

Compensation and Pension Record Interchange (CAPRI)

Parkinson’s Disease

Disability Benefits Questionnaire (DBQ)

Workflow

November 2010

Department of Veterans Affairs

Office of Enterprise Development

Management & Financial Systems

Revision History

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Description (Patch # if applicable) | Author | Technical Writer |
| 08/02/2010 | Document created for patch 154. | REDACTED | REDACTED |
| 10/12/2010 | Changes to support Urinary problems for patch 159. | REDACTED | n/a |
| 11/1/2010 | Changed wording in Introduction for patch 159.  | REDACTED | n/a |

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# Introduction

## Purpose

This document provides a high level overview of the contents found on the PARKINSON’S DISEASE 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 examples 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**](http://www4.va.gov/vdl/documents/Financial_Admin/CAPRI/capri_um.pdf)**.**

## Overview

The PARKINSON’S DISEASE DBQ provides the ability to capture information related to Parkinson’s disease and its treatment.

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

Figure 1: Template Example: DBQ – Standard VA Note



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 PARKINSON’S DISEASE 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.

# Parkinson’s Disease DBQ – History Tab

## Name of patient/Veteran

All questions in this section must 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 displaying the error message depicted below.

Table 1: Rules: DBQ – Parkinson’s Disease – Name of patient/Veteran

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field/Question** | **Field Disposition** | **Valid Values** | **Format** | **Error Message** |
| Disability Benefits Questionnaire | Disabled, Read-Only | N/A | N/A | N/A |
| Parkinson’s Disease | Disabled, 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. |
| 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.   | Disabled, Read-Only | N/A | N/A | N/A |

Figure 3: Template Example: DBQ – Parkinson’s Disease – Name of patient/Veteran



Figure 4: Print Example: DBQ – Parkinson’s Disease – Name of patient/Veteran

|  |
| --- |
| **Disability Benefits Questionnaire****Parkinson's Disease****Name of patient/Veteran: Patient, Test 1**  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.  |

## Section 1. Diagnosis

The question “Does the patient/Veteran now have or has he/she ever been diagnosed with Parkinson’s disease?” 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 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.

Note: Some questions will activate secondary question(s) when answered. If a secondary question is answered and the primary question that triggered the secondary question is unanswered or if answered in a way where this information is no longer required, the previously entered data will be removed and the question may become disabled if it is no longer relevant.

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 – Parkinson’s Disease – 1. Diagnosis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field/Question | Field Disposition | Valid Values | Format | Error Message |
| 1.Diagnosis | Disabled, Read-Only | N/A | N/A | N/A |
| Does the Veteran now have or has he/she ever been diagnosed with Parkinson's disease? | Enabled, Mandatory, Choose one valid value | [Yes; No] | N/A | Please answer the question: Does the Veteran now have or has he/she ever been diagnosed with Parkinson's disease? |
| ICD code: | If *Diagnosis* = *Yes*; Enabled, MandatoryElse; Enabled, Optional | N/A | Free Text | Please enter the ICD code. |
| Date of diagnosis | If *Diagnosis* = *Yes*; Enabled, MandatoryElse; Enabled, Optional | N/A | Free Text | Please enter the date of diagnosis. |

Figure 5: Template Example: DBQ – Parkinson’s Disease – 1. Diagnosis



Figure 6: Print Example: DBQ – Parkinson’s Disease – 1. Diagnosis

|  |
| --- |
| **1. Diagnosis** |
| **------------** |
| **Does the Veteran now have or has he/she ever been diagnosed of Parkinson's**  |
| **Disease? [X] Yes [ ] No** |
| **ICD Code: ICD Code goes here** |
| **Date of diagnosis Date goes here** |

## Section 2. Dominant Hand

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 displaying the error message depicted below.

Table 3: Rules: DBQ – Parkinson’s Disease – 2. Dominant hand

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field/Question** | **Field Disposition** | **Valid Values** | **Format** | **Error Message** |
| 2.Dominant Hand | If *Diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [Right; Left; Ambidextrous] | N/A | Please indicate which hand is the dominant hand. |

Figure 7: Template Example: DBQ – Parkinson’s Disease – 2. Dominant hand



Figure 8: Print Example: DBQ – Parkinson’s Disease – 2. Dominant hand

|  |
| --- |
|  |
| **2. Dominant hand** |
| **----------------** |
| **[X] Right [ ] Left [ ] Ambidextrous** |
|  |

## Section 3. Motor manifestations due to Parkinson’s or its treatment

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 displaying the error message depicted below.

