OMB Approved No. 2900-0810 Respondent Burden: 30 minutes Expiration Date: XXXXXXX

Department of Veterans Affairs

FOOT CONDITIONS, INCLUDING FLATFOOT (PES PLANUS) 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 - The veteran or service member 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 claim. VA reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers. **MEDICAL RECORD REVIEW** WAS THE VETERAN'S VA CLAIMS FILE REVIEWED? YES NO IF YES, LIST ANY RECORDS THAT WERE REVIEWED BUT WERE NOT INCLUDED IN THE VETERAN'S VA CLAIMS FILE: IF NO, CHECK ALL RECORDS REVIEWED: Military service treatment records Department of Defense Form 214 Separation Documents Military service personnel records Veterans Health Administration medical records (VA treatment records) Military enlistment examination Civilian medical records Military separation examination Interviews with collateral witnesses (family and others who have known the veteran before and after military service) Military post-deployment questionnaire Other: No records were reviewed **SECTION I - DIAGNOSIS** NOTE: These are condition(s) for which an evaluation has been requested on an exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA. 1A. LIST THE CLAIMED CONDITION(S) THAT PERTAIN TO THIS DBQ: NOTE: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in comments Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date determined through record review or reported 1B. SELECT DIAGNOSES ASSOCIATED WITH THE CLAIMED CONDITION(S) (Check all that apply): The Veteran does not have a current diagnosis associated with any claimed condition listed above. (Explain your findings and reasons in comments section.) Flat foot (pes planus) Side affected: Right Left Both ICD Code: Date of diagnosis: (If checked, complete all of Section I, Section II, and Section III) Morton's neuroma Side affected: Right Left Both ICD Code: Date of diagnosis: (If checked, complete all of Section I, Section II, and Section IV) Metatarsalgia Side affected: Right Left Both ICD Code: Date of diagnosis: (If checked, complete all of Section I, Section II, and Section IV) Hammer toes Side affected: Right Left Both Date of diagnosis: (If checked, complete all of Section I, Section II, and Section V) Hallux valgus Side affected: Right Left Both Date of diagnosis: (If checked, complete all of Section I, Section II, and Section VI) Hallux rigidus Side affected: Right Left Both ICD Code: Date of diagnosis: (If checked, complete all of Section I, Section II, and Section VII) Acquired pes cavus (claw foot) Side affected: Right Left Both Date of diagnosis: ICD Code: (If checked, complete all of Section I, Section II, and Section VIII) Malunion/nonunion of tarsal/ Side affected: Right Left Both ICD Code: Date of diagnosis: metatarsal bones (If checked, complete all of Section I, Section II, and Section IX) Foot injury(ies) Specify: ___ Date of diagnosis: Side affected: Right Left Both ICD Code:

SECTION I - DIAGNOSIS	
1B. SELECT DIAGNOSES ASSOCIATED WITH THE CLAIMED CONDITION(S) (Check all t	hat apply) (Continued):
(If checked, complete all of Section I, Section II, and Section X) □ Plantar fasciitis Side affected: □ Right □ Left □ Both ICD	Code: Date of diagnosis:
Other (specify) (If checked, complete all of Section I, question #8 of Section II, and	all of Section III)
Other diagnosis #1:	
Side affected: Right Left Both ICD Code:	Date of diagnosis:
Other diagnosis #2:	
Side affected: Right Left Both ICD Code:	Date of diagnosis:
Other diagnosis #3:	
Side affected: Right Left Both ICD Code:	Date of diagnosis:
1C. COMMENTS (if any):	
1D. WAS AN OPINION REQUESTED ABOUT THIS CONDITION (internal VA only)?	
YES NO N/A	
SECTION II - MEDICA	L HISTORY
2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S FOOT CO	ONDITION (brief summary):
2B. DOES THE VETERAN REPORT PAIN OF THE FOOT BEING EVALUATED ON THIS DB	90?
