Peripheral Nerves Conditions (Not Including Diabetic Sensory-Motor Peripheral Neuropathy)
Disability Benefits Questionnaire

Name of Patient/Veteran: [redacted]
Patient/Veteran Social Security Number: [redacted]

Is this DBQ being completed in conjunction with a VA21-2507, C&P examination request?

☒ Yes ☐ No

If no, how was the examination completed (check all that apply)?

☐ In-person examination
☐ Records reviewed
☐ Other, please specify:

Comments:

Acceptable Clinical Evidence (ACE)

Indicate method used to obtain medical information to complete this document:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.

☐ Examination via approved video telehealth

☒ In-person examination

Evidence Review

Evidence Reviewed (check all that apply):

☐ Not requested
☐ No records were reviewed
☐ VA claims file (hard copy paper C-file)
☒ VA e-folder (VBMS or Virtual VA)
☐ CPRS
☐ Other (please identify other evidence reviewed):

Evidence comments:

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Section I - Diagnosis

1A. Does the Veteran have a peripheral nerve condition or peripheral neuropathy?

☒ Yes ☐ No

1B. provide only diagnoses that pertain to a peripheral nerve condition and/or peripheral neuropathy:

☒ Diagnosis #1: Radiculopathy, right upper extremity (now claimed as loss of use of right hand) ICD Code:M54 Date of Diagnosis: 06/28/2012

☒ Diagnosis #2: Radiculopathy of the right leg (also claimed as lumbar radiculopathy) ICD Code:M54 Date of Diagnosis: 05/22/2012

☐ 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):

The Veteran is Service Connected for Radiculopathy, right upper & right leg extremity. The Veteran's last C&P examination was in 06/28/2012 & 05/22/2012.

The Veteran reports that he developed pain in bilateral shoulders and arms in 2009. The Veteran reports radiculopathy which developed around 2009 to bilateral upper extremities. He underwent Cervical fusion of levels C5/6, C6/7 in 2015. He reports that since that time he has experienced progressive loss of strength, sensation and mobility in the right arm and hand. Cervical fusion in 2015. The Veteran reports complete loss of function to the right hand, minimal function of right arm and loss of sensation to the right hand and arm.

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

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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

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. Muscle strength-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

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

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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:
Right upper arm circumference = 27 cm, left upper arm circumference = 32 cm For each instance of muscle atrophy, provide measurements in centimeters of normal side and atrophied side, measured at maximum muscle bulk?
Normal side: 32 cm Atrophied side: 27 cm

Section V - Reflex exam

5A. 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

6A. Indicate results for sensation testing for light touch:

☐ All normal

Shoulder Area	Right	☒ Normal	☐ Decreased	☐ Absent
	Left	☒ Normal	☐ Decreased	☐ Absent
Inner/Outer Forearm	Right	☐ Normal	☐ Decreased	☒ Absent
	Left	☒ Normal	☐ Decreased	☐ Absent

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Hand/Fingers	Right	☐ Normal	☐ Decreased	☒ Absent
	Left	☒ Normal	☐ Decreased	☐ Absent
Upper Anterior Thigh *(L2)*	Right	☒ Normal	☐ Decreased	☐ Absent
	Left	☒ Normal	☐ Decreased	☐ Absent
Thigh/Knee	Right	☒ Normal	☐ Decreased	☐ Absent
	Left	☒ Normal	☐ Decreased	☐ Absent
Lower Leg/Ankle	Right	☒ Normal	☐ Decreased	☐ Absent
	Left	☒ Normal	☐ Decreased	☐ Absent
Foot/Toes	Right	☒ Normal	☐ Decreased	☐ Absent
	Left	☒ Normal	☐ Decreased	☐ Absent

Other sensory findings, if any:

Section VII - Trophic changes

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:

Use of cane.

Provide etiology of abnormal gait:

History of hip arthroplasty

Section IX - Special tests for median nerve

9. Were special tests indicated and performed for median nerve evaluation?

☐ Yes ☒ No

If YES, complete the following:

Phalen's sign:

Right: ☐ Positive ☐ Negative

Left: ☐ Positive ☐ Negative

Tinel's sign:

Right: ☐ Positive ☐ Negative

Left: ☐ Positive ☐ Negative

The Veteran's right hand is partially contracture. Unable to position for Phalen's and Tinel's testing.

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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.

NOTE: Indicate 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

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☒ 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

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

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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 (instrinsic 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 ☐ Severe ☐ Severe, with marked muscular atrophy

☒ Left:

☒ Normal ☐ Incomplete paralysis ☐ Complete paralysis

If incomplete paralysis is checked, indicate severity:

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

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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

☒ 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)

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☒ 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

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

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☐ Mild ☐ Moderate ☐ Severe