

Compensation and Pension Record Interchange (CAPRI)

Kidney Conditions (Nephrology) Disability Benefits Questionnaire (DBQ) Workflow

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Revision History

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1 Introduction

1.1 Purpose

This document provides a high level overview of the contents found on the Kidney Conditions (Nephrology) Disability Benefits Questionnaire (DBQ). The DBQ can be populated via an online template within the CAPRI C&P Worksheets tab and then printed OR it can be printed via AMIE (AUTOMATED MEDICAL INFORMATION EXCHANGE) and then manually populated. This document contains the edit rules for the template as well as an example of how the template will look online in CAPRI or printed from CAPRI. It also contains the layout for the AMIE worksheet to depict how it will look when printed from AMIE.

For more detailed information on standard template functionality not covered in this document, please refer to the *C&P Worksheet Tab Functionalities* section of the **CAPRI GUI User Guide**.

1.2 Overview

The Kidney Conditions (Nephrology) DBQ provides the ability to capture information related to Kidney Conditions (Nephrology) and its treatment.

Each DBQ template contains a standard footer containing a note stating that "VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application." (see Figure 1 and 2).

Figure 1: Template Example: DBQ - Standard VA Note

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

Figure 2: Print Example: DBQ – Standard VA Note

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

A number of fields on the Kidney Conditions (Nephrology) template are mandatory and require a response (value) prior to the exam being marked as completed. Some questions may activate a Popup window displaying information as to each question that needs to be answered before the template can be completed.

2 Kidney Conditions (Nephrology) DBQ

2.1 Name of patient/Veteran

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below.

Table 1: Rules: DBQ - Kidney Conditions (Nephrology) - Name of patient/Veteran

Field/Question	Field Disposition	Valid Values	Format	Error Message
Kidney Conditions	Enabled, Read-	N/A	N/A	N/A
(Nephrology)	Only			
Disability Benefits	Enabled, Read-	N/A	N/A	N/A
Questionnaire	Only			
Name of patient/Veteran:	Enabled,	N/A	Free	Please enter the name of
	Mandatory		Text	the patient/Veteran.
Your patient is applying	Enabled, Read-	N/A	N/A	N/A
to the U.S. Department	Only			
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.				

Figure 3: Template Example: DBQ – Kidney Conditions (Nephrology) – Name of patient/Veteran

獢 DBQ KIDNEY CONDITIONS (NEPHROLOGY)								
Author: GITHERE MARY Transcriber:	Patient: VETERAN,TEST SSN: 666112222	Date Updated: APR 01, 2011@07:46:0						
History								
Kidney Conditions (Nephrology)								
	Kidney Conditions (Nephrology) Disability Benefits Questionnaire							
Name of patient/Veteran:								
	artment of Veterans Affairs (VA) for disabili naire as part of their evaluation in process							

Figure 4: Print Example: DBQ – Kidney Conditions (Nephrology) – Name of patient/Veteran

Kidney Conditions (Nephrology)
Disability Benefits Questionnaire

Name of patient/Veteran:

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.

2.2 Section 1. Diagnosis

The question "Does the Veteran now have or has he/she ever been diagnosed with a kidney condition?" must be answered before the template can be completed.

- If it is answered with Yes, all other questions requiring an answer as described by the rules in this document must be answered before the template can be completed.
- If it is answered with No, the rationale is required. The remainder of the template may be completed without answering any additional questions or the user may input answers to any of the optional questions as indicated by the rules described in this document.

All questions will be printed even if they have not been answered.

If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below and must be answered before this template can be completed.

Table 2: Rules: DBQ - Kidney Conditions (Nephrology) - 1. Diagnosis

Field/Question	Field Disposition	Valid Values	Format	Error Message
1.Diagnosis	Enabled, Read-Only	N/A	N/A	N/A
Does the Veteran now have or has he/she ever been diagnosed with a kidney condition?	Enabled, Mandatory; Choose one valid value	[Yes; No]	N/A	Please answer the question: Does the Veteran now have or has he ever been diagnosed with a kidney condition?
If no, provide rationale (e.g. Veteran does not currently have any known kidney condition(s)):	If Does the Veteran now have or has he/she ever been diagnosed with a kidney condition? = No; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please provide the rationale for indicating the Veteran has not been diagnosed with a kidney condition.
If yes, indicate diagnoses: (check all that apply)	If Does the Veteran now have or has he/she ever been diagnosed with a kidney condition? = Yes; Enabled, Mandatory, Choose one or more valid values. Else; Optional	[Diabetic nephropathy; Glomerulonephritis; Hydronephrosis; Interstitial nephritis; Kidney transplant; Nephrosclerosis; Nephrolithiasis; Renal artery stenosis; Ureterolithiasis; Neoplasm of the kidney; Other kidney condition(specify diagnosis, providing only diagnoses that pertain to kidney conditions.)]	N/A	Please select at least one diagnosis.

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If $Diagnosis = Yes$	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Diabetic nephropathy.
	includes Diabetic			
	nephropathy;			
	Enabled, Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes Diabetic			
	nephropathy;			
	Enabled, Optional			
	Else; Disabled			
Date of Diagnosis:	If $Diagnosis = Yes$	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for Diabetic
	includes Diabetic			nephropathy.
	nephropathy;			
ICD Code:	Enabled, Mandatory If Diagnosis = Yes	N/A	Free	Please enter the ICD code
ICD Code.	and if Diagnosis	IN/A	Text	for Glomerulonephritis.
	includes		TCAL	Tor Giomeruionepinius.
	Glomerulonephritis;			
	Enabled, Mandatory			
	If Diamaia Ma			
	If Diagnosis = No and if Diagnosis			
	includes			
	Glomerulonephritis;			
	Enabled, Optional			
	, - <u>r</u>			
	Else; Disabled			
Date of Diagnosis:	If $Diagnosis = Yes$	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for
	includes			Glomerulonephritis.
	Glomerulonephritis; Enabled, Mandatory			
	Litablea, Mandatoly			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Glomerulonephritis;			
	Enabled, Optional			
	Else; Disabled			

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If Diagnosis = Yes	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Hydronephrosis.
	includes			
	Hydronephrosis;			
	Enabled, Mandatory			
	ICD:			
	If $Diagnosis = No$			
	and if Diagnosis includes			
	Hydronephrosis;			
	Enabled, Optional			
	Else; Disabled			
Date of Diagnosis:	If $Diagnosis = Yes$	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for
	includes			Hydronephrosis.
	Hydronephrosis;			
	Enabled, Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Hydronephrosis;			
	Enabled, Optional			
	Else; Disabled			
ICD Code:	If $Diagnosis = Yes$	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Interstitial nephritis.
	includes Interstitial			
	nephritis; Enabled, Mandatory			
	Walidatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes Interstitial			
	nephritis; Enabled,			
	Optional			
	El D' II I			
Data of Diagrapia	Else; Disabled	NI/A	Enas	Please enter the date of
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis	N/A	Free Text	
	includes Interstitial		Text	diagnosis for Interstitial nephritis.
	nephritis; Enabled,			першиз.
	Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes Interstitial			
	nephritis; Enabled,			
	Optional			
	Else; Disabled			
	Lise, Disabled	<u> </u>		

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If Diagnosis = Yes and if Diagnosis includes Kidney transplant; Enabled, Mandatory	N/A	Free Text	Please enter the ICD code for Kidney transplant.
	If Diagnosis = No and if Diagnosis includes Kidney transplant; Enabled, Optional			
	Else; Disabled			
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Kidney transplant; Enabled, Mandatory	N/A	Free Text	Please enter the date of diagnosis for Kidney transplant.
	If Diagnosis = No and if Diagnosis includes Kidney transplant; Enabled, Optional			
	Else; Disabled			
ICD Code:	If Diagnosis = Yes and if Diagnosis includes Nephrosclerosis; Enabled, Mandatory	N/A	Free Text	Please enter the ICD code for Nephrosclerosis.
	If Diagnosis = No and if Diagnosis includes Nephrosclerosis; Enabled, Optional			
	Else; Disabled			
Date of Diagnosis:	If Diagnosis = Yes and if Diagnosis includes Nephrosclerosis; Enabled, Mandatory	N/A	Free Text	Please enter the date of diagnosis for Nephrosclerosis.
	If Diagnosis = No and if Diagnosis includes Nephrosclerosis; Enabled, Optional			
	Else; Disabled			