Table 4: Rules: DBQ – Parkinson’s Disease – 3. Motor manifestations due to Parkinson’s or its treatment

| Field/Question | Field Disposition | Valid Values | Format | Error Message |
| --- | --- | --- | --- | --- |
| 3. Motor manifestations due to Parkinson’s or its treatment (check all that apply) | Disabled, Read-Only | N/A | N/A | N/A |
| Stooped posture | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has stooped posture due to Parkinson's disease or its treatment. |
| Balance impairment | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate;Severe] | N/A | Please indicate whether the Veteran has balance impairment due to Parkinson's disease or its treatment. |
| Bradykinesia or slowed motion (difficulty initiating movement, “freezing,” short shuffling steps) | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has bradykinesia or slowed motion due to Parkinson's disease or its treatment. |
| Loss of automatic movements (such as blinking, leading to fixed gaze; typical Parkinson’s facies) | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has loss of automatic movements due to Parkinson's disease or its treatment. |
| Speech changes (monotone, slurring words, soft or rapid speech) | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has speech changes due to Parkinson's disease or its treatment. |
| Tremor (characteristic hand shaking, “pill-rolling”) | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [Yes; No] | N/A | Please indicate whether the Veteran has tremor due to Parkinson's disease or its treatment. |
| Extremities affected: Right Upper | If *Tremor* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Disabled | [Not affected; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has right upper extremity tremor due to Parkinson's disease or its treatment. |
| Extremities affected: Left Upper | If *Tremor* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Disabled | [Not affected; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has left upper extremity tremor due to Parkinson's disease or its treatment. |
| Extremities affected: Right Lower | If *Tremor* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Disabled | [Not affected; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has right lower extremity tremor due to Parkinson's disease or its treatment. |
| Extremities affected: Left Lower | If *Tremor* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Disabled | [Not affected; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has left lower extremity tremor due to Parkinson's disease or its treatment. |
| Muscle rigidity and stiffness | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [Yes; No] | N/A | Please indicate whether the Veteran has muscle rigidity and stiffness due to Parkinson's disease or its treatment. |
| Extremities affected: Right Upper | If *Muscle rigidity and stiffness* = *Yes;*  Enabled, Mandatory, Choose one valid valueElse; Disabled | [Not affected; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has right upper extremity muscle rigidity and stiffness due to Parkinson's disease or its treatment. |
| Extremities affected: Left Upper | If *Muscle rigidity and stiffness* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Disabled | [Not affected; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has left upper extremity muscle rigidity and stiffness due to Parkinson's disease or its treatment. |
| Extremities affected: Right Lower | If *Muscle rigidity and stiffness* = *Yes;* Enabled, Mandatory, Choose one valid valueElse; Disabled | [Not affected; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has right lower extremity muscle rigidity and stiffness due to Parkinson's disease or its treatment. |
| Extremities affected: Left Lower | If *Muscle rigidity and stiffness* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Disabled | [Not affected; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has left lower extremity muscle rigidity and stiffness due to Parkinson's disease or its treatment. |

Figure 9: Template Example:DBQ – Parkinson’s Disease – 3. Motor manifestations due to Parkinson’s or its treatment



Figure 10: Print Example: DBQ – Parkinson’s Disease – 3. Motor manifestations due to Parkinson’s or its treatment