YES NO	~·
IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF PAIN IN HIS OR HER OWN WOF	RDS:
2C. DOES THE VETERAN REPORT THAT FLARE-UPS IMPACT THE FUNCTION OF THE F	FOOT?
YES NO	
IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF THE IMPACT OF FLARE-UPS IN	HIS OR HER OWN WORDS:
2D. DOES THE VETERAN REPORT HAVING ANY FUNCTIONAL LOSS OR FUNCTIONAL I of repetitive use)?	MPAIRMENT OF THE FOOT BEING EVALUATED ON THIS DBQ (regardless
YES NO	
IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF FUNCTIONAL LOSS OR FUNCT	IONAL IMPAIRMENT IN HIS OR HER OWN WORDS:
SECTION III - FLATFOOT	(PES PLANUS)
COMPLETE THIS SECTION IF THE VETERAN HAS FLATFOOT (PES PLANUS). INDICATE ALL SIGNS AND SYMPTOMS THAT APPLY TO THE VETERAN'S FLATFOOT CO APPEAR MORE THAN ONCE IN DIFFERENT SECTIONS.	ONDITION, REGARDLESS OF WHETHER SIMILAR SIGNS AND SYMPTOMS
3A. DOES THE VETERAN HAVE PAIN ON USE OF THE FEET?	
YES NO	
IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH	
IF YES, IS THE PAIN ACCENTUATED ON MANIPULATION? YES NO	
IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH	
3B. DOES THE VETERAN HAVE PAIN ON MANIPULATION OF THE FEET?	
IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH	
IF YES, IS THE PAIN ACCENTUATED ON MANIPULATION? ☐ YES ☐ NO IF YES, INDICATE SIDE AFFECTED: ☐ RIGHT ☐ LEFT ☐ BOTH	

SECTION III - FLATFOOT (Continued)					
3C. IS THERE INDICATION O	F SWELLING ON USE?				
IF YES, INDICATE SIDE	AFFECTED: RIGHT [LEFT BOT	TH .		
YES NO	VE CHARACTERISTIC CALLUS	_			
IF YES, INDICATE SIDE		LEFT BOT	TH		
3E. EFFECTS OF USE OF AR	CH SUPPORTS, BUILT UP SHO	DES OR ORTHOTICS			
Effe	ecting Relief of Symptoms		Tried	But Remains Symptomatic	
Device	Side Reliev	ed	Device	Side Not Relieved	
Arch Supports	Right Lef	t Both	Arch Supports	Right Left Both	
Built-up Shoes	Right Lef	t Both	Built-up Shoes	Right Left Both	
Orthotics	Right Lef	t Both	Orthotics	Right Left Both	
3F. DOES THE VETERAN HAV	/E EXTREME TENDERNESS O	F PLANTAR SURFAC	ES ON ONE OR BOTH FEET?		
YES NO					
IF YES, INDICATE SIDE		LEFT BOT			
	MPROVED BY ORTHOPEDIC SI	HOES OR APPLIANC	ES?		
RIGHT YES	∐ NO ∐ N/A				
LEFT LYES L	NO N/A				
3G. DOES THE VETERAN HAY	VE DECREASED LONGITUDINA	AL ARCH HEIGHT OF	ONE OR BOTH ON WEIGHT-BE	ARING?	
YES NO					
IF YES, INDICATE SIDE	AFFECTED: RIGHT	LEFT BOT	Н		
3H. IS THERE OBJECTIVE EV	IDENCE OF MARKED DEFORM	MITY OF ONE OR BO	TH FEET (pronation, abduction et	(c.)?	
