



# **Compensation and Pension Record Interchange (CAPRI)**

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

**April 2011**

Department of Veterans Affairs  
Office of Enterprise Development  
Management & Financial Systems

## Revision History

Date	Description (Patch # if applicable)	Author	Technical Writer
1/21/2011	Document created	REDACTED	N/A
4/1/2011	Revisions and corrections for patch 163	REDACTED	N/A

## Table of Contents

<b>1</b>	<b>Introduction .....</b>	<b>1</b>
1.1	Purpose .....	1
1.2	Overview .....	1
<b>2</b>	<b>Kidney Conditions (Nephrology) DBQ.....</b>	<b>2</b>
2.1	Name of patient/Veteran.....	2
2.2	Section 1. Diagnosis .....	4
2.3	Section 2. Medical History .....	12
2.4	Section 3. Renal dysfunction .....	13
2.5	Section 4. Urolithiasis.....	19
2.6	Section 5. Urinary tract/kidney infection.....	23
2.7	Section 6. Kidney transplant or removal .....	26
2.8	Section 7. Tumors and Neoplasms .....	28
2.9	Section 8. Other pertinent physical findings, complications, signs and/or symptoms .....	33
2.10	Section 9. Diagnostic testing .....	35
2.11	Section 10. Functional impact .....	44
2.12	Section 11. Remarks, if any .....	45
<b>3</b>	<b>Kidney Conditions (Nephrology) DBQ-AMIE Worksheet.....</b>	<b>46</b>

## Table of Figures and Tables

Figure 1: Template Example: DBQ - Standard VA Note .....	1
Figure 2: Print Example: DBQ – Standard VA Note .....	1
Figure 3: Template Example: DBQ – Kidney Conditions (Nephrology) – Name of patient/Veteran .....	2
Figure 4: Print Example: DBQ – Kidney Conditions (Nephrology) – Name of patient/Veteran .....	2
Figure 5: Template Example: DBQ – Kidney Conditions (Nephrology) – 1. Diagnosis .....	11
Figure 6: Print Example: DBQ – Kidney Conditions (Nephrology) – 1. Diagnosis .....	12
Figure 7: Template Example: DBQ – Kidney Conditions (Nephrology) – 2. Medical History .....	13
Figure 8: Print Example: DBQ – Kidney Conditions (Nephrology) – 2. Medical History .....	13
Figure 9: Template Example: DBQ – Kidney Conditions (Nephrology) – 3. Renal dysfunction .....	18
Figure 10: Print Example: DBQ – Kidney Conditions (Nephrology) – 3. Renal dysfunction .....	18
Figure 11: Template Example: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis .....	22
Figure 12: Print Example: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis .....	22
Figure 13: Template Example: DBQ – Kidney Conditions (Nephrology) – 5. Urinary tract/kidney infection .....	25
Figure 14: Print Example: DBQ – Kidney Conditions (Nephrology) – 5. Urinary tract/kidney infection .....	26
Figure 15: Template Example: DBQ – Kidney Conditions (Nephrology) – 6. Kidney transplant or removal .....	28
Figure 16: Print Example: DBQ – Kidney Conditions (Nephrology) – 6. Kidney transplant or removal .....	28
Figure 17: Template Example: DBQ – Kidney Conditions (Nephrology) – 7. Tumors and Neoplasms .....	32
Figure 18: Print Example: DBQ – Kidney Conditions (Nephrology) – 7. Tumors and Neoplasms .....	32
Figure 19: Template Example: DBQ – Kidney Conditions (Nephrology) – 8. Other pertinent physical findings, complications, signs and/or symptoms .....	35
Figure 20: Print Example: DBQ – Kidney Conditions (Nephrology) – 8. Other pertinent physical findings, complications, signs and/or symptoms .....	35
Figure 21: Template Example: DBQ – Kidney Conditions (Nephrology) – 9. Diagnostic testing .....	43
Figure 22: Print Example: DBQ – Kidney Conditions (Nephrology) – 9. Diagnostic testing .....	43
Figure 23: Template Example: DBQ – Kidney Conditions (Nephrology) – 10. Functional impact .....	44
Figure 24: Print Example: DBQ – Kidney Conditions (Nephrology) – 10. Functional impact .....	44
Figure 25: Template Example: DBQ – Kidney Conditions (Nephrology) – 11. Remarks, if any .....	45
Figure 26: Print Example: DBQ – Kidney Conditions (Nephrology) – 11. Remarks, if any .....	45
Table 1: Rules: DBQ – Kidney Conditions (Nephrology) – Name of patient/Veteran .....	2
Table 2: Rules: DBQ – Kidney Conditions (Nephrology) – 1. Diagnosis .....	4
Table 3: Rules: DBQ – Kidney Conditions (Nephrology) – 2. Medical History .....	13
Table 4: Rules: DBQ – Kidney Conditions (Nephrology) – 3. Renal dysfunction .....	14
Table 5: Rules: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis .....	20
Table 6: Rules: DBQ – Kidney Conditions (Nephrology) – 5. Urinary tract/kidney infection .....	24
Table 7: Rules: DBQ – Kidney Conditions (Nephrology) – 6. Kidney transplant or removal .....	27
Table 8: Rules: DBQ – Kidney Conditions (Nephrology) – 7. Tumors and Neoplasms .....	29
Table 9: Rules: DBQ – Kidney Conditions (Nephrology) – 8. Other pertinent physical findings, complications, signs and/or symptoms .....	34
Table 9: Rules: DBQ – Kidney Conditions (Nephrology) – 9. Diagnostic testing .....	36
Table 11: Rules: DBQ – Kidney Conditions (Nephrology) – 10. Functional impact .....	44
Table 12: Rules: DBQ – Kidney Conditions (Nephrology) – 11. Remarks, if any .....	45

