OMB Control No. 2900-0779
Respondent Burden: 45 Minutes
Expiration Date: 01/31/2018

Department of Veterans Affairs

Peripheral Nerves Conditions (Not Including 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 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. VA reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE A PERIPHERAL NERVE CONDITION OR PERIPHERAL NEUROPATHY?

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

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO A PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY:

Diagnosis # 1:	ICD Code:	Date of diagnosis:
Diagnosis # 2:	ICD Code:	Date of diagnosis:
Diagnosis # 3:	ICD Code:	Date of diagnosis:

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO A PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY, LIST USING ABOVE FORMAT:

DEFINITIONS: For VA purposes, neuralgia indicates a condition characterized by a dull and intermittent pain of typical distribution so as to identify the nerve, while neuritis is characterized by loss of reflexes, muscle atrophy, sensory disturbances and constant pain, at times excruciating.

SECTION II - MEDICAL HISTORY

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

2B. DOMINANT HAND

☐ Right ☐ Left ☐ Ambidextrous

SECTION III - SYMPTOMS

3A. Does the veteran have any symptoms attributable to any peripheral nerve conditions?

☐ Yes ☐ No

If yes, indicate symptoms' location and severity *(check all that apply):*

Constant pain *(may be excruciating at times)*

Right upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Right lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe

Intermittent pain *(usually dull)*

Right upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Right lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe

Paresthesias and/or dysesthesias

Right upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Right lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe

SECTION III - SYMPTOMS *(Continued)*

3A. Does the veteran have any symptoms attributable to any peripheral nerve conditions? *(Continued)*

Numbness

Right upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left upper extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Right lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe
Left lower extremity:	☐ None	☐ Mild	☐ Moderate	☐ Severe

3B. Other symptoms *(describe symptoms, location and severity)*:

SECTION IV - MUSCLE STRENGTH TESTING

4A. Rate strength according to the following scale:

0/5 No muscle movement
1/5 Palpable or visible muscle contraction, but no joint movement
2/5 Active movement with gravity eliminated
3/5 Active movement against gravity
4/5 Active movement against some resistance
5/5 Normal strength

☐ All normal

Elbow flexion:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Elbow extension:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Wrist flexion:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Wrist extension:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Grip:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Pinch (thumb to index finger):	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Knee extension:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Ankle plantar flexion:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
Ankle dorsiflexion:	Right:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5
	Left:	☐ 5/5	☐ 4/5	☐ 3/5	☐ 2/5	☐ 1/5	☐ 0/5

4B. Does the veteran have muscle atrophy?

☐ Yes ☐ No

If muscle atrophy is present, indicate location: _____

For each instance of muscle atrophy, provide measurements in centimeters of normal side and atrophied side, measured at maximum muscle bulk:

Normal side: _____ cm Atrophied side: _____ cm

SECTION V - REFLEX EXAM

5. Rate deep tendon reflexes (DTRs) according to the following scale:

0 - Absent
1+ Hypoactive
2+ Normal
3+ Hyperactive without clonus
4+ Hyperactive with clonus

☐ All normal

Biceps	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
Triceps	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
Brachioradialis	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
Knee	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
Ankle	Right:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+
	Left:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ 4+

SECTION VI - SENSORY EXAM

6. Indicate results for sensation testing for light touch:

☐ All normal

Shoulder area (C5):	Right:	☐ Normal	☐ Decreased	☐ Absent
	Left:	☐ Normal	☐ Decreased	☐ Absent
Inner/outer forearm (C6/T1):	Right:	☐ Normal	☐ Decreased	☐ Absent
	Left:	☐ Normal	☐ Decreased	☐ Absent
Hand/fingers (C6-8):	Right:	☐ Normal	☐ Decreased	☐ Absent
	Left:	☐ Normal	☐ Decreased	☐ Absent
Upper anterior thigh (L2):	Right:	☐ Normal	☐ Decreased	☐ Absent
	Left:	☐ Normal	☐ Decreased	☐ Absent
Thigh/knee (L3/4):	Right:	☐ Normal	☐ Decreased	☐ Absent
	Left:	☐ Normal	☐ Decreased	☐ Absent
Lower leg/ankle (L4/L5/S1):	Right:	☐ Normal	☐ Decreased	☐ Absent
	Left:	☐ Normal	☐ Decreased	☐ Absent
Foot/toes (L5):	Right:	☐ Normal	☐ Decreased	☐ Absent
	Left:	☐ Normal	☐ Decreased	☐ Absent

Other sensory findings, if any:

SECTION VII - TROPHIC CHANGES

7. DOES THE VETERAN HAVE TROPHIC CHANGES *(characterized by loss of extremity hair, smooth, shiny skin, etc.)* ATTRIBUTABLE TO PERIPHERAL NEUROPATHY?