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If Diagnosis = Yes	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Nephrolithiasis.
	includes			
	Nephrolithiasis;			
	Enabled, Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Nephrolithiasis;			
	Enabled, Optional			
	Else; Disabled			
Date of Diagnosis:	If $Diagnosis = Yes$	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for
	includes Nanhaalithiaaia			Nephrolithiasis.
	Nephrolithiasis; Enabled, Mandatory			
	Enabled, Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes			
	Nephrolithiasis;			
	Enabled, Optional			
	Elea Disabled			
ICD Code:	Else; Disabled If Diagnosis = Yes	N/A	Free	Please enter the ICD code
ICD Code.	and if Diagnosis	IV/A	Text	for Renal artery stenosis.
	includes Renal artery		TOAL	Tor Renar artery stellosis.
	stenosis; Enabled,			
	Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes Renal artery			
	stenosis; Enabled,			
	Optional			
	Else; Disabled			
Date of Diagnosis:	If $Diagnosis = Yes$	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for Renal artery
	includes Renal artery			stenosis.
	stenosis; Enabled,			
	Mandatory			
	ICD:			
	If Diagnosis = No			
	and if Diagnosis includes Renal artery			
	stenosis; Enabled,			
	Optional			
	Else; Disabled			

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	If $Diagnosis = Yes$	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Ureterolithiasis.
	includes			
	Ureterolithiasis;			
	Enabled, Mandatory			
	If $Diagnosis = No$			
	and if Diagnosis			
	includes Ureterolithiasis;			
	Enabled, Optional			
	Endoice, Optional			
	Else; Disabled			
Date of Diagnosis:	If Diagnosis = Yes	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for
	includes			Ureterolithiasis.
	Ureterolithiasis;			
	Enabled, Mandatory			
	ICD: ' M			
	If Diagnosis = No and if Diagnosis			
	includes			
	Ureterolithiasis;			
	Enabled, Optional			
	Enabled, Optional			
	Else; Disabled			
ICD Code:	If Diagnosis = Yes	N/A	Free	Please enter the ICD code
	and if Diagnosis		Text	for Neoplasm of the
	includes Neoplasm of			kidney.
	the kidney; Enabled,			
	Mandatory			
	If Diagnosis – No			
	If Diagnosis = No and if Diagnosis			
	includes Neoplasm of			
	the kidney; Enabled,			
	Optional Optional			
	Else; Disabled			
Date of Diagnosis:	If $Diagnosis = Yes$	N/A	Free	Please enter the date of
	and if Diagnosis		Text	diagnosis for Neoplasm
	includes Neoplasm of			of the kidney.
	the kidney; Enabled,			
	Mandatory			
	If Diagnosis = No			
	and if Diagnosis			
	includes Neoplasm of			
	the kidney; Enabled,			
	Optional Optional			
	Else; Disabled			

Field/Question	Field Disposition	Valid Values	Format	Error Message
Other diagnosis #1:	If Diagnosis includes Other kidney condition; Enabled; Mandatory Else; Disabled	N/A	N/A	Please enter a value in the 'Other diagnosis #1' field.
ICD code:	If Other diagnosis #1 is populated; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the ICD code for other diagnosis #1.
Date of diagnosis:	If Other diagnosis #1 is populated; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of other diagnosis #1.
Other diagnosis #2	If Diagnosis includes Other kidney condition; Enabled; Optional Else; Disabled	N/A	N/A	N/A
ICD code:	If Other diagnosis #2 is populated; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the ICD code for other diagnosis #2.
Date of diagnosis:	If Other diagnosis #2 is populated; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date diagnosis for other diagnosis #2.
If there are additional diagnoses that pertain to kidney conditions(s), list using above format:	Enabled, Optional	N/A	Free Text	N/A

	Figure 5: Template Example: DBQ – Kidney Conditions (Nephrology) – 1. Diagnosis								
Doe	<u>Diagnosis</u> es the Veteran now have or h	nas he/she ever	been diagnosed with a ki	idney condition?					
	C Yes • No If no, provide rational (e.g., Vetern has never had any known kidney condition(s)):								
II no	o, provide rational (e.g., vete	rn nas never nac	any known klaney cond	idon(s)j.					
If y	If yes, indicate diagnoses: (check all that apply)								
✓	Diabetic nephropathy	ICD Code:		Date of Diagnosis:					
✓	Glomerulonephritis	ICD Code:		Date of Diagnosis:					
✓	Hydronephrosis	ICD Code:		Date of Diagnosis:					
~	Interstitial nephritis	ICD Code:		Date of Diagnosis:					
✓	Kidney transplant	ICD Code:		Date of Diagnosis:					
✓	Nephrosclerosis	ICD Code:		Date of Diagnosis:					
✓	Nephrolithiasis	ICD Code:		Date of Diagnosis:					
✓	Renal artery stenosis	ICD Code:		Date of Diagnosis:					
~	Ureterolithiasis	ICD Code:		Date of Diagnosis:					
✓	Neoplasm of the kidney	ICD Code:		Date of Diagnosis:					
✓	Other kidney condition (spec	cify diagnosis, pro	oviding only diagnoses tha	at pertain to kidney conditions.)					
	Other diagnosis #1:								
	ICD code:								
	Date of diagnosis:								
	Other diagnosis #2:								
	ICD code:								
	Date of diagnosis:								
If th	nere are additional diagnoses	that pertain to ki	dney condition(s) of the Ve	eteran's current kidney conditio	ns, list using above format:				

Figure 6: Print Example: DBQ – Kidney Conditions (Nephrology) – 1. Diagnosis

```
1. Diagnosis
Does the Veteran now have or has he/she ever been diagnosed with a kidney
condition? [X] Yes [ ] No
If no, provide rationale (e.g., Veteran has never had any known kidney
condition(s)):
If yes, indicate diagnoses: (check all that apply)
   [ ] Diabetic nephropathy
        ICD Code:
                           Date of Diagnosis:
   [X] Glomerulonephritis
                          Date of Diagnosis:
        ICD Code:
   [ ] Hydronephrosis
        ICD Code:
                          Date of Diagnosis:
   [ ] Interstitial nephritis
                           Date of Diagnosis:
        ICD Code:
   [ ] Kidney transplant
                     Date of Diagnosis:
        ICD Code:
   [ ] Nephrosclerosis
        ICD Code:
                          Date of Diagnosis:
   [ ] Nephrolithiasis
ICD Code:
                          Date of Diagnosis:
   [ ] Renal artery stenosis
        ICD Code:
                    Date of Diagnosis:
   [ ] Ureterolithiasis
        ICD Code:
                          Date of Diagnosis:
   [ ] Neoplasm of the kidney
        ICD Code: Date of Diagnosis:
   [X] Other kidney condition (specify diagnosis, providing only diagnoses
      that pertain to kidney conditions.)
      Other diagnosis #1:
         ICD code:
         Date of diagnosis:
      Other diagnosis #2: a
         ICD code:
         Date of diagnosis:
      If there are additional diagnoses that pertain to kidney conditions,
         list using above format:
```

2.3 Section 2. Medical History

Table 3: Rules: DBQ – Kidney Conditions (Nephrology) – 2. Medical History

Field/Question	Field Disposition	Valid Values	Format	Error Message
2.Medical	Enabled; Read Only	N/A	N/A	N/A
<u>History</u>				
Describe the	If $Diagnosis = Yes$ and $at least$	N/A	Free	Please describe the
history	one diagnosis is selected in the		Text	history (including onset
(including cause,	Diagnosis section; Enabled,			and course) of the
onset and course)	Mandatory			Veteran's kidney
of the Veteran's				condition.
kidney	Else; Enabled, Optional			
condition:				

Figure 7: Template Example: DBQ – Kidney Conditions (Nephrology) – 2. Medical History 2. Medical history

Describe the history (including cause, onset and course) of the Veteran's kidney condition:

Figure 8: Print Example: DBQ – Kidney Conditions (Nephrology) – 2. Medical History

2. Medical history

Describe the history (including cause, onset and course) of the Veteran's kidney condition:

2.4 Section 3. Renal dysfunction

Table 4: Rules: DBQ – Kidney Conditions (Nephrology) – 3. Renal dysfunction

Field/Question	Field Disposition	Valid Values	Format	Error Message
3.Renal	Enabled; Read Only	N/A	N/A	N/A
dysfunction				
a. Does the Veteran have renal dysfunction?	If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have renal dysfunction?
If yes, does the Veteran require regular dialysis?	If Does the Veteran have real dysfunction? = Yes; Enabled; Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not the Veteran requires regular dialysis.
b. Does the Veteran have any signs or symptoms due to renal dysfunction?	If Does the Veteran have renal dysfunction? = Yes; Enabled, Mandatory, Choose one valid value	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have any signs or symptoms due to renal dysfunction?
	Else; Disabled			
If yes, check all that apply:	If Does the Veteran have renal dysfunction? = Yes; Enabled; Optional; If Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes; Enabled; Mandatory; Choose one or more valid values Else; Disabled	[Proteinuria (albuminuria); Edema (due to renal dysfunction); Anorexia (due to renal dysfunction); Weight loss (due to renal dysfunction); Generalized poor health due to renal dysfunction; Lethargy due to renal dysfunction; Weakness due to renal dysfunction; Limitation of exertion due to renal dysfunction; Able to perform only sedentary activity, due to persistent edema caused by renal dysfunction; Markedly decreased function other organ systems, especially the cardiovascular system, caused by renal dysfunction]	N/A	Please select all applicable renal dysfunction related signs or symptoms.
If checked, indicate frequency: (check all that	If Does the Veteran have any signs or symptoms due to renal dysfunction? =	[Recurring; Constant; Persistent]	N/A	Please indicate the frequency of Proteinuria (albuminuria).

apply)	Yes and if Renal			
арргу)	dysfunction signs or			
	symptoms include			
	Proteinuria			
	(albuminuria);			
	Enabled; Mandatory;			
	TO D. 1. 11			
	If Does the Veteran			
	have any signs or			
	symptoms due to renal dysfunction? Is			
	not populated and if			
	Renal dysfunction			
	signs or symptoms			
	include Proteinuria			
	(albuminuria);Enable			
	d; Optional;			
	Choose one or more			
	valid values			
	Else; Disabled			
If checked,	If Does the Veteran	[Some; Transient; Slight;	N/A	Please indicate the
indicate	have any signs or	Persistent]	1 1/1 1	frequency of edema (due
frequency:	symptoms due to	-		to renal dysfunction).
(check all that	renal dysfunction? =			•
apply)	Yes and if Renal			
	dysfunction signs or			
	symptoms include			
	Edema (due to renal			
	dysfunction);			
	Enabled; Mandatory;			
	If Does the Veteran			
	have any signs or			
	symptoms due to			
	renal dysfunction? is			
	not populated and if			
	Renal dysfunction			
	signs or symptoms			
	include Edema (due			
	to renal dysfunction); Enabled; Optional;			
	Enabled, Optional,			
	Choose one or more			
	valid values			
	F. 5			
If also also d	Else; Disabled If Does the Veteran	NT/A	Frank	Diagramma de de
If checked,		N/A	Free	Please provide the
provide baseline weight	have any signs or symptoms due to		Text	baseline weight.
(average weight	renal dysfunction? =			
for 2-year	Yes and if Renal			
period	dysfunction signs or			
preceding onset	symptoms include			
of disease):	Weight loss (due to			

	renal dysfunction);			
	Enabled; Mandatory;			
	If Does the Veteran			
	have any signs or			
	symptoms due to			
	renal dysfunction? Is			
	not populated and if			
	Renal dysfunction			
	signs or symptoms			
	include Weight loss			
	(due to renal			
	dysfunction);			
	Enabled; Optional;			
	C.			
	Choose one or more			
	valid values			
	El D' 11 1			
7	Else; Disabled	27/4	<u> </u>	71
Provide current	If Does the Veteran	N/A	Free	Please provide the current
weight:	have any signs or		Text	weight.
	symptoms due to			
	renal dysfunction? =			
	Yes and if Renal			
	dysfunction signs or			
	symptoms include			
	Weight loss (due to renal dysfunction);			
	Enabled; Mandatory;			
	Enabled, Mandatory,			
	If Does the Veteran			
	have any signs or			
	symptoms due to			
	renal dysfunction? is			
	not populated and if			
	Renal dysfunction			
	signs or symptoms			
	include Weight loss			
	(due to renal			
	dysfunction);			
	Enabled; Optional;			
	Choose one or more			
	valid values			
	Else; Disabled			
If checked,	If Does the Veteran	N/A	Free	Please describe the
describe:	have any signs or		Text	decreased function of
	symptoms due to			other organ systems
	renal dysfunction? =			caused by renal
	Yes and if Renal			dysfunction.
	dysfunction signs or			
	symptoms include			
	Markedly decreased			
	function other organ			
	systems, especially			

	the cardiovascular			
	system, caused by			
	renal dysfunction;			
	Enabled; Mandatory;			
	Enabled, Mandatory,			
	If Does the Veteran			
	have any signs or			
	symptoms due to			
	renal dysfunction? is			
	not populated and if			
	Renal dysfunction			
	signs or symptoms			
	include Markedly			
	decreased function			
	other organ systems,			
	especially the			
	cardiovascular			
	system, caused by			
	renal dysfunction;			
	Enabled; Optional;			
	Choose one or more			
	valid values			
	Elas, Disabled			
a Dana dha	Else; Disabled	[X/aa. Ma]	N/A	Diagon marrido en encorre
c. Does the	If Diagnosis = Yes and at least one	[Yes; No]	N/A	Please provide an answer
Veteran have				to the question: Does the Veteran have
hypertension and/or heart	diagnosis is selected			hypertension and/or heart
disease due to	in the Diagnosis section and Does the			disease due to renal
renal	Veteran have renal			dysfunction or caused by
dysfunction or	dysfunction = Yes;			any kidney condition?
caused by any	Enabled, Mandatory,			any kidney condition:
kidney	Choose one valid			
condition?	value			
condition:	varue			
	Else; Enabled,			
	Optional			
If yes, also	If Does the Veteran	N/A	N/A	N/A
complete the	have hypertension			
Hypertension	and/or heart disease			
and/or Heart	due to renal			
Disease	dysfunction or caused			
Questionnaire	by any kidney			
as appropriate.	condition? = Yes;			
	Enabled; Read-Only			
	Else; Disabled			1

Figure 9: Template Example: DBQ - Kidney Conditions (Nephrology) - 3. Renal dysfunction

3. Renal dysfunction
a. Does the Veteran have renal dysfunction? • Yes • No
If yes, does the Veteran require regular dialysis? C Yes C No
b. Does the Veteran have any signs or symptoms due to renal dysfunction? ◆ Yes ← No
If yes, check all that apply:
▼ Proteinuria (albuminuria)
If checked, indicater frequency: (check all that apply)
Recurring Constant Persistent
▼ Edema (due to renal dysfunction)
If checked, indicate frequency: (check all that apply)
Some Transient Slight Persistent
☐ Anorexia (due to renal dysfunction) ☑ Weight loss (due to renal dysfunction)
If checked, provide baseline weight (average weight for 2-year period preceding onset of disease):
Provide current weight:
Generalized poor health due to renal dysfunction
Lethargy due to renal dysfunction
Weakness due to renal dysfunction
☐ Limitation of exertion due to renal dysfunction☐ Able to perform only sedentary activity, due to persistent edema caused by renal dysfunction
✓ Markedly decreased function other organ systems, especially the cardiovascular system, caused by renal dysfunction
If checked, describe:
ii checked, describe.
c. Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition? Yes C No
f yes, also complete the Hypertension and/or Heart Disease Questionnaire as appropriate.