|  |
| --- |
|  |
| **3. Motor manifestations due to Parkinson's or its treatment (check all that apply)** |
| **-----------------------------------------------------------** |
|  **Stooped posture** |
|  **[ ] None [X] Mild [ ] Moderate [ ] Severe** |
|  **Balance impairment** |
|  **[ ] None [ ] Mild [X] Moderate [ ] Severe** |
|  **Bradykinesia or slowed motion** |
|  **(difficulty initiating movement, "freezing", short shuffling steps)** |
|  **[ ] None [ ] Mild [ ] Moderate [X] Severe** |
|  **Loss of automatic movements** |
|  **(such as blinking, leading to fixed gaze; typical Parkinson's facies)** |
|  **[ ] None [ ] Mild [X] Moderate [ ] Severe** |
|  **Speech changes (monotone, slurring words, soft or rapid speech)** |
|  **[X] None [ ] Mild [ ] Moderate [ ] Severe** |
|  |
|  **Tremor (characteristic hand shaking, "pill-rolling") [X] Yes [ ] No** |
|  **Extremities affected:** |
|  **[X] Right upper** |
|  **[ ] Not affected [X] Mild [ ] Moderate [ ] Severe** |
|  **[X] Left upper** |
|  **[ ] Not affected [ ] Mild [X] Moderate [ ] Severe** |
|  **[X] Right lower** |
|  **[ ] Not affected [X] Mild [ ] Moderate [ ] Severe** |
|  **[X] Left lower** |
|  **[ ] Not affected [ ] Mild [ ] Moderate [X] Severe** |
|  |
|  **Muscle rigidity and stiffness [X] Yes [ ] No** |
|  **Extremities affected:** |
|  **[X] Right upper** |
|  **[ ] Not affected [X] Mild [ ] Moderate [ ] Severe** |
|  **[X] Left upper** |
|  **[X] Not affected [ ] Mild [ ] Moderate [ ] Severe** |
|  **[X] Right lower** |
|  **[ ] Not affected [X] Mild [ ] Moderate [ ] Severe** |
|  **[X] Left lower** |
|  **[X] Not affected [ ] Mild [ ] Moderate [ ] Severe** |

## Section 4. Mental manifestations due to Parkinson’s or its treatment

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 displaying the error message depicted below.

Table 5: Rules: DBQ – Parkinson’s Disease – 4. Mental manifestations due to Parkinson’s or its treatment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field/Question** | **Field Disposition** | **Valid Values** | **Format** | **Error Message** |
| 4. Mental manifestations due to Parkinson’s or its treatment  | Disabled, Read-Only | N/A | N/A | N/A |
| Depression | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has depression due to Parkinson's disease or its treatment. |
| Cognitive impairment or dementia | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has cognitive impairment or dementia due to Parkinson's disease or its treatment. |

Figure 11: Template Example: DBQ – Parkinson’s Disease – 4. Mental manifestations due to Parkinson’s or its treatment



Figure 12: Print Example:DBQ – Parkinson’s Disease – 4. Mental manifestations due to Parkinson’s or its treatment

|  |
| --- |
| **4. Mental manifestations due to Parkinson's or its treatment****------------------------------------------------------------** **Depression** **[ ] None [X] Mild [ ] Moderate [ ] Severe** **Cognitive impairment or dementia** **[X] None [ ] Mild [ ] Moderate [ ] Severe** |

## Section 5. Additional manifestations/complications due to Parkinson’s or its treatment

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 displaying the error message depicted below.

Table 6: Rules: DBQ – Parkinson’s Disease – 5. Additional manifestations/complications due to Parkinson’s or its treatment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field/Question** | **Field Disposition** | **Valid Values** | **Format** | **Error Message** |
| 5. Additional mental manifestations/complications due to Parkinson’s or its treatment  | Disabled, Read-Only | N/A | N/A | N/A |
| Loss of sense of smell | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Partial;Complete] | N/A | Please indicate whether the Veteran has loss of sense of smell due to Parkinson's disease or its treatment. |
| Sleep disturbance(insomnia or daytime “sleep attacks”) | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has sleep disturbance due to Parkinson's disease or its treatment. |
| Difficulty chewing/swallowing | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has difficulty chewing/swallowing due to Parkinson's disease or its treatment. |
| Urinary problems | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one or more valid valuesElse; Enabled, Optional | [None] or [Incontinence; Urinary retention];  | N/A | Please indicate whether the Veteran has urinary problems due to Parkinson's disease or its treatment. |
| Absorbent material required, specify pads/day: | If *Urinary problems = Incontinence*; Enabled, Mandatory, Choose one valid valueElse; Disabled |  [0; 1; 2-4; >4;  | N/A | Please specify the number of pads needed per day for incontinence. |
| Use of an appliance required? | If *Urinary problems = Incontinence or Urinary retention*; Enabled, Mandatory, Choose one valid valueElse; Disabled | [Yes; No] | N/A | Please indicate whether or not use of an appliance is required for incontinence or urinary retention. |
| Constipation (due to slowing of GI tract or secondary to Parkinson’s medications) | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe] | N/A | Please indicate whether the Veteran has constipation due to Parkinson's disease or its treatment. |
| Sexual dysfunction | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [None; Mild; Moderate; Severe (precludes intercourse);Erectile dysfunction precludes intercourse] | N/A | Please indicate whether the Veteran has sexual dysfunction due to Parkinson's disease or its treatment. |
| Other manifestations/complications | Enabled, Optional | N/A | Free Text | N/A |

