Review Evaluation of Residuals of Traumatic Brain Injury (R-TBI) Disability Benefits Questionnaire

** Internal VA or DoD Use Only**

Name of patient/Veteran: _____ SSN: _____

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: Health care providers who may conduct traumatic brain injury (TBI) examinations include physiatrists, psychiatrists, neurosurgeons and neurologists, as well as generalist clinicians who have successfully completed the DEMO (CPEP) TBI training module. C&P TBI-certified clinicians are permitted to perform TBI residual disability examinations subject to existing VBA guidance on examiner qualification, including M21-1MR, III.iv.3.D.18.b.

However, the diagnosis of TBI must be made by a physiatrist, psychiatrist, neurosurgeon or neurologist. A consultation to one of those specialty groups may need to be obtained in conjunction with this examination if the diagnosis is not already of record.

NOTE: In completing each Disability Benefits Questionnaire, clinicians should indicate the presence of only those findings, signs, symptoms, or residuals deemed attributable, in whole or in part, to the conditions in the Diagnosis Section. (For example, for a Stomach Questionnaire, indicate nausea is present only if the nausea is attributable to the stomach condition. If the Veteran has another cause for nausea, such as vertigo, do not indicate nausea. If needed, the clinician should provide additional clarification in the Remarks section.)

SECTION I

1. Diagnosis

Does the Veteran now have or has he/she ever had a traumatic brain injury (TBI) or any residuals of a TBI?

☐ Yes ☐ No

If yes, select the Veteran's condition (check all that apply):

☐ Traumatic brain injury (TBI) ICD code: _____ Date of diagnosis: _____

☐ Other diagnosed residuals attributable to TBI, specify:

Other diagnosis #1: _____
ICD code: _____
Date of diagnosis: _____

Other diagnosis #2: _____
ICD code: _____
Date of diagnosis: _____

Other diagnosis #3: _____
ICD code: _____
Date of diagnosis: _____

Other diagnosis #4: _____
ICD code: _____
Date of diagnosis: _____

If there are additional diagnoses that pertain to the residuals of a TBI, list using above format:

_____

2. Medical history

a. Describe the history (including onset and course) of the Veteran's TBI and residuals attributable to TBI (brief summary): _____

b. Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition?
☐ Yes ☐ No
If yes, list only those medications used for the diagnosed condition: _____

SECTION II. Assessment of cognitive impairment and other residuals of TBI

NOTE: For each of the following 10 facets of TBI-related cognitive impairment and subjective symptoms (facets 1-10 below), select the ONE answer that best represents the Veteran's current functional status.

Neuropsychological testing may need to be performed in order to be able to accurately complete this section. If neuropsychological testing has been performed and accurately reflects the Veteran's current functional status, repeat testing is not required.

1. Memory, attention, concentration, executive functions

☐ No complaints of impairment of memory, attention, concentration, or executive functions
☐ A complaint of mild memory loss (such as having difficulty following a conversation, recalling recent conversations, remembering names of new acquaintances, or finding words, or often misplacing items), attention, concentration, or executive functions, but without objective evidence on testing
☐ Objective evidence on testing of mild impairment of memory, attention, concentration, or executive functions resulting in mild functional impairment
☐ Objective evidence on testing of moderate impairment of memory, attention, concentration, or executive functions resulting in moderate functional impairment
☐ Objective evidence on testing of severe impairment of memory, attention, concentration, or executive functions resulting in severe functional impairment

If the Veteran has complaints of impairment of memory, attention, concentration or executive functions, describe (brief summary): _____

2. Judgment

☐ Normal
☐ Mildly impaired judgment. For complex or unfamiliar decisions, occasionally unable to identify, understand, and weigh the alternatives, understand the consequences of choices, and make a reasonable decision
☐ Moderately impaired judgment. For complex or unfamiliar decisions, usually unable to identify, understand, and weigh the alternatives, understand the consequences of choices, and make a reasonable decision, although has little difficulty with simple decisions
☐ Moderately severely impaired judgment. For even routine and familiar decisions, occasionally unable to identify, understand, and weigh the alternatives, understand the consequences of choices, and make a reasonable decision
☐ Severely impaired judgment. For even routine and familiar decisions, usually unable to identify, understand, and weigh the alternatives, understand the consequences of choices, and make a reasonable decision. For example, unable to determine appropriate clothing for current weather conditions or judge when to avoid dangerous situations or activities.

