

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.

1. Diagnosis:

Does the Veteran now have or has he/she ever been diagnosed with a condition of the bladder or urethra of the urinary tract?

☒ Yes ☐ No

If yes, provide only diagnoses that pertain to urinary tract conditions of the bladder or urethra.

Diagnosis #1: IVCD of the lumbar spine

ICD code: 722

Date of diagnosis: 2012

Diagnosis #2:

ICD code:

Date of diagnosis:

Diagnosis #3:

ICD code:

Date of diagnosis:

If there are additional diagnoses that pertain to the bladder or urethra, list using above format:

2. Medical history

Describe the history (including onset and course) the Veteran's urinary tract condition (brief summary): The condition began on 2012. The claimant reports that it began after he had the spinal cord stimulator placed. The claimant reports being diagnosed with urinary incontinence.. This was diagnosed in 2012.. It was diagnosed in Texas.. The current symptoms include urinary frequency and urgency and he frequently urinates on himself.

3. Voiding dysfunction

Does the Veteran have a voiding dysfunction?

☒ Yes ☐ No

If yes, complete the following section:

a. Etiology of voiding dysfunction (i.e., relationship of voiding dysfunction to any condition in the Diagnosis section): spinal cord stimulator

b. Does the voiding dysfunction cause urine leakage?

☒ Yes ☐ No

Indicate severity (check one):

☐ Does not require the wearing of absorbent material

☐ Requires absorbent material which must be changed less than 2 times per day

☐ Requires absorbent material which must be changed 2 to 4 times per day

☐ Requires absorbent material which must be changed more than 4 times per day

☒ Other, describe: he syas that he has refused to wear a diaper but he thinks that he really needs to.

c. Does the voiding dysfunction require the use of an appliance?

**Urinary Tract (including Bladder & Urethra) Conditions
(excluding Male Reproductive Organs)
Disability Benefits Questionnaire**

☐ Yes ☒ No

If yes, describe the appliance:

d. Does the voiding dysfunction cause increased urinary frequency?

☒ Yes ☐ No

If yes, check all that apply:

- ☐ Daytime voiding interval between 2 and 3 hours
- ☐ Daytime voiding interval between 1 and 2 hours
- ☒ Daytime voiding interval less than 1 hour
- ☐ Nighttime awakening to void 2 times
- ☐ Nighttime awakening to void 3 to 4 times
- ☒ Nighttime awakening to void 5 or more times

e. Does the voiding dysfunction cause signs or symptoms of obstructed voiding?

☐ Yes ☒ No

If yes, check all that apply:

- ☐ Hesitancy
If checked, is hesitancy marked?
☐ Yes ☐ No
- ☐ Slow or weak stream
If checked, is stream markedly slow or weak?
☐ Yes ☐ No
- ☐ Decreased force of stream
If checked, is force of stream markedly decreased?
☐ Yes ☐ No
- ☐ Stricture disease requiring dilatation 1 to 2 times per year
- ☐ Stricture disease requiring periodic dilatation every 2 to 3 months
- ☐ Recurrent urinary tract infections secondary to obstruction
- ☐ Uroflowmetry peak flow rate less than 10 cc/sec
- ☐ Post void residuals greater than 150 cc
- ☐ Urinary retention requiring intermittent catheterization
- ☐ Urinary retention requiring continuous catheterization
- ☐ Other, describe:

4. Urolithiasis

Does the Veteran have a history of urethral or bladder calculi (cysto- or urethrolithiasis)?

☐ Yes ☒ No

If yes, complete the following section:

a. Indicate location of calculi (check all that apply):

- ☐ Urethra ☐ Bladder

b. Has the Veteran had treatment for recurrent stone formation in the urethra or bladder?

☐ Yes ☐ No

If yes, indicate treatment: (check all that apply)

- ☐ Diet therapy
If checked, specify diet and dates of use:
- ☐ Drug therapy
If checked, list medication and dates of use:
- ☐ Invasive or non-invasive procedures
If checked, indicate average number of times per year invasive or non-invasive procedures were