☐ YES ☐ NO			(r	- /	
IF YES, INDICATE SIDE	AFFECTED: RIGHT [LEFT BOT	Н		
31 IS THEDE MADKED DDON	ATION OF ONE FOOT OR BOTH	H EEET?			
YES NO	ATION OF ONL FOOT OR BOTT	III			
IF YES, INDICATE SIDE	AFFECTED: RIGHT	☐ LEFT ☐ BOT	Н		
· · · · · · · · · · · · · · · · · · ·					
IS THE CONDITION IMPROVED BY ORTHOPEDIC SHOES OR APPLIANCES? RIGHT YES NO N/A					
LEFT YES NO NA					
3.1 FOR ONE OR BOTH FEET, DOES THE WEIGHT-REARING LINE FALL OVER OR MEDIAL TO THE CREAT TOE?					
3J. FOR ONE OR BOTH FEET, DOES THE WEIGHT-BEARING LINE FALL OVER OR MEDIAL TO THE GREAT TOE?					
L YES L NO IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH					
3K. IS THERE A LOWER EXTREMITY DEFORMITY OTHER THAN PES PLANUS, CAUSING ALTERATION OF THE WEIGHT-BEARING LINE?					
	REMITY DEFORMITY OTHER II	HAN PES PLANUS, C	CAUSING ALTERATION OF THE V	VEIGHT-BEARING LINE?	
YES NO IF YES, INDICATE SIDE	AFFECTED: RIGHT	LEFT BOT	ш		
· ·			' ' CAUSING ALTERATION OF THE V	VEIGHT REARING LINE:	
DEGONIBE EGWEN EXT	INCIMITY DEFORMATY OTHER Y	111/11/1 201 2/11/00	oncome here to the v	VEIGHT BEARING EINE.	
3L. DOES THE VETERAN HAV	/E "INWARD" BOWING OF THE	ACHILLES' TENDON	l (i.e., hindfoot valgus, with latera	il deviation of the heel) OF ONE OR BOTH FEET?	
YES NO				,	
IF YES, INDICATE SIDE	AFFECTED: RIGHT	LEFT BOT	Н		
3M. DOES THE VETERAN HAVE MARKED INWARD DISPLACEMENT AND SEVERE SPASM OF THE ACHILLES' TENDON (rigid hindfoot) ON MANIPULATION OF ONE					
OR BOTH FEET?					
YES NO	AFFECTED DIQUE [□ □ por			
IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH					
IS THE MARKED INWARD DISPLACEMENT AND SEVERE SPASM OF THE ACHILLES TENDON IMPROVED BY ORTHOPEDIC SHOES OR APPLIANCES? RIGHT YES NO N/A					
LEFT YES NO N/A					
3N. COMMENTS, IF ANY:					

CECTION IV. MODEONIC NEUDOMA (MODEONIC DICEACE) AND METATADOAL CIA
SECTION IV - MORTON'S NEUROMA (MORTON'S DISEASE) AND METATARSALGIA COMPLETE THIS SECTION IF THE VETERAN HAS MORTON'S NEUROMA OR METATARSALGIA.
4A. DOES THE VETERAN HAVE MORTON'S NEUROMA?
☐ YES ☐ NO
IF YES, INDICATE SIDE AFFECTED:
4B. DOES THE VETERAN HAVE METATARSALGIA?
☐ YES ☐ NO
IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH
4C. COMMENTS, IF ANY:
SECTION V - HAMMER TOE
COMPLETE THIS SECTION IF THE VETERAN HAS HAMMER TOE.
5A. WHICH TOES ARE AFFECTED ON EACH SIDE?
LEFT: None Great toe Second toe Third toe Fourth toe Little toe
5B. COMMENTS, IF ANY:
SECTION VI - HALLUX VALGUS
COMPLETE THIS SECTION IF THE VETERAN HAS HALLUX VALGUS.
6A. DOES THE VETERAN HAVE SYMPTOMS DUE TO A HALLUX VALGUS CONDITION?
☐ YES ☐ NO
IF YES, INDICATE SEVERITY (check all that apply):
MILD OR MODERATE SYMPTOMS
SIDE AFFECTED: RIGHT LEFT BOTH
SEVERE SYMPTOMS, WITH FUNCTION EQUIVALENT TO AMPUTATION OF GREAT TOE
SIDE AFFECTED:
6B. HAS THE VETERAN HAD SURGERY FOR HALLUX VALGUS?