# 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 Pop-up 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
<b>Kidney Conditions (Nephrology)</b>	Enabled, Read-Only	N/A	N/A	N/A
<b>Disability Benefits Questionnaire</b>	Enabled, Read-Only	N/A	N/A	N/A
Name of patient/Veteran:	Enabled, Mandatory	N/A	Free Text	Please enter the name of the patient/Veteran.
<b>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.</b>	Enabled, Read-Only	N/A	N/A	N/A

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

**DBQ KIDNEY CONDITIONS (NEPHROLOGY)**

**Author:**   
**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:

**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.**

**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
<b>1.Diagnosis</b>	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 <i>Does the Veteran now have or has he/she ever been diagnosed with a kidney condition?</i> = 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 <i>Does the Veteran now have or has he/she ever been diagnosed with a kidney condition?</i> = 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:	<p>If <i>Diagnosis = Yes</i> and if <i>Diagnosis</i> includes <i>Diabetic nephropathy</i>; Enabled, Mandatory</p> <p>If <i>Diagnosis = No</i> and if <i>Diagnosis</i> includes <i>Diabetic nephropathy</i>; Enabled, Optional</p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the ICD code for Diabetic nephropathy.
Date of Diagnosis:	<p>If <i>Diagnosis = Yes</i> and if <i>Diagnosis</i> includes <i>Diabetic nephropathy</i>; Enabled, Mandatory</p>	N/A	Free Text	Please enter the date of diagnosis for Diabetic nephropathy.
ICD Code:	<p>If <i>Diagnosis = Yes</i> and if <i>Diagnosis</i> includes <i>Glomerulonephritis</i>; Enabled, Mandatory</p> <p>If <i>Diagnosis = No</i> and if <i>Diagnosis</i> includes <i>Glomerulonephritis</i>; Enabled, Optional</p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the ICD code for Glomerulonephritis.
Date of Diagnosis:	<p>If <i>Diagnosis = Yes</i> and if <i>Diagnosis</i> includes <i>Glomerulonephritis</i>; Enabled, Mandatory</p> <p>If <i>Diagnosis = No</i> and if <i>Diagnosis</i> includes <i>Glomerulonephritis</i>; Enabled, Optional</p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the date of diagnosis for Glomerulonephritis.