Figure 10: Print Example: DBQ – Kidney Conditions (Nephrology) – 3. Renal dysfunction

```
3. Renal dysfunction
a. Does the Veteran have renal dysfunction?
   [X] Yes [ ] No
       If yes, does the Veteran require regular dialysis?
                  [ ] No
          [X] Yes
b. Does the Veteran have any signs or symptoms due to renal dysfunction?
   [X] Yes
           [ ] No
       If yes, check all that apply:
          [ ] Proteinuria (albuminuria)
             If checked, indicate frequency: (check all that apply)
                 [ ] Recurring [ ] Constant
                                               [ ] Persistent
          [ ] Edema (due to renal dysfunction)
              If checked, indicate frequency: (check all that apply)
                 [ ] Some [ ] Transient [ ] Slight [ ] Persistent
          [ ] Anorexia (due to renal dysfunction)
          [ ] Weight loss (due to renal dysfunction)
             If checked, provide baseline weight (average weight for 2-year
                period preceding onset of disease):
             Provide current weight:
```

	[] Generalized poor health due to renal dysfunction
	[] Lethargy due to renal dysfunction
	[] Weakness due to renal dysfunction
	[] Limitation of exertion due to renal dysfunction
	[X] Able to perform only sedentary activity, due to persistent edema caused by renal dysfunction
	[X] Markedly decreased function other organ systems, especially the cardiovascular system, caused by renal dysfunction If checked, describe:
dysfu	the Veteran have hypertension and/or heart disease due to renal nction or caused by any kidney condition? [es [] No
-	s, also complete the Hypertension and/or Heart Disease Questionnaire

2.5 Section 4. Urolithiasis

Table 5: Rules: DBQ - Kidney Conditions (Nephrology) - 4. Urolithiasis

Field/Question	Field Disposition	Valid Values	Format	Error Message
4. Urolithiasis	Enabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran have kidney, ureteral or bladder calculi?	If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have kidney, ureteral or bladder calculi?
If yes, indicate location (check all that apply)	If Does the Veteran have kidney, ureteral or bladder calculi? = Yes; Enabled; Mandatory, Choose one or more valid values Else; Disabled	[Kidney; Ureter; Bladder]	N/A	Please select all locations where calculi are found.
If the Veteran has urolithiasis, complete the following:	If Does the Veteran have kidney, ureteral or bladder calculi? = Yes; Enabled; Read-Only Else; Disabled	N/A	N/A	N/A
b. Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder?	If Does the Veteran have kidney, ureteral or bladder calculi? = Yes; Enabled; Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder?
If yes, indicate treatment: (check all that apply)	If Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder? = Yes; Enabled; Mandatory; Choose one or more valid values Else; Disabled	[Diet therapy; Drug therapy; Invasive or non- invasive procedures]	N/A	Please select at least one treatment for recurrent stone formation in the kidney, ureter or bladder.
If checked, specify diet and dates of use:	If treatment includes <i>Diet</i> therapy; Enabled; Mandatory Else; Disabled	N/A	Free Text	Please specify the diet and dates of use.
If checked, list medication and dates of use:	If treatment includes Drug therapy; Enabled; Mandatory Else; Disabled	N/A	Free Text	Please list the medication and dates of use.

Field/Question	Field Disposition	Valid Values	Format	Error Message
If checked, indicate average number of times per year invasive or non- invasive procedures were required:	If treatment includes Invasive or non-invasive procedures; Enabled; Mandatory; Choose one valid value Else; Disabled	[0 to 1 per year; 2 per year; >2 per year]	N/A	Please indicate the average number of times per year invasive or non-invasive procedures were required for treatment of urolithiasis.
Date and facility of most recent invasive or non-invasive procedure:	If treatment includes Invasive or non-invasive procedures; Enabled; Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent invasive or non-invasive procedure for treatment of urolithiasis, and the facility where it was performed.
c. Does the Veteran have signs or symptoms due to urolithiasis?	If <i>Diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have signs or symptoms due to urolithiasis?
If yes, indicate severity (check all that apply):	If Does the Veteran have signs or symptoms due to urolithiasis? = Yes; Enabled; Mandatory; Choose one or more valid values Else; Disabled	[No symptoms or attacks of colic; Occasional attacks of colic; Frequent attacks of colic; Causing voiding dysfunction; Requires catheter drainage; Causing infection (pyonephrosis); Causing hydronephrosis; Causing impaired kidney function; Other, describe:]	N/A	Please check one or more signs or symptoms due to urolithiasis.
Other, describe:	If severity includes <i>Other</i> ; Enabled; Mandatory	N/A	Free Text	Please describe the other signs or symptoms due to urolithiasis.
	Else; Disabled			uronunasis.

Figure 11: Template Example: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis
4. Urolithiasis a. Does the Veteran have kidney, ureteral or bladder calculi? ✓ Yes C No
If yes, indicate location (check all that apply)
☐ Kidney ☐ Ureter ☐ Bladder
If the Veteran has urolithiasis, complete the following: b. Has the Veteran had treatment for recurrent stone formation in the kidney, ureter 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 required.
□ 0 to 1 per year □ 2 per year □ > 2 per year
Date and facility of most recent invasive or non-invasive procedure:
c. Does the Veteran have signs or symptoms due to urolithiasis?
If yes, indicate severity (check all that apply)
No symptoms of attacks of colic
Cocasional attacks of colic Frequent attacks of colic
Causing voiding dysfunction
Requires catheter drainage
Causing infection (pyonephrosis)
Causing hydronephrosis
Causing impaired kidney function
Other, describe:

Figure 12: Print Example: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis

```
If checked, indicate average number of times per year invasive
             or non-invasive procedures were required:
                [] 0 to 1 per year [] 2 per year [] > 2 per year
             Date and facility of most recent invasive or non-invasive
                procedure:
c. Does the Veteran have signs or symptoms due to urolithiasis?
   [ ] Yes [ ] No
       If yes, indicate severity (check all that apply)
          [ ] No symptoms or attacks of colic
          [ ] Occasional attacks of colic
          [ ] Frequent attacks of colic
          [ ] Causing voiding dysfunction
          [ ] Requires catheter drainage
          [ ] Causing infection (pyonephrosis)
          [ ] Causing hydronephrosis
          [ ] Causing impaired kidney function
          [ ] Other, describe:
```

2.6 Section 5. Urinary tract/kidney infection

Table 6: Rules: DBQ - Kidney Conditions (Nephrology) - 5. Urinary tract/kidney infection

Field/Question	Field Disposition	Valid Values	Format	Error Message
5. Urinary	Enabled; Read-Only	N/A	N/A	N/A
tract/kidney infection	Enabled, Read-Only	11/1	1 N/ A	11/14
Does the Veteran have a	If $Diagnosis = Yes$ and at	[Yes; No]	N/A	Please answer the
history of recurrent	least one diagnosis is selected	[103, 140]	14/71	question: Does the
symptomatic urinary	in the Diagnosis section;			Veteran have a
tract or kidney	Enabled, Mandatory, Choose			history of
infections?	one valid value			recurrent
infections.	one varia variae			symptomatic
	Else; Enabled, Optional			urinary tract or
				kidney infections?
If yes, provide etiology:	If Does the Veteran have a	N/A	Free	Please provide the
	history of recurrent		Text	etiology of the
	symptomatic urinary tract or			recurrent
	kidney infections?= Yes;			symptomatic
	Enabled; Mandatory			urinary tract or
				kidney infections.
	Else; Disabled			•
If the Veteran has had	If Does the Veteran have a	[No treatment;	N/A	Please check one
recurrent symptomatic	history of recurrent	OR Long-term		or more boxes to
urinary tract or kidney	symptomatic urinary tract or	drug therapy;		indicate
infections, indicate all	kidney infections?= Yes;	Hospitalization;		applicable
treatment modalities	Enabled; Mandatory; Choose	Drainage;		treatment
that apply:	one or more valid values	Continuous		modalities for
		intensive		recurrent
	Else; Disabled	management;		symptomatic
		Intermittent		urinary tract or
		intensive		kidney infections.
		management;		
IC .1 1 . 1 .1.	IC to a to a set of the latter of	Other]	Free	Please list
If checked, list medications used and	If treatment modalities	N/A		medications used
indicate dates for	include Long-term drug		Text	
courses of treatment	therapy; Enabled; Mandatory			for urinary tract or kidney infections
over the past 12 months:	Else Disabled			and their
over the past 12 months.	Lise Disabled			treatment dates
				over the past 12
				months.
If checked, indicate	If treatment modalities	[1 or 2 per	N/A	Please indicate the
frequency of	include Hospitalization;	year; >2 per		frequency of
hospitalization:	Enabled; Mandatory	year]		hospitalization.
		•		1
	Else Disabled			
If checked, indicate	If treatment modalities	N/A	Free	Please indicate the
dates when drainage	include <i>Drainage</i> ; Enabled;		Text	dates that
performed over past 12	Mandatory			drainage was
months:				performed over
	Else Disabled			the past 12
				months.
If checked, indicate	If treatment modalities	N/A	Free	Please describe
types of treatments and	include Continuous intensive		Text	the types of
medications used over	management; Enabled;			treatment and
past 12 months:	Mandatory			medications for

	Else Disabled			continuous intensive management used over the past 12 months.
If checked, indicate	If treatment modalities	N/A	Free Text	Please describe
types of treatments and medications used over	include Intermittent intensive management; Enabled;		Text	the types of treatment and
past 12 months:	Mandatory			medications for
past 12 mondis.	- Wandatory			intermittent
	Else Disabled			intensive
				management used
				over the past 12
				months.
Other, describe:	If treatment modalities	N/A	Free	Please describe
	include Other; Enabled;		Text	other treatment
	Mandatory			modalities used
				for urinary tract or
	Else Disabled			kidney infections.