│
IF YES, INDICATE TYPE AND DATE OF SURGERY AND SIDE AFFECTED:
RESECTION OF METATARSAL HEAD
DATE OF SURGERY: SIDE AFFECTED: RIGHT LEFT BOTH
METATARSAL OSTEOTOMY/METATARSAL HEAD OSTEOTOMY (equivalent to metatarsal head resection)
DATE OF SURGERY: SIDE AFFECTED: RIGHT LEFT BOTH
OTHER SURGERY FOR HALLUX VALGUS, DESCRIBE:
OTHER SURGERT FOR HALLOX VALGOS, DESCRIBE.
DATE OF SURGERY: SIDE AFFECTED: RIGHT LEFT BOTH
6C. COMMENTS, IF ANY:
SECTION VII - HALLUX RIGIDUS
COMPLETE THIS SECTION IF THE VETERAN HAS HALLUX RIGIDUS.
7A. DOES THE VETERAN HAVE SYMPTOMS DUE TO HALLUX RIGIDUS?
YES NO
IF YES, INDICATE SEVERITY (check all that apply):
MILD OR MODERATE SYMPTOMS:
SIDE AFFECTED: RIGHT LEFT BOTH
SEVERE SYMPTOMS, WITH FUNCTION EQUIVALENT TO AMPUTATION OF GREAT TOE
SIDE AFFECTED: RIGHT LEFT BOTH
7B. COMMENTS, IF ANY:

SECTION VIII - ACQUIRED PES CAVUS (CLAW FOOT)		
COMPLETE THIS SECTION IF THE VETERAN HAS ACQUIRED PES CAVUS.		
8A. EFFECT ON TOES DUE TO PES CAVUS (check all that apply):		
None Right Left Both		
Great toe dorsiflexed Right Left Both		
All toes tending to dorsiflexion		
All toes hammer toes Right Left Both		
Other, describe (if there is an effect on toes due to other etiology than pes cavus, indicate other etiology):		
8B. PAIN AND TENDERNESS DUE TO PES CAVUS (check all that apply):		
None Right Left Both		
Definite tenderness under metatarsal heads Right Left Both		
Marked tenderness under metatarsal heads Right Both		
☐ Very painful callosities ☐ Right ☐ Both		
Uther, describe (if the veteran has pain and tenderness due to other etiology than pes cavus, indicate other etiology):		
8C. EFFECT ON PLANTAR FASCIA DUE TO PES CAVUS (check all that apply):		
☐ None ☐ Right ☐ Left ☐ Both		
Shortened plantar fascia Right Left Both		
Marked contraction of plantar fascia with dropped forefoot Right Left Both		
Other, describe (if there is an effect on plantar fascia due to other etiology than pes cavus, indicate other etiology):		
8D. DORSIFLEXION AND VARGUS DEFORMITY DUE TO PES CAVUS (check all that apply):		
None ☐ Right ☐ Left ☐ Both		
Some limitation of dorsiflexion at ankle Right Left Both		
Limitation of dorsiflexion at ankle to right angle Right Left Both		
Marked varus deformity Right Left Both		
Other, describe (if the veteran has dorsiflexion and varus deformity due to other etiology than pes cavus, indicate other etiology):		
8E. COMMENTS, IF ANY:		
SECTION IX - MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES		
COMPLETE THIS SECTION IF THE VETERAN HAS MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES.		
9A. INDICATE SEVERITY AND SIDE AFFECTED FOR MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES:		
☐ MODERATE		
SIDE AFFECTED: RIGHT LEFT BOTH		
MODERATELY SEVERE		
SIDE AFFECTED: RIGHT LEFT BOTH		
☐ SEVERE		
SIDE AFFECTED: RIGHT LEFT BOTH		
9B. COMMENTS, IF ANY:		
B. COMMENTO, II ANT.		
SECTION X - FOOT INJURES AND OTHER CONDITIONS		
COMPLETE THIS SECTION IF THE VETERAN HAS ANY FOOT INJURIES OR OTHER FOOT CONDITIONS (SUCH AS PLANTAR FASCIITIS OR "BILATERAL WEAK FOOT") NOT ALREADY DESCRIBED.		