If the Veteran has impaired judgment, describe (brief summary): _____

3. Social interaction

☐ Social interaction is routinely appropriate
☐ Social interaction is occasionally inappropriate
☐ Social interaction is frequently inappropriate
☐ Social interaction is inappropriate most or all of the time

If the Veteran's social interaction is not routinely appropriate, describe (brief summary): _____

4. Orientation

☐ Always oriented to person, time, place, and situation
☐ Occasionally disoriented to one of the four aspects (person, time, place, situation) of orientation
☐ Occasionally disoriented to two of the four aspects (person, time, place, situation) of orientation or often disoriented to one aspect of orientation
☐ Often disoriented to two or more of the four aspects (person, time, place, situation) of orientation
☐ Consistently disoriented to two or more of the four aspects (person, time, place, situation) of orientation

If the Veteran is not always oriented to person, time, place, and situation, describe (brief summary): __

5. Motor activity (with intact motor and sensory system)

☐ Motor activity normal
☐ Motor activity is normal most of the time, but mildly slowed at times due to apraxia (inability to perform previously learned motor activities, despite normal motor function)
☐ Motor activity is mildly decreased or with moderate slowing due to apraxia
☐ Motor activity moderately decreased due to apraxia
☐ Motor activity severely decreased due to apraxia

If the Veteran has any abnormal motor activity, describe (brief summary): _____

6. Visual spatial orientation

☐ Normal
☐ Mildly impaired. Occasionally gets lost in unfamiliar surroundings, has difficulty reading maps or following directions. Is able to use assistive devices such as GPS (global positioning system)
☐ Moderately impaired. Usually gets lost in unfamiliar surroundings, has difficulty reading maps, following directions, and judging distance. Has difficulty using assistive devices such as GPS (global positioning system)
☐ Moderately severely impaired. Gets lost even in familiar surroundings, unable to use assistive devices such as GPS (global positioning system)
☐ Severely impaired. May be unable to touch or name own body parts when asked by the examiner, identify the relative position in space of two different objects, or find the way from one room to another in a familiar environment

If the Veteran has impaired visual spatial orientation, describe (brief summary): _____

7. Subjective symptoms

☐ No subjective symptoms
☐ Subjective symptoms that do not interfere with work; instrumental activities of daily living; or work, family or other close relationships. Examples are: mild or occasional headaches, mild anxiety
☐ Three or more subjective symptoms that mildly interfere with work; instrumental activities of daily living; or work, family or other close relationships. Examples of findings that might be seen at this level of impairment are: intermittent dizziness, daily mild to moderate headaches, tinnitus, frequent insomnia, hypersensitivity to sound, hypersensitivity to light
☐ Three or more subjective symptoms that moderately interfere with work; instrumental activities of daily living; or work, family or other close relationships. Examples of findings that might be seen at this level of impairment are: marked fatigability, blurred or double vision, headaches requiring rest periods during most days

If the Veteran has subjective symptoms, describe (brief summary): _____

8. Neurobehavioral effects

NOTE: Examples of neurobehavioral effects of TBI include: irritability, impulsivity, unpredictability, lack of motivation, verbal aggression, physical aggression, belligerence, apathy, lack of empathy, moodiness, lack of cooperation, inflexibility, and impaired awareness of disability. Any of these effects may range from slight to severe, although verbal and physical aggression are likely to have a more serious impact on workplace interaction and social interaction than some of the other effects.

☐ No neurobehavioral effects
☐ One or more neurobehavioral effects that do not interfere with workplace interaction or social interaction.
☐ One or more neurobehavioral effects that occasionally interfere with workplace interaction, social interaction, or both but do not preclude them
☐ One or more neurobehavioral effects that frequently interfere with workplace interaction, social interaction, or both but do not preclude them
☐ One or more neurobehavioral effects that interfere with or preclude workplace interaction, social interaction, or both on most days or that occasionally require supervision for safety of self or others

If the Veteran has any neurobehavioral effects, describe (brief summary): _____

9. Communication

☐ Able to communicate by spoken and written language (expressive communication) and to comprehend spoken and written language.
☐ Comprehension or expression, or both, of either spoken language or written language is only occasionally impaired. Can communicate complex ideas.
☐ Inability to communicate either by spoken language, written language, or both, more than occasionally but less than half of the time, or to comprehend spoken language, written language, or both, more than occasionally but less than half of the time. Can generally communicate complex ideas
☐ Inability to communicate either by spoken language, written language, or both, at least half of the time but not all of the time, or to comprehend spoken language, written language, or both, at least half of the time but not all of the time. May rely on gestures or other alternative modes of communication. Able to communicate basic needs
☐ Complete inability to communicate either by spoken language, written language, or both, or to comprehend spoken language, written language, or both. Unable to communicate basic needs