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

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

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD Code:	<p>If <i>Diagnosis = Yes</i> and if <i>Diagnosis includes Nephrolithiasis</i>; Enabled, Mandatory</p> <p>If <i>Diagnosis = No</i> and if <i>Diagnosis includes Nephrolithiasis</i>; Enabled, Optional</p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the ICD code for Nephrolithiasis.
Date of Diagnosis:	<p>If <i>Diagnosis = Yes</i> and if <i>Diagnosis includes Nephrolithiasis</i>; Enabled, Mandatory</p> <p>If <i>Diagnosis = No</i> and if <i>Diagnosis includes Nephrolithiasis</i>; Enabled, Optional</p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the date of diagnosis for Nephrolithiasis.
ICD Code:	<p>If <i>Diagnosis = Yes</i> and if <i>Diagnosis includes Renal artery stenosis</i>; Enabled, Mandatory</p> <p>If <i>Diagnosis = No</i> and if <i>Diagnosis includes Renal artery stenosis</i>; Enabled, Optional</p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the ICD code for Renal artery stenosis.
Date of Diagnosis:	<p>If <i>Diagnosis = Yes</i> and if <i>Diagnosis includes Renal artery stenosis</i>; Enabled, Mandatory</p> <p>If <i>Diagnosis = No</i> and if <i>Diagnosis includes Renal artery stenosis</i>; Enabled, Optional</p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the date of diagnosis for Renal artery stenosis.

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

Field/Question	Field Disposition	Valid Values	Format	Error Message
Other diagnosis #1:	If <i>Diagnosis includes Other kidney condition</i> ; Enabled; Mandatory  Else; Disabled	N/A	N/A	Please enter a value in the 'Other diagnosis #1' field.
ICD code:	If <i>Other diagnosis #1 is populated</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for other diagnosis #1.
Date of diagnosis:	If <i>Other diagnosis #1 is populated</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of other diagnosis #1.
Other diagnosis #2	If <i>Diagnosis includes Other kidney condition</i> ; Enabled; Optional  Else; Disabled	N/A	N/A	N/A
ICD code:	If <i>Other diagnosis #2 is populated</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the ICD code for other diagnosis #2.
Date of diagnosis:	If <i>Other diagnosis #2 is populated</i> ; 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**

**1. Diagnosis**

Does the Veteran now have or has he/she ever been diagnosed with a kidney condition?

☐ 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)

<input checked="" type="checkbox"/> Diabetic nephropathy	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Glomerulonephritis	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Hydronephrosis	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Interstitial nephritis	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Kidney transplant	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Nephrosclerosis	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Nephrolithiasis	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Renal artery stenosis	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Ureterolithiasis	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>
<input checked="" type="checkbox"/> Neoplasm of the kidney	ICD Code: <input type="text"/>	Date of Diagnosis: <input type="text"/>

☒ Other kidney condition (specify diagnosis, providing only diagnoses that pertain to kidney conditions.)

Other diagnosis #1:

ICD code:

Date of diagnosis:

Other diagnosis #2:

ICD code:

Date of diagnosis:

If there are additional diagnoses that pertain to kidney condition(s) of the Veteran's current kidney conditions, 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
    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:
[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

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

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

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

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>3. Renal dysfunction</b>	Enabled; Read Only	N/A	N/A	N/A
a. Does the Veteran have renal dysfunction?	If <i>Diagnosis = Yes</i> and <i>at least one diagnosis is selected in the Diagnosis section</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 renal dysfunction?
If yes, does the Veteran require regular dialysis?	If <i>Does the Veteran have real dysfunction? = Yes</i> ; 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 <i>Does the Veteran have renal dysfunction? = Yes</i> ; Enabled, Mandatory, Choose one valid value  Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have any signs or symptoms due to renal dysfunction?
If yes, check all that apply:	If <i>Does the Veteran have renal dysfunction? = Yes</i> ; Enabled; Optional;  If <i>Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes</i> ; 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 <i>Does the Veteran have any signs or symptoms due to renal dysfunction? =</i>	[Recurring; Constant; Persistent]	N/A	Please indicate the frequency of Proteinuria (albuminuria).

apply)	<p><i>Yes and if Renal dysfunction signs or symptoms include Proteinuria (albuminuria); Enabled; Mandatory;</i></p> <p><i>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); Enabled; Optional;</i></p> <p>Choose one or more valid values</p> <p>Else; Disabled</p>			
If checked, indicate frequency: (check all that apply)	<p><i>If Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes and if Renal dysfunction signs or symptoms include Edema (due to renal dysfunction); Enabled; Mandatory;</i></p> <p><i>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;</i></p> <p>Choose one or more valid values</p> <p>Else; Disabled</p>	[Some; Transient; Slight; Persistent]	N/A	Please indicate the frequency of edema (due to renal dysfunction).
If checked, provide baseline weight (average weight for 2-year period preceding onset of disease):	<p><i>If Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes and if Renal dysfunction signs or symptoms include Weight loss (due to</i></p>	N/A	Free Text	Please provide the baseline weight.