 $\label{eq:conditions} \textbf{Figure 13: Template Example: DBQ-Kidney Conditions (Nephrology)-5. Urinary tract/kidney infection}$

5. Urinary tract/kidney infection
Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections? ▼ Yes □ No
If yes, provide etiology:
If the Veteran has had recurrent symptomatic urinary tract or kidney infections, indicate all treatment modalities that apply:
No treatment
✓ Long-term drug therapy
If checked, list medications used and indicate dates for courses of treatment over the past 12 months:
✓ Hospitalization
If checked, indicate frequency of hospitalization:
☐ 1 or 2 per year ☐ > 2 per year
✓ Drainage
If checked, indicate dates when drainage performed over past 12 months:
Continuous intensive management
If checked, indicate types of treatment and medications used over past 12 months:
✓ Intermittent intensive management
If checked, indicate types of treatment and medications used over past 12 months:
in checked, indicate types of treatment and inedications used over past 12 months.
▼ Other, describe:

Figure 14: Print Example: DBQ – Kidney Conditions (Nephrology) – 5. Urinary tract/kidney infection

```
5. Urinary tract/kidney infection
Does the Veteran have a history of recurrent symptomatic urinary tract or
kidney infections?
   [ ] Yes [ ] No
       If yes, provide etiology:
       If the Veteran has had recurrent symptomatic urinary tract or kidney
        infections, indicate all treatment modalities that apply:
          [ ] No treatment
           [ ] Long-term drug therapy
               If checked, list medications used and indicate dates courses
                  for treatment over the past 12 months:
           [ ] Hospitalization
              If checked, indicate frequency of hospitalization:
                  [ ] 1 or 2 per year
                  [ ] > 2 per year
           [ ] Drainage
              If checked, indicate dates when drainage performed over past
                  12 months:
           [ ] Continuous intensive management
              If checked, indicate types of treatment and medications used
                  over past 12 months:
           [ ] Intermittent intensive management
              If checked, indicate types of treatment and medications used
                  over past 12 months:
           [ ] Other, describe:
```

2.7 Section 6. Kidney transplant or removal

Table 7: Rules: DBQ – Kidney Conditions (Nephrology) – 6. Kidney transplant or removal

Field/Question	Field Disposition	Valid	Format	Error Message	
		Values	N/A		
6. Kidney transplant or removal	Enabled, Read-Only	N/A		N/A	
a. Has the Veteran had a kidney removed?	If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Has the Veteran had a kidney removed?	
If yes, provide reason:	If Has the Veteran had a kidney removed? = Yes; Enabled; Mandatory Else; Disabled	[Kidney donation; Due to disease; Due to trauma or injury; Other, describe:]	N/A	Please provide the reason a kidney was removed.	
Other, describe:	r, describe: If <i>Reason = Other</i> ; Enabled; Mandatory		Free Text	Please describe the other reason a kidney was removed.	
b. Has the Veteran had a kidney transplant?	If <i>Diagnosis</i> = <i>Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Has the Veteran had a kidney transplant?	
If yes, date of admission:	If Has the Veteran had a kidney transplant? = Yes; Enabled; Mandatory Else; Disabled	N/A	Free Text	Please enter the date of admission of the kidney transplant.	
Date of discharge: If Has the Veteran had a kidney transplant? = Yes; Enabled; Mandatory Else; Disabled		N/A	Free Text	Please enter the date of discharge of the kidney transplant.	

Figure 15: Template Example: DBQ – Kidney Conditions (Nephrology) – 6. Kidney transplant or removal

6. Kidney transplant or removal a. Has the Veteran had a kidney removed? ⊙ Yes ○ No					
If yes, provide reason:					
Kidney donation					
☐ Due to disease					
☐ Due to trauma or injury ☑ Other, describe:					
▼ Other, describe:					
b. Has the Veteran had a kidney transplant? • Yes • No					
If yes, date of admission:					
Date of discharge:					

Figure 16: Print Example: DBQ – Kidney Conditions (Nephrology) – 6. Kidney transplant or removal

```
6. Kidney transplant or removal

a. Has the Veteran had a kidney removed?

[] Yes [] No

If yes, provide reason:

[] Kidney donation

[] Due to disease

[] Due to trauma or injury

[] Other, describe:

b. Has the Veteran had a kidney transplant?

[] Yes [] No

If yes, date of admission:

Date of discharge:
```

2.8 Section 7. Tumors and Neoplasms

Table 8: Rules: DBQ – Kidney Conditions (Nephrology) – 7. Tumors and Neoplasms

	idney Conditions (Nephrology)				
Field/Question Field Disposition		Valid Values	Format	Error Message	
7. Tumors and	Enabled, Read-Only	N/A	N/A	N/A	
Neoplasms a. Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?	If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?	
If yes, complete the following:	If Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes; Enabled; Read-Only Else; Disabled	N/A	N/A	N/A	
b. Is the neoplasm	If Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes; Enabled; Mandatory, Choose one valid value Else; Disabled	[Benign; Malignant]	N/A	Please indicate whether the neoplasm is benign or malignant.	
c. Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases?	If Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes; Enabled; Mandatory, Choose one valid value Else; Disabled	[Yes; No, watchful waiting]	N/A	Please provide an answer to the question: Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases?	
If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply):	If Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases? = Yes; Enabled, Mandatory, Choose one or more valid values	[Treatment completed; currently in watchful waiting status; Surgery; Radiation therapy;	N/A	Please indicate all applicable treatment types for a benign or malignant neoplasm or metastases that the Veteran either is	

If checked, describe:	Else; Disabled If treatments include Surgery; Enabled, Mandatory	Antineoplastic chemotherapy; Other therapeutic procedure; Other therapeutic treatment]	Free Text	undergoing or has completed. Please describe the surgery.
Date(s) of surgery:	Else; Disabled If treatments include Surgery; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date(s) of surgery.
Date of most recent treatment:	If treatments include Radiation therapy; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent radiation therapy treatment.
Date of completion of treatment or anticipated date of completion:	If treatments include Radiation therapy; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date (actual or anticipated) of completion of the radiation therapy treatment.
Date of most recent treatment:	If treatments include Antineoplastic chemotherapy; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent antineoplastic chemotherapy treatment.
Date of completion of treatment or anticipated date of completion:	If treatments include Antineoplastic chemotherapy; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date (actual or anticipated) of the most recent antineoplastic chemotherapy treatment.
If checked, describe procedure:	If treatments include Other therapeutic procedure; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other therapeutic procedure.
Date of most recent procedure:	If treatments include Other therapeutic procedure; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of the most recent other therapeutic procedure.
If checked, describe treatment:	If treatments include Other therapeutic treatment; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other therapeutic treatment.

Date of completion of treatment or anticipated date of completion:	If treatments include Other therapeutic treatment; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date (actual or anticipated) of completion of the other therapeutic treatment.
d. Does the Veteran currently have any residual conditions or complications due to the neoplasm (including metastases) or its treatment other than those already documented in the report above?	If Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes; Enabled; Mandatory, Choose one valid value Else; Disabled	[Yes; No]		Please indicate whether or not the Veteran has any residual conditions or complications due to the neoplasm (including metastases) or its treatment other than those already documented.
If yes, list residual conditions and complications (brief summary):	If previous question = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please list the residual conditions and complications due to the neoplasm (including metastases) or its treatment.
e. If there are additional benign or malignant neoplasms or metastases related to any of the diagnoses in the Diagnosis section, describe using the above format:	If Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes; Enabled; Optional Else; Disabled	N/A	Free Text	N/A

7. Tumors and neoplasms a. Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? Yes No If yes, complete the following: b. Is the neoplasm C Benign C Malignant c. Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases? Yes No; watchful waiting. If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply): Treatment completed; currently in watchful waiting status ✓ Surgery If checked, describe: Date(s) of surgery: ▼ Radiation therapy Date of most recent treatment: Date of completion of treatment or anticipated date of completion: Antineoplastic chemotherapy Date of most recent treatment: Date of completion of treatment or anticipated date of completion: ▼ Other therapeutic procedure If checked, describe treatment: Date of completion of treatment or anticipated date of completion: Other therapeutic treatment If checked, describe treatment: Date of completion of treatment or anticipated date of completion: d. Does the Veteran currently have any residual conditions or complications due to the neoplasm (including metastases) or its treatment, other than those already documented in the report above? Yes ○ No If yes, list residual conditions and complications (brief summary): e. If there are additional benign or malignant neoplasms or metastases related to any of the diagnoses in the Diagnosis section, describe using the above format:

Figure 17: Template Example: DBQ – Kidney Conditions (Nephrology) – 7. Tumors and Neoplasms

Figure 18: Print	Example: DBQ -	- Kianey (Conditions (I	Nephrology) – 1	/. Tumors and	Neopiasms

```
7. Tumors and neoplasms
a. Does the Veteran have a benign or malignant neoplasm or metastases
  related to any of the diagnoses in the Diagnosis section?
   [ ] Yes
           [ ] No
If yes, complete the following:
```

```
b. Is the neoplasm
              [ ] Malignant
   [ ] Benign
c. Has the Veteran completed treatment or is the Veteran currently
  undergoing treatment for a benign or malignant neoplasm or metastases?
   [ ] Yes [ ] No; watchful waiting
   If yes, indicate type of treatment the Veteran is currently undergoing or
  has completed (check all that apply):
      [ ] Treatment completed; currently in watchful waiting status
      [ ] Surgery
         If checked, describe:
         Date(s) of surgery:
      [ ] Radiation therapy
         Date of most recent treatment:
          Date of completion of treatment or anticipated date of completion:
      [ ] Antineoplastic chemotherapy
         Date of most recent treatment:
         Date of completion of treatment or anticipated date of completion:
      [ ] Other therapeutic procedure
          If checked, describe procedure:
          Date of most recent procedure:
      [ ] Other therapeutic treatment
          If checked, describe treatment:
          Date of completion of treatment or anticipated date of completion:
d. Does the Veteran currently have any residual conditions or complications
  due to the neoplasm (including metastases) or its treatment, other than those
  already documented in the report above?
   [ ] Yes
           [ ] No
       If yes, list residual conditions and complications (brief summary):
e. If there are additional benign or malignant neoplasms or metastases
   related to any of the diagnoses in the Diagnosis section, describe using the
  above format:
```

2.9 Section 8. Other pertinent physical findings, complications, signs and/or symptoms

All questions in this section may be answered as described by the rules below.

 $\label{lem:conditions} Table 9: Rules: \ DBQ-Kidney\ Conditions\ (Nephrology)-8. \ Other\ pertinent\ physical\ findings, complications, signs\ and/or\ symptoms$

Field/Question	Field Disposition	Valid	Format	Error Message
		Values		
8. Other pertinent physical findings, complications, signs and/or symptoms	Enabled; Read-Only	N/A	N/A	N/A
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?	If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please indicate whether or not the Veteran has any scars (surgical or otherwise) related to any conditions (or their treatment) listed in the Diagnosis section.
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)?	If previous question = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not any of the scars are painful and/or unstable, or if the total area of all related scars is greater than 39 square cm (6 square inches).
If yes, also complete a Scars Questionnaire.	If previous question = Yes; Enabled, Read-Only Else; Disabled	N/A	N/A	N/A
b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?	If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?
If yes, describe (brief summary):	If Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?= Yes; Enabled; Mandatory Else; Disabled	N/A	Free Text	Please describe any other pertinent physical findings, complications, conditions, signs or symptoms.

Figure 19: Template Example: DBQ – Kidney Conditions (Nephrology) – 8. Other pertinent physical findings, complications, signs and/or symptoms

8. Other pertinent physical findings, 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 for each scar. b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms? Yes No If yes, describe (brief summary):

Figure 20: Print Example: DBQ – Kidney Conditions (Nephrology) – 8. Other pertinent physical findings, complications, signs and/or symptoms

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8. Other pertinent physical findings, 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 or symptoms?
[] Yes [] No