If the Veteran is not able to communicate by or comprehend spoken or written language, describe (brief summary): _____

10. Consciousness

☐ Normal
☐ Persistent altered state of consciousness, such as vegetative state, minimally responsive state, coma.
If checked, describe altered state of consciousness (brief summary): _____

SECTION III

1. Residuals

Does the Veteran have any subjective symptoms or any mental, physical or neurological conditions or residuals attributable to a TBI (such as migraine headaches or Meniere's disease)?
☐ Yes ☐ No
If yes, check all that apply:
☐ Motor dysfunction
If checked, ALSO complete specific Joint or Spine Questionnaire for the affected joint or spinal area.
☐ Sensory dysfunction
If checked, ALSO complete appropriate Cranial or Peripheral Nerve Questionnaire.
☐ Hearing loss and/or tinnitus
If checked, ALSO complete a Hearing Loss and Tinnitus Questionnaire.
☐ Visual impairment
If checked, ALSO complete an Eye Questionnaire.
☐ Alteration of sense of smell or taste
If checked, ALSO complete a Loss of Sense of Smell and Taste Questionnaire.
☐ Seizures
If checked, ALSO complete a Seizure Disorder Questionnaire.
☐ Gait, coordination, and balance

If checked, ALSO complete appropriate Questionnaire for underlying cause of gait and balance disturbance, such as Ear Questionnaire.

☐ Speech (including aphasia and dysarthria)
If checked, ALSO complete appropriate Questionnaire.

☐ Neurogenic bladder
If checked, ALSO complete appropriate Genitourinary Questionnaire.

☐ Neurogenic bowel
If checked, ALSO complete appropriate Intestines Questionnaire.

☐ Cranial nerve dysfunction
If checked, ALSO complete a Cranial Nerves Questionnaire.

☐ Skin disorders
If checked, ALSO complete a Skin and/or Scars Questionnaire.

☐ Endocrine dysfunction
If checked, ALSO complete an Endocrine Conditions Questionnaire.

☐ Erectile dysfunction
If checked, ALSO complete Male Reproductive Conditions Questionnaire.

☐ Headaches, including Migraine headaches
If checked, ALSO complete a Headache Questionnaire.

☐ Meniere's disease
If checked, ALSO complete an Ear Conditions Questionnaire.

☐ Mental disorder (including emotional, behavioral, or cognitive)
If checked, ALSO complete Mental Disorders or PTSD Questionnaire.

☐ Other, describe: _____
If checked, ALSO complete appropriate Questionnaire.

2. Other pertinent physical findings, scars, complications, conditions, signs and/or symptoms

a. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis section above?

☐ Yes ☐ No

If yes, are any of the scars painful and/or unstable, or is the total area of all related scars greater than 39 square cm (6 square inches)?

☐ Yes ☐ No

If yes, also complete a Scars Questionnaire.

b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?

☐ Yes ☐ No

If yes, describe (brief summary): _____

3. Diagnostic testing

NOTE: If diagnostic test results are in the medical record and reflect the Veteran's current TBI residuals, repeat testing is not required.

a. Has neuropsychological testing been performed?

☐ Yes ☐ No

If yes, provide date: _____

Results: _____

b. Have diagnostic imaging studies or other diagnostic procedures been performed?

☐ Yes ☐ No

If yes, check all that apply:

☐ Magnetic resonance imaging (MRI)
Date: _____ Results: _____

☐ Computed tomography (CT)
Date: _____ Results: _____

☐ EEG
Date: _____ Results: _____

☐ Other, describe: _____
Date: _____ Results: _____

c. Has laboratory testing been performed?
☐ Yes ☐ No
If yes, specify tests: _____ Date: _____ Results: _____

d. 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): _____

4. Functional impact
Do any of the Veteran's residual conditions attributable to a traumatic brain injury impact his or her ability to work?
☐ Yes ☐ No
If yes, describe impact of each of the Veteran's residual conditions attributable to a traumatic brain injury, providing one or more examples: _____

5. Remarks, if any: _____

Physician signature: _____ Date: _____
Physician printed name: _____
Medical license #: _____ Physician address: _____
Phone: _____ Fax: _____

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.