	<p><i>renal dysfunction</i>); Enabled; Mandatory;</p> <p><i>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);</i> Enabled; Optional;</p> <p>Choose one or more valid values</p> <p>Else; Disabled</p>			
Provide current weight:	<p><i>If Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes and if Renal dysfunction signs or symptoms include Weight loss (due to renal dysfunction);</i> Enabled; Mandatory;</p> <p><i>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);</i> Enabled; Optional;</p> <p>Choose one or more valid values</p> <p>Else; Disabled</p>	N/A	Free Text	Please provide the current weight.
If checked, describe:	<p><i>If Does the Veteran have any signs or symptoms due to renal dysfunction? = Yes and if Renal dysfunction signs or symptoms include Markedly decreased function other organ systems, especially</i></p>	N/A	Free Text	Please describe the decreased function of other organ systems caused by renal dysfunction.

	<p><i>the cardiovascular system, caused by renal dysfunction;</i> Enabled; Mandatory;</p> <p><i>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;</i> Enabled; Optional;</p> <p>Choose one or more valid values</p> <p>Else; Disabled</p>			
c. Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition?	<p><i>If Diagnosis = Yes and at least one diagnosis is selected in the Diagnosis section and Does the Veteran have renal dysfunction = Yes;</i> Enabled, Mandatory, Choose one valid value</p> <p>Else; Enabled, Optional</p>	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition?
If yes, also complete the Hypertension and/or Heart Disease Questionnaire as appropriate.	<p><i>If Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition? = Yes;</i> Enabled; Read-Only</p> <p>Else; Disabled</p>	N/A	N/A	N/A

**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?

☐ 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.

**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?

[X] Yes [ ] No

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:

<div> <div> <input type="checkbox"/> Generalized poor health due to renal dysfunction</div> <div> <input type="checkbox"/> Lethargy due to renal dysfunction</div> <div> <input type="checkbox"/> Weakness due to renal dysfunction</div> <div> <input type="checkbox"/> Limitation of exertion due to renal dysfunction</div> <div> <input type="checkbox"/> Able to perform only sedentary activity, due to persistent edema caused by renal dysfunction</div> <div> <input checked="" type="checkbox"/> Markedly decreased function other organ systems, especially the cardiovascular system, caused by renal dysfunction</div> <div> If checked, describe:</div> </div> <div> <p>c. Does the Veteran have hypertension and/or heart disease due to renal dysfunction or caused by any kidney condition?</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, also complete the Hypertension and/or Heart Disease Questionnaire as appropriate.</p> </div>
--

## 2.5 Section 4. Urolithiasis

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 5: Rules: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>4. Urolithiasis</b>	Enabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran have kidney, ureteral or bladder calculi?	If <i>Diagnosis = Yes</i> and <i>at least one diagnosis is selected in the Diagnosis section</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 kidney, ureteral or bladder calculi?
If yes, indicate location (check all that apply)	If <i>Does the Veteran have kidney, ureteral or bladder calculi? = Yes</i> ; 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 <i>Does the Veteran have kidney, ureteral or bladder calculi? = Yes</i> ; 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 <i>Does the Veteran have kidney, ureteral or bladder calculi? = Yes</i> ; 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 <i>Has the Veteran had treatment for recurrent stone formation in the kidney, ureter or bladder? = Yes</i> ; 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 therapy</i> ; 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 <i>Drug therapy</i> ; 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 <i>Invasive or non-invasive procedures</i> ; 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 <i>Invasive or non-invasive procedures</i> ; 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 <i>Does the Veteran have signs or symptoms due to urolithiasis? = Yes</i> ; 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  Else; Disabled	N/A	Free Text	Please describe the other signs or symptoms due to urolithiasis.