NOTE: For VA purposes "bilateral weak foot" describes a symptomatic condition secondary to many constitutional conditions, and is characterized by atrophy of the musculature, disturbed circulation and weakness.		
10A. DOES THE VETERAN HAVE ANY FOOT INJURIES OR OTHER FOOT CONDITIONS NOT ALREADY DESCRIBED?		
YES NO		
IF YES, DESCRIBE THE FOOT INJURY OR OTHER FOOT CONDITIONS (including frequency and physical exam findings) AND COMPLETE QUESTION B (severity and		
side affected).		

SECTION X - FOOT INJURES AND OTHER CONDITIONS (Continued)					
10B. INDIC	CATE SEVERIT	Y AND SIDE AFFEC	TED.		
Not A	Affected	Right	Left Both		
Mild		Right	Left Both		
Mode	erate	Right	Left Both		
Mode	erately severe	Right	Left Both		
Seve	ere	Right	Left Both		
10C. DOE	_	ONDITION CHRONI	ICALLY COMPROMIS	SE WEIGHT BEARING?	
10D DOE	S THE FOOT C	ONDITION REQUIR	E ARCH SUPPORTS	S, CUSTOM ORTHOTIC INSERTS OF	S SHOE MODIFICATIONS?
YES		ONDITION REQUIR	L ANOTION I ONTO	s, coordin dictrione induction	CONCENION INCOME.
10E. COM	IMENTS, IF AN	Y:			
			SEC.	ΓΙΟΝ XI - SURGICAL PROCEDU	RES
COMPLETI	E THIS SECTIO	N IF THE VETERAN			IMED CONDITION THAT HAVE NOT ALREADY BEEN DESCRIBED.
11A. HAS	THE VETERAN	HAD FOOT SURGE	ERY (arthroscopic or	open)?	
YES	☐ NO				
			PE OF PROCEDURE	E AND DATE OF SURGERY.	
	RIGHT FOOT F	PROCEDURE:			_
	DATE OF SUR	GERY:			
	LEFT FOOT PF	ROCEDURE:			
	DATE OF SUR	GERY:			
11B. DOES	S THE VETERA	N HAVE ANY RESID	DUAL SIGNS OR SY	MPTOMS DUE TO ARTHROSCOPIC	OR OTHER FOOT SURGERY?
YES	☐ NO				
IF YES, DE	SCRIBE RESID	DUALS:			
		ı		SECTION XII - PAIN	I
Foot	Is there pain on physical exam?	his/her medical hi	eran reported pain in istory, please provide ale below.	If yes (there is pain on physical exam), does the pain contribute to functional loss?	If no (the pain does not contribute to functional loss or additional limitations), explain why the pain does not contribute:
	Yes			Yes (you will be asked to	
RIGHT	L			further describe these limitations in Section 13)	
FOOT	│			No	
	INU			INO	
	Yes			Yes (you will be asked to	
LEFT FOOT				further describe these limitations in Section 13)	
1 301	☐ No			☐ No	

FATIENT/VETERANG SOCIAL SECONTT NO.				