☐ Yes ☐ No

If yes, describe:

SECTION VIII - GAIT

8. IS THE VETERAN'S GAIT NORMAL?

☐ Yes ☐ No

If no, describe abnormal gait:

Provide etiology of abnormal gait:

SECTION IX - SPECIAL TESTS FOR MEDIAN NERVE

9. WERE SPECIAL TESTS INDICATED AND PERFORMED FOR MEDIAN NERVE EVALUATION?

☐ Yes ☐ No

If yes, indicate results:

Phalen's sign:	Right:	☐ Positive	☐ Negative
	Left:	☐ Positive	☐ Negative
Tinel's sign:	Right:	☐ Positive	☐ Negative
	Left:	☐ Positive	☐ Negative

SECTION X - NERVES AFFECTED: Severity Evaluation for Upper Extremity Nerves and Radicular Groups

Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes.

NOTE: For VA purposes, the term “incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.

If the nerve is completely paralyzed, check the box for “complete paralysis.” If the nerve is not completely paralyzed, check the box for “incomplete paralysis” and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.

SECTION X - NERVES AFFECTED: Severity Evaluation for Upper Extremity Nerves and Radicular Groups *(Continued)*

NOTE: INDICATE THE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.

10A. Radial nerve *(musculospiral nerve)*

Note: Complete paralysis *(hand and fingers drop, wrist and fingers flexed; cannot extend hand at wrist, extend proximal phalanges of fingers, extend thumb or make lateral movement of wrist; supination of hand, elbow extension and flexion weak, hand grip impaired)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

10B. Median nerve

Note: Complete paralysis *(hand inclined to the ulnar side, index and middle fingers extended, atrophy of thenar eminence, cannot make fist, defective opposition of thumb, cannot flex distal phalanx of thumb; wrist flexion weak)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

10C. Ulnar nerve

Note: Complete paralysis *("griffin claw" deformity, atrophy in dorsal interspaces, thenar and hypothenar eminences; cannot extend ring and little finger, cannot spread fingers, cannot adduct the thumb; wrist flexion weakened)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

10D. Musculocutaneous nerve

Note: Complete paralysis *(weakened flexion of elbow and supination of forearm)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

10E. Circumflex nerve

Note: Complete paralysis *(innervates deltoid and teres minor; cannot abduct arm, outward rotation is weakened)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

10F. Long thoracic nerve

Note: Complete paralysis *(inability to raise arm above shoulder level, winged scapula deformity)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

SECTION X - NERVES AFFECTED: Severity Evaluation for Upper Extremity Nerves and Radicular Groups *(Continued)*

10G. Upper radicular group (5th & 6th cervicals)

Note: Complete paralysis *(all shoulder and elbow movements lost; hand and wrist movements not affected)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

10H. Middle radicular group

Note: Complete paralysis *(adduction, abduction, rotation of arm, flexion of elbow and extension of wrist lost)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

10I. Lower radicular group

Note: Complete paralysis *(intrinsic hand muscles, wrist and finger flexors paralyzed; substantial loss of use of hand)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

SECTION XI - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves

Based on symptoms and findings from this exam, complete the following section to provide an estimation of the severity of the veteran's peripheral neuropathy. This summary provides useful information for VA purposes.

NOTE: For VA purposes, the term “incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given with each nerve.

If the nerve is completely paralyzed, check the box for “complete paralysis.” If the nerve is not completely paralyzed, check the box for “incomplete paralysis” and indicate severity. For VA purposes, when nerve impairment is wholly sensory, the evaluation should be mild, or at most, moderate.

NOTE: INDICATE AFFECTED NERVES, SIDE AFFECTED AND SEVERITY OF CONDITION.