**Figure 11: Template Example: DBQ – Kidney Conditions (Nephrology) – 4. Urolithiasis**

**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?  
☒ 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?  
☐ Yes ☐ No

If yes, indicate severity (check all that apply)

☐ No symptoms of 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: \_\_\_\_\_

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

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?  
[ ] 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?  
[ ] 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

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

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

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

**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:

☒ 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

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

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>6. Kidney transplant or removal</b>	Enabled, Read-Only	N/A	N/A	N/A
a. Has the Veteran had a kidney removed?	If <i>Diagnosis = Yes</i> and <i>at least one diagnosis is selected in the Diagnosis section</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 removed?
If yes, provide reason:	If <i>Has the Veteran had a kidney removed? = Yes</i> ; 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:	If <i>Reason = Other</i> ; Enabled; Mandatory	N/A	Free Text	Please describe the other reason a kidney was removed.
b. Has the Veteran had a kidney transplant?	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: Has the Veteran had a kidney transplant?
If yes, date of admission:	If <i>Has the Veteran had a kidney transplant? = Yes</i> ; Enabled; Mandatory  Else; Disabled	N/A	Free Text	Please enter the date of admission of the kidney transplant.
Date of discharge:	If <i>Has the Veteran had a kidney transplant? = Yes</i> ; 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:

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

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

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>7. Tumors and Neoplasms</b>	Enabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?	If <i>Diagnosis = Yes</i> and <i>at least one diagnosis is selected in the Diagnosis section</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 a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?
If yes, complete the following:	If <i>Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes</i> ; Enabled; Read-Only  Else; Disabled	N/A	N/A	N/A
b. Is the neoplasm	If <i>Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes</i> ; 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 <i>Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes</i> ; 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 <i>Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases? = Yes</i> ; 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

	Else; Disabled	Antineoplastic chemotherapy; Other therapeutic procedure; Other therapeutic treatment]		undergoing or has completed.
If checked, describe:	If treatments include <i>Surgery</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe the surgery.
Date(s) of surgery:	If treatments include <i>Surgery</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please enter the date(s) of surgery.
Date of most recent treatment:	If treatments include <i>Radiation therapy</i> ; 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 <i>Radiation therapy</i> ; 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 <i>Antineoplastic chemotherapy</i> ; 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 <i>Antineoplastic chemotherapy</i> ; 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 <i>Other therapeutic procedure</i> ; Enabled, Mandatory  Else; Disabled	N/A	Free Text	Please describe the other therapeutic procedure.
Date of most recent procedure:	If treatments include <i>Other therapeutic procedure</i> ; 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 <i>Other therapeutic treatment</i> ; 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 <i>Other therapeutic treatment</i> ; 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 <i>Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?</i> = 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 <i>previous question</i> = 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 <i>Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?</i> = Yes; Enabled; Optional  Else; Disabled	N/A	Free Text	N/A

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

**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  
☐ Benign ☐ 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 18: Print Example: DBQ – Kidney Conditions (Nephrology) – 7. Tumors and Neoplasms**

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  
☐ Benign    ☐ 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 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.

**Table 9: Rules: DBQ – Kidney Conditions (Nephrology) – 8. Other pertinent physical findings, complications, signs and/or symptoms**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b><u>8. Other pertinent physical findings, complications, signs and/or symptoms</u></b>	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 <i>Diagnosis = Yes</i> and <i>at least one diagnosis is selected in the Diagnosis section</i> ; 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 <i>previous question = Yes</i> ; 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 <i>previous question = Yes</i> ; 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 <i>Diagnosis = Yes</i> and <i>at least one diagnosis is selected in the Diagnosis section</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 any other pertinent physical findings, complications, conditions, signs or symptoms?
If yes, describe (brief summary):	If <i>Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?</i> = <i>Yes</i> ; 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**

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	Field Disposition	Valid Values	Format	Error Message
<b>9. Diagnostic testing</b>	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 required.	Enabled; Read-Only	N/A	N/A	N/A
a. Has the Veteran had laboratory or other diagnostic studies performed?	If <i>Diagnosis = Yes</i> and <i>at least one diagnosis is selected in the Diagnosis section</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 laboratory or other diagnostic studies performed?
If yes, provide most recent results, if available:	If <i>Has the Veteran had laboratory or other diagnostic studies performed? = Yes</i> ; Enabled; Read-Only  Else; Disabled	N/A	N/A	N/A
b. Laboratory studies	If <i>Has the Veteran had laboratory or other diagnostic studies performed? = Yes</i> ; Enabled; Optional; Choose one or more valid values.  Else; Enabled, Optional	[BUN; Creatinine; EGFR]	N/A	N/A
BUN: Date:	If <i>Has the Veteran had laboratory or other diagnostic studies performed? = Yes</i> and <i>If Laboratory studies include BUN</i> ; Enabled; Mandatory  If <i>Has the Veteran had laboratory or other diagnostic studies performed? = No</i> and <i>If Laboratory studies include BUN</i> ; Enabled; Optional  Else; Disabled	N/A	Free Text	Please enter the date of the BUN laboratory study.
Result:	If <i>Has the Veteran had laboratory or other diagnostic studies performed? = Yes</i> and <i>If Laboratory studies include BUN</i> ; Enabled; Mandatory	N/A	Free Text	Please enter the result of the BUN laboratory study.