SECTION XIII - FUNCTIONAL LOSS AND LIMITATION OF MOTION NOTE: The VA defines functional loss as the inability, due to damage or infection in parts of the system, to perform normal working movements of the body with normal excursion, strength, speed, coordination and/or endurance. As regards the joints, factors of disability reside in reductions of their normal excursion of movements in different planes. Using information from the history and physical exam, select the factors below that contribute to functional loss or impairment (regardless of repetitive use) or to additional limitation of ROM after repetitive use for the joint or extremity being evaluated on this DBQ:				
13A. CONTRIBUTING FACTORS OF DISABILITY (check all that apply and indicate si	ide affected):			
No functional loss for <u>left</u> lower extremity attributable to claimed condition				
No functional loss for right lower extremity attributable to claimed condition				
No functional loss for <u>right</u> lower extremity attributable to claimed condition				
Less movement than normal (due to ankylosis, limitation or blocking, adhesions tendon-tie-ups, contracted scars, etc.)	Right Left Both			
More movement than normal (from flail joints, resections, nonunion of fractures relaxation of ligaments, etc)	Right Left Both			
Weakened movement (due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.)	Right Left Both			
Excess fatigability	Right Left Both			
Incoordination, impaired ability to execute skilled movements smoothly	Right Left Both			
Pain on movement	Right Left Both			
Pain on weight-bearing	Right Left Both			
Pain on non weight-bearing	Right Left Both			
Swelling	Right Left Both			
Deformity	Right Left Both			
Atrophy of disuse	Right Left Both			
Instability of station	Right Left Both			
Disturbance of locomotion	Right Left Both			
Interference with sitting	Right Left Both			
Interference with standing	Right Left Both			
Other, describe:				
CONTRIBUTING FACTORS OF DISABILITY ASSOCIATED WITH LIMITATION OF MOTION				
13B. IS THERE PAIN, WEAKNESS, FATIGABILITY, OR IN COORDINATION THAT SIGNIFICANTLY LIMITS FUNCTIONAL ABILITY DURING FLARE-UPS OR WHEN THE FOOT IS USED REPEATEDLY OVER A PERIOD OF TIME OR OTHERWISE?				
RIGHT FOOT YES NO				
	d/or when the joint is used repeatedly over a period of time) PLEASE DESCRIBE			
THE FUNCTIONAL LOSS:	aror when the joint is used repeatedly over a period of time) FLLASL DESCRIBE			
THE FONOTIONAL LOGG.				
LEFT FOOT YES NO				
	d/outsiles the injut is used reportedly even a paried of time) DI FACE DECORDE			
THE FUNCTIONAL LOSS:	d/or when the joint is used repeatedly over a period of time) PLEASE DESCRIBE			
THE PONCTIONAL LOSS.				
13C. IS THERE ANY OTHER FUNCTIONAL LOSS DURING FLARE-UPS OR WHEN TH	IF FOOT IS USED REPEATEDLY OVER A PERIOD OF TIME?			
RIGHT FOOT YES NO IF YES, DESCRIBE:				
LEFT FOOT YES NO IF YES, DESCRIBE:				
LEFT FOOT YES NO IF YES, DESCRIBE:				

SECTION XIV - OTHER PERTIN	ENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS
	PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS, OR ANY SCARS CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?
YES NO IF YES, COMPLET	E QUESTIONS 14B-14D.
14B. DOES THE VETERAN HAVE ANY OTHER CONDITIONS LISTED IN THE DIAGNOSIS	PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY SECTION ABOVE?
YES NO IF YES, DESCRIBE	(brief summary):
14C. DOES THE VETERAN HAVE ANY SCARS THE DIAGNOSIS SECTION ABOVE?	(surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN
YES NO	
IF YES, ARE ANY OF THESE SCARS PAINFUL LOCATED ON THE HEAD, FACE OR NECK?	OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM (6 square inches); OR ARE
	MPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.
IF NO, PROVIDE LOCATION AND MEASUREM	ENTS OF SCAR IN CENTIMETERS.
LOCATION:	
MEASUREMENTS: Length cm X	
and measurements in Comment section below.	by reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations It is not necessary to also complete a Scars DBQ.
14D. COMMENTS, IF ANY:	
	SECTION XV - ASSISTIVE DEVICES
15A. DOES THE VETERAN USE ANY ASSISTIN	/E DEVICES AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS
MAY BE POSSIBLE?	