11A. Sciatic nerve

Note: Complete paralysis *(foot dangles and drops, no active movement of muscles below the knee, flexion of knee weakened or lost)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Moderately Severe ☐ Severe, with marked muscular atrophy

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Moderately Severe ☐ Severe, with marked muscular atrophy

11B. External popliteal *(common peroneal)* nerve

Note: Complete paralysis *(foot drop, cannot dorsiflex foot or extend toes; dorsum of foot and toes are numb)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

11C. Musculocutaneous *(superficial peroneal)* nerve

Note: Complete paralysis *(eversion of foot weakened)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

SECTION XI - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves *(Continued)*

11C. Musculocutaneous *(superficial peroneal)* nerve *(continued)*

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

11D. Anterior tibial *(deep peroneal)* nerve

Note: Complete paralysis *(dorsiflexion of foot lost)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

11E. Internal popliteal (tibial) nerve

Note: Complete paralysis *(plantar flexion lost, frank adduction of foot impossible, flexion and separation of toes abolished; no muscle in sole can move; in lesions of the nerve high in popliteal fossa, plantar flexion of foot is lost)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

11F. Posterior tibial nerve

Note: Complete paralysis *(paralysis of all muscles of sole of foot, frequently with painful paralysis of a causalgic nature; loss of toe flexion; adduction weakened; plantar flexion impaired)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

11G. Anterior crural *(femoral)* nerve

Note: Complete paralysis *(paralysis of quadriceps extensor muscles)*

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

11H. Internal saphenous nerve

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

11I. Obturator nerve

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

SECTION XI - NERVES AFFECTED: Severity Evaluation for Lower Extremity Nerves *(Continued)*

11J. External cutaneous nerve of the thigh

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

11K. Illio-inguinal nerve

Right: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

Left: ☐ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If Incomplete paralysis is checked, indicate severity:

☐ Mild ☐ Moderate ☐ Severe

SECTION XII - ASSISTIVE DEVICES

12A. 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 device(s) used *(check all that apply and indicate frequency)*:

☐ Wheelchair	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Brace(s)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Crutch(es)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Cane(s)	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Walker	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant
☐ Other: _____	Frequency of use:	☐ Occasional	☐ Regular	☐ Constant

12B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

SECTION XIII - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

13. Due to peripheral nerve conditions, is there functional impairment of an extremity such that no effective function remains other than that which would be equally well served by an amputation with prosthesis? *(Functions of the upper extremity include grasping, manipulation, etc., while functions for the lower extremity include balance and propulsion, etc.)*

☐ Yes, functioning is so diminished that amputation with prosthesis would equally serve the veteran

☐ No

If yes, indicate extremity(ies) *(check all extremities for which this applies)*:

☐ Right upper ☐ Left upper ☐ Right lower ☐ Left lower

For each checked extremity, describe loss of effective function, identify the condition causing loss of function, and provide specific examples *(brief summary)*:

SECTION XIV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS

14A. 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.

14B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS?

☐ Yes ☐ No *(If yes, describe (brief summary):*

SECTION XV - DIAGNOSTIC TESTING

NOTE: For the purpose of this examination, electromyography (EMG) studies are usually rarely required to diagnose specific peripheral nerve conditions in the appropriate clinical setting. If EMG studies are in the medical record and reflect the veteran's current condition, repeat studies are not indicated.

15A. HAVE EMG STUDIES BEEN PERFORMED?

☐ Yes ☐ No

Extremities tested:

☐ Right upper extremity	Results:	☐ Normal	☐ Abnormal	Date: _____
☐ Left upper extremity	Results:	☐ Normal	☐ Abnormal	Date: _____
☐ Right lower extremity	Results:	☐ Normal	☐ Abnormal	Date: _____
☐ Left lower extremity	Results:	☐ Normal	☐ Abnormal	Date: _____

If abnormal, describe: _____

15B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

☐ Yes ☐ No

If yes, provide type of test or procedure, date and results *(brief summary)*:

SECTION XVI - FUNCTIONAL IMPACT

16. DOES THE VETERAN'S PERIPHERAL NERVE CONDITION AND/OR PERIPHERAL NEUROPATHY IMPACT HIS OR HER ABILITY TO WORK?

☐ Yes ☐ No

If yes, describe impact of each of the veteran's peripheral nerve and/or peripheral neuropathy condition(s), providing one or more examples:

SECTION XVII - REMARKS

17. REMARKS *(If any)*

SECTION XVIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

18A. PHYSICIAN'S SIGNATURE	18B. PHYSICIAN'S PRINTED NAME	18C. DATE SIGNED

18D. PHYSICIAN'S PHONE AND FAX NUMBER	18E. PHYSICIAN'S MEDICAL LICENSE NUMBER	18F. 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.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, 58VA21/22/28, 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 45 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**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.