	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Laboratory studies include BUN; Enabled; Optional</i></p> <p>Else; Disabled</p>			
<p>Creatinine: Date:</p>	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include Creatinine; Enabled; Mandatory</i></p> <p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Laboratory studies include Creatinine; Enabled; Optional</i></p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the date of the creatinine laboratory study.
<p>Result:</p>	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include Creatinine; Enabled; Mandatory</i></p> <p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Laboratory studies include Creatinine; Enabled; Optional</i></p>	N/A	Free Text	Please enter the result of the creatinine laboratory study.
<p>EGFR: Date:</p>	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include EGFR; Enabled; Mandatory</i></p> <p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If</i></p>	N/A	Free Text	Please enter the date of the EGFR laboratory study.

	<i>Laboratory studies include EGFR; Enabled; Optional</i>  Else; Disabled			
Result:	<i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Laboratory studies include EGFR; Enabled; Mandatory</i>  <i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Laboratory studies include EGFR; Enabled; Optional</i>	N/A	Free Text	Please enter the result of the EGFR laboratory study.
c. Urinalysis:	<i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes; Enabled; Optional; Choose one or more valid values</i>  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	<i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Hyaline casts; Enabled; Mandatory</i>  <i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Hyaline casts; Enabled; Optional</i>  Else; Disabled	N/A	Free Text	Please enter the date of the hyaline casts urinalysis.
Result:	<i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Hyaline casts; Enabled; Mandatory</i>	N/A	Free Text	Please enter the result of the hyaline casts urinalysis.

	<i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Hyaline casts; Enabled; Optional</i>			
Granular casts: Date:	<i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Granular casts; Enabled; Mandatory</i>  <i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Granular casts; Enabled; Optional</i>  Else; Disabled	N/A	Free Text	Please enter the date of the granular casts urinalysis.
Result:	<i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Granular casts; Enabled; Mandatory</i>  <i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Granular casts; Enabled; Optional</i>  Else; Disabled	N/A	Free Text	Please enter the results of the granular casts urinalysis.
RBC's/HPF: Date:	<i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes RBC's/HPF; Enabled; Mandatory</i>  <i>If Has the Veteran had laboratory or other diagnostic studies</i>	N/A	Free Text	Please enter the date of the RBC's/HPF urinalysis.

	<p><i>performed? = No and If Urinalysis includes RBC's/HPF; Enabled; Optional</i></p> <p>Else; Disabled</p>			
Result:	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes RBC's/HPF; Enabled; Mandatory</i></p> <p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes RBC's/HPF; Enabled; Optional</i></p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the result of the RBC's/HPF urinalysis.
Protein (albumin): Date:	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Protein (albumin); Enabled; Mandatory</i></p> <p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Protein (albumin); Enabled; Optional</i></p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the date of the protein (albumin) urinalysis.
Result:	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Protein (albumin); Enabled; Mandatory</i></p> <p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Protein</i></p>	N/A	Free Text	Please enter the result of the protein (albumin) urinalysis.

	(albumin); Enabled; Optional  Else; Disabled			
Spot urine for protein/creatinine ratio: Date:	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Spot urine for protein/creatinine ratio ;Enabled; Mandatory</i></p> <p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Spot urine for protein/creatinine ratio; Enabled; Optional</i></p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the date of spot urine for protein/creatinine ratio urinalysis.
Result:	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes Spot urine for protein/creatinine ratio; Enabled; Mandatory</i></p> <p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes Spot urine for protein/creatinine ratio; Enabled; Optional</i></p> <p>Else; Disabled</p>	N/A	Free Text	Please enter the result of spot urine for protein/creatinine ratio urinalysis.
24 hour protein (albumin): Date:	<p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = Yes and If Urinalysis includes 24 hour protein (albumin); Enabled; Mandatory</i></p> <p><i>If Has the Veteran had laboratory or other diagnostic studies performed? = No and If Urinalysis includes 24 hour protein (albumin);</i></p>	N/A	Free Text	Please enter the date of the 24 hour protein (albumin) urinalysis.