If yes, describe (brief summary):
```

2.10 Section 9. Diagnostic testing

All questions in this section may be answered as described by the rules below.

Table 10: Rules: DBQ - Kidney Conditions (Nephrology) - 9. Diagnostic testing

Field/Question	- Kidney Conditions (Nephro Field Disposition	Valid Values	Format	Error Message
9. Diagnostic testing	Enabled; Read-Only	N/A	N/A	N/A
NOTE: If laboratory test results are in the medical record and reflect the Veteran's current renal function, repeat testing is not	Enabled; Read-Only	N/A	N/A	N/A
required. a. Has the Veteran had laboratory or other diagnostic studies performed?	If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Has the Veteran had laboratory or other diagnostic studies performed?
If yes, provide most recent results, if available:	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes; Enabled; Read-Only Else; Disabled	N/A	N/A	N/A
b. Laboratory studies	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes; Enabled; Optional; Choose one or more valid values.	[BUN; Creatinine; EGFR]	N/A	N/A
BUN: Date:	Else; Enabled, Optional If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include BUN; Enabled; Mandatory If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Laboratory studies include BUN; Enabled; Optional	N/A	Free Text	Please enter the date of the BUN laboratory study.
Result:	Else; Disabled If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include BUN; Enabled; Mandatory	N/A	Free Text	Please enter the result of the BUN laboratory study.

	T	1	1	1
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Laboratory studies include BUN; Enabled; Optional			
	El D: 11 1			
Creatinine:	Else; Disabled If Has the Veteran had	N/A	Free	Please enter the
Date:	laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include Creatinine; Enabled; Mandatory	IN/A	Text	date of the creatinine laboratory study.
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Laboratory studies include Creatinine; Enabled; Optional			
	Elea Diecklad			
Result:	Else; Disabled If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include Creatinine; Enabled; Mandatory	N/A	Free Text	Please enter the result of the creatinine laboratory study.
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Laboratory studies include Creatinine; Enabled; Optional			
EGFR: Date:	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include EGFR; Enabled; Mandatory	N/A	Free Text	Please enter the date of the EGFR laboratory study.
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If			

Result:	Laboratory studies include EGFR; Enabled; Optional Else; Disabled If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include EGFR; Enabled; Mandatory If Has the Veteran had	N/A	Free Text	Please enter the result of the EGFR laboratory study.
	laboratory or other diagnostic studies performed? = No and If Laboratory studies include EGFR; Enabled; Optional			
c. Urinalysis:	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes; Enabled; Optional; Choose one or more valid values Else; Enabled, Optional	[Hyaline casts; Granular casts; RBC's/HPF; Protein (albumin); Spot urine for protein/creatinine ratio; 24 hour protein (albumin)]	Free Text	N/A
Hyaline casts: Date	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Hyaline casts; Enabled; Mandatory If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Hyaline casts; Enabled; Optional	N/A	Free Text	Please enter the date of the hyaline casts urinalysis.
Result:	Else; Disabled If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Hyaline casts; Enabled; Mandatory	N/A	Free Text	Please enter the result of the hyaline casts urinalysis.

		1		
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Hyaline casts; Enabled; Optional			
Granular casts: Date:	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Granular casts; Enabled; Mandatory If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Granular casts; Enabled; Optional	N/A	Free Text	Please enter the date of the granular casts urinalysis.
P. 1	Else; Disabled	27/4		DI .
Result:	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Granular casts; Enabled; Mandatory	N/A	Free Text	Please enter the results of the granular casts urinalysis.
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Granular casts; Enabled; Optional			
RBC's/HPF:	Else; Disabled If Has the Veteran had	N/A	Erec	Dlagge enter 41-
Date:	laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes RBC's/HPF; Enabled; Mandatory	IV/A	Free Text	Please enter the date of the RBC's/HPF urinalysis.
	If Has the Veteran had laboratory or other diagnostic studies			

	performed? = No and If	1	1	1
	Urinalysis includes			
	RBC's/HPF; Enabled;			
	Optional			
	Else; Disabled	27/1	_	
Result:	If Has the Veteran had	N/A	Free	Please enter the
	laboratory or other diagnostic studies		Text	result of the RBC's/HPF
	performed? = Yes and If			urinalysis.
	Urinalysis includes			urmarysis.
	RBC's/HPF; Enabled;			
	Mandatory			
	· · · · · · · · · · · · · · · · · · ·			
	If Has the Veteran had			
	laboratory or other			
	diagnostic studies			
	performed? = No and If			
	Urinalysis includes RBC's/HPF; Enabled;			
	Optional			
	Optional			
	Else; Disabled			
Protein (albumin):	If Has the Veteran had	N/A	Free	Please enter the
Date:	laboratory or other		Text	date of the protein
	diagnostic studies			(albumin)
	performed? = Yes and If Urinalysis includes Protein			urinalysis.
	(albumin); Enabled;			
	Mandatory			
	If Has the Veteran had			
	laboratory or other			
	diagnostic studies			
	performed? = No and If Urinalysis includes Protein			
	(albumin); Enabled;			
	Optional			
	•			
	F1 F1 11 1			
Dogults	Else; Disabled	NI/A	Eroc	Dlagge enter the
Result:	If Has the Veteran had laboratory or other	N/A	Free Text	Please enter the result of the protein
	diagnostic studies		ICAL	(albumin)
	performed? = Yes and If			urinalysis.
	Urinalysis includes Protein			
	(albumin); Enabled;			
	Mandatory			
	TC YY .1 YY			
	If Has the Veteran had			
	laboratory or other diagnostic studies			
	performed? = No and If			
	Urinalysis includes Protein			

	1	T	T	_
	(albumin); Enabled;			
	Optional			
	Else; Disabled			
Spot urine for	If Has the Veteran had	N/A	Free	Please enter the
protein/creatinine	laboratory or other		Text	date of spot urine
ratio: Date:	diagnostic studies			for
	performed? = Yes and If			protein/creatinine
	Urinalysis includes Spot urine for protein/creatinine			ratio urinalysis.
	ratio; Enabled; Mandatory			
	Tunto , Enderson, Transactory			
	If Has the Veteran had			
	laboratory or other			
	diagnostic studies			
	performed? = No and If Urinalysis includes Spot			
	urine for protein/creatinine			
	ratio; Enabled; Optional			
	El D. 11.1			
	Else; Disabled			
Result:	If Has the Veteran had	N/A	Free	Please enter the
11050111	laboratory or other	1,112	Text	result of spot urine
	diagnostic studies			for
	performed? = Yes and If			protein/creatinine
	Urinalysis includes Spot			ratio urinalysis.
	urine for protein/creatinine ratio; Enabled; Mandatory			
	7 ano, Enabled, Mandatory			
	If Has the Veteran had			
	laboratory or other			
	diagnostic studies			
	performed? = No and If Urinalysis includes Spot			
	urine for protein/creatinine			
	ratio; Enabled; Optional			
	Else; Disabled			
24 hour protein	If Has the Veteran had	N/A	Free	Please enter the
(albumin):	laboratory or other	17/11	Text	date of the 24 hour
Date:	diagnostic studies			protein (albumin)
	performed? = Yes and If			urinalysis.
	Urinalysis includes 24			
	hour protein (albumin); Enabled; Mandatory			
	Linaulcu, iviailuatui y			
	If Has the Veteran had			
	laboratory or other			
	diagnostic studies			
	performed? = No and If			
	Urinalysis includes 24 hour protein (albumin);			
	nour protein (albumin);	I		l

	Enabled; Optional			
	, , , , , , , , , , , , , , , , , , , ,			
	Elea Disabled			
Result:	Else; Disabled If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes 24 hour protein (albumin); Enabled; Mandatory	N/A	Free Text	Please enter the result of the 24 hour protein (albumin) urinalysis.
	If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes 24 hour protein (albumin); Enabled; Optional			
	El D' Ll . 1			
d. Urine microalbumin: Date:	Else; Disabled If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and Urine microalbumin result is populated; Enabled; Mandatory	N/A	Free Text	Please enter the date of the urine microalbumin test.
	Else; Enabled; Optional			
Result:	If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and Urine microalbumin date is populated; Enabled; Mandatory	N/A	Free Text	Please enter the result of the urine microalbumin test.
	Else; Enabled, Optional			
e. Are there any other significant diagnostic test findings and/or results?	If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section; Enabled; Mandatory; Choose one valid value	[Yes; No]	N/A	Please provide an answer to the question: Are there any other significant diagnostic test findings and/or
If yes, provide type of	Else; Enabled, Optional If Are there any other	N/A	Free	results? Please provide the
test or procedure, date and results (brief summary):	significant diagnostic test findings and/or results? = Yes; Enabled; Mandatory		Text	type of test or procedure, date and results.
	Else; Disabled			

Figure 21: Template Example: DBQ – Kidney Conditions (Nephrology) – 9. Diagnostic testing 9. Diagnostic testing NOTE: If laboratory test results are in the medical record and reflect the Veteran's current renal function, repeat testing is not required. a. Has the Veteran had laboratory or other diagnostic studies performed? Yes O No If yes, provide most recent results, if available: b. Laboratory studies ▼ BUN: Date: Result: Creatinine: Date: Result: **▼** EGFR Date: Result: c. Urinalysis: ✓ Hyaline casts: Date: Result: Result: ✓ Granular casts: Date: ▼ RBC's/HPF: Date: Result: ✓ Protein (albumin): Date: Result: Spot urine for protein/creatinine ratio: Date: Result: 24 hour protein (albumin): Date: Result: d. Urine microalbumin: Date: Result: e. 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):

Figure 22: Print Example: DBQ – Kidney Conditions (Nephrology) – 9. Diagnostic testing

```
9. Diagnostic testing
NOTE: If laboratory test results are in the medical record and reflect the
      Veteran's current renal function, repeat testing is not required.
a. Has the Veteran had laboratory or other diagnostic studies performed?
   [ ] Yes [ ] No
If yes, provide most recent results, if available:
b. Laboratory studies
   [ ] BUN:
                            Date:
                                                     Result:
   [ ] Creatinine:
                            Date:
                                                     Result:
   [ ] EGFR:
                            Date:
                                                     Result:
c. Urinalysis:
   [ ] Hyaline casts:
                           Date:
                                                     Result:
   [ ] Granular casts:
                           Date:
                                                     Result:
   [ ] RBC's/HPF:
                           Date:
                                                     Result:
   [ ] Protein (albumin): Date:
                                                     Result:
   [ ] Spot urine for protein/creatinine ratio:
                            Date:
                                                     Result:
   [ ] 24 hour protein (albumin):
                            Date:
                                                     Result:
```

d. Urine microalbumin:	Date:	Result:
e. Are there any other [] Yes [] No	significant	diagnostic test findings and/or results?
If yes, provide summary):	type of test	t or procedure, date and results (brief

2.11 **Section 10. Functional impact**

All questions in this section may be answered as described by the rules below.

Table 11: Rules: DBO – Kidney Conditions (Nephrology) – 10. Functional impact

	daney Conditions (Nephrology)		1	
Field/Question	Field Disposition	Valid	Format	Error Message
		Values		
10. Functional impact	Enabled; Read-Only	N/A	N/A	N/A
Does the Veteran's	If $Diagnosis = Yes$ and at $least$	[Yes; No]	N/A	Please answer the
kidney condition(s),	one diagnosis is selected in the			question: Does the
including neoplasms, if	Diagnosis section; Enabled,			Veteran's kidney
any, impact his or her	Mandatory, Choose one valid			condition(s),
ability to work?	value			including
				neoplasms, if any,
	Else; Enabled, Optional			impact his or her
				ability to work.
If yes, describe impact of	If Does the Veteran's kidney	N/A	Free Text	Please describe the
each of the Veteran's	condition(s) impact his or her			impact of each of
kidney conditions,	ability to work? = Yes;			the Veteran's kidney
providing one or more	Enabled; Mandatory			condition(s)
examples:				(including
				neoplasms, if any)
				on his or her ability
				to work, providing
				one or more
				examples.

Figure~23:~Template~Example:~DBQ-Kidney~Conditions~(Nephrology)-10.~Functional~impact

10. Functional impact

Does the Veteran's kidney condition(s), including neoplasms, if any, impact his or her ability to work?

(*Yes C No

If yes, describe impact of each of the Veteran's kidney conditions, providing one or more examples:

Figure 24: Print Example: DBQ - Kidney Conditions (Nephrology) - 10. Functional impact

```
10. Functional impact

10. Functional impact

Does the Veteran's kidney condition(s), including neoplasms, if any, impact his or her ability to work?