YES NO IF YES, IDENTIFY AS	SSISTIVE DEVICES USED (check all that apply and indicate frequency):
Wheelchair	Frequency of use: Occasional Regular Constant
Brace Crutches	Frequency of use: Occasional Regular Constant Frequency of use: Occasional Regular Constant
Cane	Frequency of use: Occasional Regular Constant
Walker	Frequency of use: Occasional Regular Constant
Other:	Frequency of use: Occasional Regular Constant
15B. IF THE VETERAN USES ANY ASSISTIVE	DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:
SECT	ION XVI - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES
OTHER THAN THAT WHICH WOULD BE E	IONS, IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTIONS REMAIN EQUALLY WELL SERVED BY AN AMPUTATION WITH PROSTHESIS? (Functions of the upper extremity include ons for the lower extremity include balance and propulsion, etc.)
	THAT AMPUTATION WITH PROTHESIS WOULD EQUALLY SERVE THE VETERAN.
NO	THE ADDITE. DIGHT LOWED LETTLOWED
IF YES, INDICATE EXTREMITIES FOR WHICH FOR EACH CHECKED EXTREMITY, IDENTIFY	THIS APPLIES:
SPECIFIC EXAMPLES (brief summary):	- ,
undergo an amputation with fitting of a prothes	it the examiner to quantify the level of remaining function; it is not intended to inquire whether the Veteran should is. For example, if the functions of grasping (hand) or propulsion (foot) are as limited as if the Veteran had an I check "yes" and describe the diminished functioning. The question simply asks whether the functional loss is to the
same degree as if there were an amputation of t	

SECTION XVII - DIAGNOSTIC TESTING		
NOTE: Testing listed below is not indicated for every condition. Plain or weight-bearing foot x-rays are not required to make the diagnosis of flatfoot. The degenerative arthritis (osteoarthritis) or traumatic arthritis must be confirmed by imaging studies. Once such arthritis has been documented, even if in the further imaging studies are required by VA, even if arthritis has worsened.		
17A. HAVE IMAGING STUDIES OF THE FOOT BEEN PERFORMED AND ARE THE RESULTS AVAILABLE? YES NO		
IF YES, IS DEGENERATIVE OR TRAUMATIC ARTHRITIS DOCUMENTED? YES NO IF YES, INDICATE FOOT: RIGHT BOTH		
17B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS OR RESULTS?		
YES NO IF YES, PROVIDE TYPE OF TEST OR PROCEDURE, DATE AND RESULTS (brief summary):		
17C. IF ANY TEST RESULTS ARE OTHER THAN NORMAL, INDICATE RELATIONSHIP OF ABNORMAL FINDINGS TO DIAGNOSED CONDITIONS:		
SECTION XVIII - FUNCTIONAL IMPACT		
NOTE: Provide the impact of only the diagnosed condition(s), without consideration of the impact of other medical conditions or factors, such as age.		
18. REGARDLESS OF THE VETERAN'S CURRENT EMPLOYMENT STATUS, DO THE CONDITION(S) LISTED IN THE DIAGNOSIS SECTION IMPACT HIS ABILITY TO PERFORM ANY TYPE OF OCCUPATIONAL TASK (such as standing, walking, lifting, sitting, etc.)?	OR HER	
YES NO IF YES, DESCRIBE THE FUNCTIONAL IMPACT OF EACH CONDITION, PROVIDING ONE OR MORE EXAMPLES:		
SECTION XIX- REMARKS		
19. REMARKS, IF ANY:		
SECTION XX - PHYSICIAN'S CERTIFICATION AND SIGNATURE		
CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.		
20A. PHYSICIAN'S SIGNATURE 20B. PHYSICIAN'S PRINTED NAME 20C. DATE SIGNATURE	NED	
20D. PHYSICIAN'S PHONE AND FAX NUMBER 20E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER 20F. PHYSICIAN'S ADDRESS		
NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's applications.	on.	
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 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.