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

**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 ☐ No

If yes, provide most recent results, if available:

b. Laboratory studies

<input checked="" type="checkbox"/> BUN:	Date: <input type="text"/>	Result: <input type="text"/>
<input checked="" type="checkbox"/> Creatinine:	Date: <input type="text"/>	Result: <input type="text"/>
<input checked="" type="checkbox"/> EGFR	Date: <input type="text"/>	Result: <input type="text"/>

c. Urinalysis:

<input checked="" type="checkbox"/> Hyaline casts:	Date: <input type="text"/>	Result: <input type="text"/>
<input checked="" type="checkbox"/> Granular casts:	Date: <input type="text"/>	Result: <input type="text"/>
<input checked="" type="checkbox"/> RBC's/HPF:	Date: <input type="text"/>	Result: <input type="text"/>
<input checked="" type="checkbox"/> Protein (albumin):	Date: <input type="text"/>	Result: <input type="text"/>
<input checked="" type="checkbox"/> Spot urine for protein/creatinine ratio:	Date: <input type="text"/>	Result: <input type="text"/>
<input checked="" type="checkbox"/> 24 hour protein (albumin):	Date: <input type="text"/>	Result: <input type="text"/>

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

<input type="checkbox"/> BUN:	Date: <input type="text"/>	Result: <input type="text"/>
<input type="checkbox"/> Creatinine:	Date: <input type="text"/>	Result: <input type="text"/>
<input type="checkbox"/> EGFR:	Date: <input type="text"/>	Result: <input type="text"/>

c. Urinalysis:

<input type="checkbox"/> Hyaline casts:	Date: <input type="text"/>	Result: <input type="text"/>
<input type="checkbox"/> Granular casts:	Date: <input type="text"/>	Result: <input type="text"/>
<input type="checkbox"/> RBC's/HPF:	Date: <input type="text"/>	Result: <input type="text"/>
<input type="checkbox"/> Protein (albumin):	Date: <input type="text"/>	Result: <input type="text"/>
<input type="checkbox"/> Spot urine for protein/creatinine ratio:	Date: <input type="text"/>	Result: <input type="text"/>
<input type="checkbox"/> 24 hour protein (albumin):	Date: <input type="text"/>	Result: <input type="text"/>

d. Urine microalbumin:	Date:	Result:
e. Are there any other significant diagnostic test findings and/or results? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide type of test or procedure, date and results (brief summary):		

## 2.11 Section 10. Functional impact

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

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

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

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

☒ 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**

Field/Question	Field Disposition	Valid Values	Format	Error Message
<b>11. Remarks, if any</b>	Enabled, Optional	N/A	Free Text	N/A

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

**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 the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

#### 1. Diagnosis:

Does the Veteran now have or has he/she ever been diagnosed with a kidney condition?

\_\_\_ 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: _____
___ 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 (specify diagnosis, providing only diagnoses that pertain to kidney conditions.)	ICD Code: _____	Date of Diagnosis: _____

Other diagnosis #1: \_\_\_\_\_  
ICD code: \_\_\_\_\_  
Date of diagnosis: \_\_\_\_\_

Other diagnosis #2: \_\_\_\_\_  
ICD code: \_\_\_\_\_  
Date of diagnosis: \_\_\_\_\_

If there are additional diagnoses that pertain to kidney conditions, list using above format: \_\_\_\_\_

#### 2. Medical history

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

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?

☐ 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?

☐ 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: \_\_\_\_\_

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:

- ☐ 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: \_\_\_\_\_  
\_\_\_ Other, describe: \_\_\_\_\_

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: \_\_\_\_\_

Page: 5

Disability Benefits Questionnaire for  
Kidney Conditions (Nephrology)

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

\_\_\_ Benign    \_\_\_ 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 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: \_\_\_\_\_

Page: 6

Disability Benefits Questionnaire for  
Kidney Conditions (Nephrology)

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 and/or symptoms?

\_\_\_ Yes \_\_\_ No

If yes, describe (brief summary): \_\_\_\_\_

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 significant diagnostic test findings and/or results?  
\_\_\_\_ Yes \_\_\_\_ No

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

Page: 7

Disability Benefits Questionnaire for  
Kidney Conditions (Nephrology)

10. Functional impact

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

\_\_\_\_ Yes \_\_\_\_ No

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

11. Remarks, if any: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical license #: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician address: \_\_\_\_\_

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