[X] Yes [] No

If yes, describe impact of each of the Veteran's kidney conditions, providing one or more examples:
```

2.12 Section 11. Remarks, if any

All questions in this section may be answered as described by the rules below.

Table 12: Rules: DBQ - Kidney Conditions (Nephrology) - 11. Remarks, if any

	1 (1 (p) 11 (1 (p) 11 (1 (p) 11 (1 (p) 11 (p)	111 110111411	110, 11 4411	
Field/Question	Field Disposition	Valid Values	Format	Error Message
11. Remarks, if any	Enabled, Optional	N/A	Free Text	N/A

Figure 25: Template Example: DBQ – Kidney Conditions (Nephrology) – 11. Remarks, if any

11. Remarks, if any	ample: DBQ - Kiuney Conditions (Nephrology) - 11. Remarks, if any

Figure 26: Print Example: DBQ – Kidney Conditions (Nephrology) – 11. Remarks, if any

11. Remarks, if any

3 Kidney Conditions (Nephrology) DBQ-AMIE Worksheet

The DBQ-AMIE worksheets are accessed via the Print Blank C&P Worksheet menu [DVBA C PRINT BLANK C&P WORKSHE] option. Select the "DBQ KIDNEY CONDITIONS (NEPHROLOGY)" worksheet. DBQ-AMIE worksheets should be sent to a printer.

Kidney Conditions (Nephrology)
Disability Benefits Questionnaire

Name of patient/Veteran:		SSN:	
Your patient is applying to disability benefits. VA will questionnaire as part of the	l consider the inf	formation you provide on	this
1. Diagnosis:			
Does the Veteran now have or condition? Yes No	has he/she ever k	peen diagnosed with a kid	lney
<pre>If no, provide rationale (e.g condition(s)):</pre>	g., Veteran has ne		
If yes, indicate diagnoses: Diabetic nephropathy Glomerulonephritis Hydronephrosis Interstitial nephritis Kidney transplant Nephrosclerosis Nephrolithiasis Renal artery stenosis Ureterolithiasis Neoplasm of the kidney Other kidney condition (state that pertain to kidney condition to that pertain to kidney condition (state that pertain to kidney condition) Other diagnosis #1: ICD code: Date of diagnosis: Other diagnosis: Other diagnosis: Other diagnosis:	ICD Code:	Date of Diagnosis: Date of Diagnosis:	
<pre>If there are additional diagr using above format:</pre>	noses that pertair	n to kidney conditions, l	.ist
2. Medical history			
Describe the history (include kidney condition:	ing cause, onset a	and course) of the Vetera	ın's

Page: 2 Disability Benefits Questionnaire for Kidney Conditions (Nephrology) 3. Renal dysfunction a. Does the Veteran have renal dysfunction? ___ Yes ___ No If yes, does the Veteran require regular dialysis? ____ Yes ___ No b. Does the Veteran have any signs or symptoms due to renal dysfunction? ___ Yes ___ No If yes, check all that apply: ___ Proteinuria (albuminuria) If checked, indicate frequency: (check all that apply) __ Recurring ___ Constant ___ Persistent ____ Edema (due to renal dysfunction) If checked, indicate frequency: (check all that apply) Some ___ Transient ___ Slight ___ Persistent ___ Anorexia (due to renal dysfunction) Weight loss (due to renal dysfunction) If checked, provide baseline weight (average weight for 2-year period preceding onset of disease): Provide current weight: Generalized poor health due to renal dysfunction ____ Lethargy due to renal dysfunction ____ Weakness due to renal dysfunction ____ Limitation of exertion due to renal dysfunction ____ Able to perform only sedentary activity, due to persistent edema caused by renal dysfunction ____ Markedly decreased function other organ systems, especially the cardiovascular system, caused by renal dysfunction If checked, describe: c. Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition? ___ Yes ___ No If yes, also complete the Hypertension and/or Heart Disease Questionnaire as appropriate. Page: 3 Disability Benefits Questionnaire for Kidney Conditions (Nephrology) 4. Urolithiasis a. Does the Veteran have kidney, ureteral or bladder calculi? ____ Yes ___ No If yes, indicate location (check all that apply) ___ Kidney ___ Ureter ___Bladder If the Veteran has urolithiasis, complete the following:

b. Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder?YesNo
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 required: 0 to 1 per year 2 per year > 2 per year
Date and facility of most recent invasive or non-invasive procedure:
c. Does the Veteran have signs or symptoms due to urolithiasis? Yes No
<pre>If yes, indicate severity (check all that apply): No symptoms or attacks of colic Occasional attacks of colic</pre>
Frequent attacks of colic Causing voiding dysfunction
Requires catheter drainage
Causing infection (pyonephrosis) Causing hydronephrosis
Causing impaired kidney function Other, describe:
Page: 4
Disability Benefits Questionnaire for Kidney Conditions (Nephrology)
5. Urinary tract/kidney infection
Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections? Yes No
If yes, provide etiology:
If the Veteran has had recurrent symptomatic urinary tract or kidney infections, indicate all treatment modalities that apply:
<pre> No treatment Long-term drug therapy If checked, list medications used and indicate dates for courses of treatment over the past 12 months:</pre>
<pre>Hospitalization If checked, indicate frequency of hospitalization:</pre>
Drainage If checked, indicate dates when drainage performed over past 12 months:
Continuous intensive management If checked, indicate types of treatment and medications used over past 12 months:
past 12 months: Intermittent intensive management

	If checked, indicate types of treatment and medications used over past 12 months:
-	Other, describe:
6.	Kidney transplant or removal
	Has the Veteran had a kidney removed? _ Yes No
Ιf	yes, provide reason: Kidney donation Due to disease Due to trauma or injury Other, describe:
	Has the Veteran had a kidney transplant? _ Yes No
If Da	yes, date of admission:te of discharge:
Pag	e: 5
	ability Benefits Questionnaire for ney Conditions (Nephrology)
7.	Tumors and neoplasms
re	Does the Veteran have a benign or malignant neoplasm or metastases lated to any of the diagnoses in the Diagnosis section? _ Yes No
Ιf	yes, complete the following:
	Is the neoplasm _ Benign Malignant
tr	Has the Veteran completed treatment or is the Veteran currently undergoing eatment for a benign or malignant neoplasm or metastases? Yes No; watchful waiting
	If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply): Treatment completed; currently in watchful waiting status Surgery If checked, describe:
	Date(s) of surgery: Radiation therapy Date of most recent treatment:
	Date of completion of treatment or anticipated date of completion: Antineoplastic chemotherapy
	Date of most recent treatment: Date of completion of treatment or anticipated date of completion:
	Other therapeutic procedure If checked, describe procedure:
	Date of most recent procedure: Other therapeutic treatment
	If checked, describe treatment: Date of completion of treatment or anticipated date of

completion:		
<pre>d. Does the Veteran currently have due to the neoplasm (including met already documented in the report a Yes No</pre>	astases) o	
If yes, list residual conditions a	and complic	cations (brief summary):
e. If there are additional benign related to any of the diagnoses in above format:		
Page: 6		
Disability Benefits Questionnaire f Kidney Conditions (Nephrology)	ior	
8. Other pertinent physical finding symptoms	ıgs, compli	cations, conditions, signs and/or
a. Does the Veteran have any scars conditions or to the treatment of section above? Yes No If yes, are any of the scars pa of all related scars greater the Yes No If yes, also complete a Scars Q	any condit ainful and/ nan 39 squa	or unstable, or is the total area are cm (6 square inches)?
b. Does the Veteran have any other complications, conditions, signs aYesNo		
If yes, describe (brief summary):		
9. Diagnostic testing		
NOTE: If laboratory test results a Veteran's current renal function,		
a. Has the Veteran had laboratory Yes No	or other d	liagnostic studies performed?
If yes, provide most recent result	s, if avai	lable:
b. Laboratory studies BUN:	Date:	Result:
Creatinine:	Date:	Result:
EGFR:	Date:	Result:
c. Urinalysis:	5	D 1:
<pre> Hyaline casts: Granular casts:</pre>	Date:	D 1 + -
RBC's/HPF:	Date:	Result: Result:
Protein (albumin):	Date:	
Spot urine for		
protein/creatinine ratio:	Date:	Result:
24 hour protein (albumin):	Date:	Result:

d. Urine microalbumin:	Date:	Result:
e. Are there any other sig	nificant diagnostic te	est findings and/or results?
If yes, provide type of te	st or procedure, date	and results (brief summary):
Page: 7		
Disability Benefits Questio Kidney Conditions (Nephrolo		
10. Functional impact		
Does the Veteran's kidney his or her ability to work Yes No		ng neoplasms, if any, impact
If yes, describe impact of one or more examples:		s kidney conditions, providing
11. Remarks, if any:		
		Date:
Physician printed name:		Phone:
Medical license #:		Fax:
Physician address:		
NOTE: VA may request addit examinations if necessary application.		