximal thereto
- Amputation with metacarpal resection (more than one-half the bone lost)

RIGHT

- Amputation without metacarpal resection, at the proximal interphalangeal joint or proximal thereto
- Amputation with metacarpal resection (more than one-half the bone lost)

**SECTION VII - AMPUTATION(S) OF THE LOWER EXTREMITY(IES) (NOT INCLUDING THE TOES)**

7A. IS THERE AN AMPUTATION ABOVE EITHER KNEE?

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

LEFT

- Amputation of the middle or lower third
- Amputation of the upper third, one-third of the distance from the perineum to the knee joint, measured from the perineum
- Disarticulation with loss of extrinsic pelvic girdle muscles

RIGHT

- Amputation of the middle or lower third
- Amputation of the upper third, one-third of the distance from the perineum to the knee joint, measured from the perineum
- Disarticulation with loss of extrinsic pelvic girdle muscles

Does the amputation site allow the use of a suitable prosthetic appliance?

YES  NO

Does the amputation site allow the use of a suitable prosthetic appliance?

YES  NO

**SECTION VII - AMPUTATION(S) OF THE LOWER EXTREMITY(IES) (NOT INCLUDING THE TOES) (Continued)**

7B. IS THERE AN AMPUTATION BELOW EITHER KNEE (TO INCLUDE FOREFOOT)?

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

LEFT

- Amputation of the forefoot, which is proximal to the metatarsal bones (more than one-half of metatarsal loss)
- Amputation at a lower level (between the forefoot and knee), permitting prosthesis
- Amputation not improvable by prosthesis controlled by natural knee action
- Amputation with defective stump and amputation of the thigh recommended

Does the amputation site allow the use of a suitable prosthetic appliance?

YES  NO

RIGHT

- Amputation of the forefoot, which is proximal to the metatarsal bones (more than one-half of metatarsal loss)
- Amputation at a lower level (between the forefoot and knee), permitting prosthesis
- Amputation not improvable by prosthesis controlled by natural knee action
- Amputation with defective stump and amputation of the thigh recommended

Does the amputation site allow the use of a suitable prosthetic appliance?

YES  NO

**SECTION VIII - AMPUTATION(S) OF THE TOE(S)**

8. IS THERE AN AMPUTATION OF A TOE(S) OF EITHER FOOT?

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

LEFT

Is there amputation of all toes without metatarsal loss?

YES  NO

Is there amputation of the great toe?

YES  NO

(If "Yes," indicate which of the following apply):

- Amputation without metatarsal involvement
- Amputation with removal of the metatarsal head

Is there amputation of any lesser toe with removal of the metatarsal head?

YES  NO

(If "Yes," indicate which of the following apply):

- Amputation of toes one or two
- Amputation without metatarsal involvement

Is there amputation of toes three or four without metatarsal involvement?

YES  NO

(If "Yes," indicate which of the following apply):

- Amputation not including great toe
- Amputation including great toe

RIGHT

Is there amputation of all toes without metatarsal loss?

YES  NO

Is there amputation of the great toe?

YES  NO

(If "Yes," indicate which of the following apply):

- Amputation without metatarsal involvement
- Amputation with removal of the metatarsal head

Is there amputation of any lesser toe with removal of the metatarsal head?

YES  NO

(If "Yes," indicate which of the following apply):

- Amputation of toes one or two
- Amputation without metatarsal involvement

Is there amputation of toes three or four without metatarsal involvement?

YES  NO

(If "Yes," indicate which of the following apply):

- Amputation not including great toe
- Amputation including great toe

**SECTION IX - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS**

9A. DOES THE VETERAN HAVE ANY SCARS (SURGICAL OR OTHERWISE) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

YES  NO (If "Yes," are any of the scars painful and/or unstable, or is the total area of all related scars greater than or equal to 39 square cm (6 square inches)?)

YES  NO (If "Yes," also complete VA Form 21-0960F-1, Scars/Disfigurement Disability Benefits Questionnaire)

9B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

YES  NO (If "Yes," describe (Brief summary)):

**SECTION X - ASSISTIVE DEVICES**

10A. DOES THE VETERAN USE ANY ASSISTIVE DEVICES AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

YES  NO (If "Yes," identify assistive devices used - check all that apply and indicate frequency)

|                                       |                   |                                     |                                  |                                   |
|---------------------------------------|-------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Wheelchair   | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Brace(s)     | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Crutch(es)   | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Cane(s)      | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Walker       | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Other: _____ | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |

10B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

**SECTION XI - DIAGNOSTIC TESTING**

NOTE - Imaging studies are not required to document amputation(s)

11. ARE THERE ANY SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

YES  NO (If "Yes," provide type of test or procedure, date and results - brief summary):

**SECTION XII - FUNCTIONAL IMPACT**

12. DOES THE VETERAN'S AMPUTATION IMPACT HIS OR HER ABILITY TO WORK?

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

**SECTION XIII - REMARKS**

13. REMARKS (If any):

**SECTION XIV - PHYSICIAN'S CERTIFICATION AND SIGNATURE**

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

14A. PHYSICIAN'S SIGNATURE

14B. PHYSICIAN'S PRINTED NAME

14C. DATE SIGNED

14D. PHYSICIAN'S PHONE NUMBER

14E. PHYSICIAN'S MEDICAL LICENSE NUMBER

14F. 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.benefits.va.gov/disabilityexams](http://www.benefits.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 voluntary. 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 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](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.