Figure 13: Template Example: DBQ – Parkinson’s Disease – 5. Additional manifestations/complications due to Parkinson’s or its treatment



Figure 14: Print Example: DBQ – Parkinson’s Disease – 5. Additional manifestations/complications due to Parkinson’s or its treatment

|  |
| --- |
| 5. Additional manifestations/complications due to Parkinson's or its treatment------------------------------------------------------------------------------ Loss of sense of smell [ ] None [ ] Partial [X] Complete Sleep disturbance (insomnia or daytime "sleep attacks") [ ] None [X] Mild [ ] Moderate [ ] Severe Difficulty chewing/swallowing [ ] None [ ] Mild [X] Moderate [ ] Severe Urinary problems [ ] None [X] Incontinence [X] Urinary retention Absorbent material required, specify pads/day: [ ] 0 [ ] 1 [ ] 2-4 [X] >4 Use of an appliance required? [X] Yes [ ] No Constipation (due to slowing of GI tract or secondary to Parkinson's medications) [ ] None [X] Mild [ ] Moderate [ ] Severe Sexual dysfunction [ ] None [ ] Mild [X] Moderate [ ] Severe (precludes intercourse) [ ] Erectile dysfunction precludes intercourse  Other manifestations/complications: Other manifestations/complications will  go here |

## Section 6. Financial responsibility

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 displaying the error message depicted below.

Table 7: Rules: DBQ – Parkinson’s Disease – 6. Financial responsibility

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field/Question** | **Field Disposition** | **Valid Values** | **Format** | **Error Message** |
| 6. Financial Responsibility | Disabled, Read only | N/A | N/A | N/A |
| In your judgment, is the Veteran able to manage his/her benefit payments in his/her own best interest, or able to direct someone else to do so? | If *diagnosis* = *Yes*; Enabled, Mandatory, Choose one valid valueElse; Enabled, Optional | [Yes; No] | N/A | Please answer the question in section 6. Financial responsibility. |

Figure 15: Template Example: DBQ – Parkinson’s Disease – 6. Financial responsibility



Figure 16: Print Example: DBQ – Parkinson’s Disease – 6. Financial responsibility

|  |
| --- |
| **6. Financial responsibility****---------------------------****In your judgment, is the Veteran able to manage his/her benefit payments in** **his/her own best interest, or able to direct someone else to do so?**  **[X] Yes [ ] No** |

## Section 7. Functional impact

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 displaying the error message depicted below.

Table 8: Rules: DBQ – Parkinson’s Disease – 7. Functional impact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field/Question** | **Field Disposition** | **Valid Values** | **Format** | **Error****Message** |
| 7. Functional Impact | Disabled, Read only | N/A | N/A | N/A |
| Does the Veteran’s Parkinson’s disease impact his or her ability to work? | If *diagnosis* = *Yes*; Enabled*,* Mandatory, Choose one valueElse; Enabled, Optional | [Yes; No] | N/A | Please provide an answer to the question: Does the Veteran's Parkinson's disease impact his or her ability to work? |
| If yes, describe impact, providing one or more examples: | If preceding question = *Yes*; Enabled, MandatoryElse; Disabled | N/A | Free Text | Please describe the impact of Parkinson's disease on the Veteran's ability to work, providing one or more examples. |

Figure 17: Template Example: DBQ – Parkinson’s Disease – 7. Functional impact



Figure 18: Print Example: DBQ – Parkinson’s Disease – 7. Functional impact

|  |
| --- |
| **7. Functional impact** |
| **--------------------** |
| **Does the Veteran's Parkinson's disease impact his or her ability to work?**  |
|  **[X] Yes [ ] No** |
| **If yes, describe impact, providing one or more examples: Examples will be**  |
| **stated here** |

## Section 8. Remarks

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

Table 9: Rules: DBQ – Parkinson’s Disease – 8. Remarks

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field/Question | Field Disposition | Valid Values | Format | ErrorMessage |
| 8. Remarks, if any | Disabled, Read only | N/A | N/A | N/A |
| Remarks | Enabled*,* Optional | N/A | Free Text | N/A |

Figure 19: Template Example: DBQ – Parkinson’s Disease – 8. Remarks



Figure 20: Print Example: DBQ – Parkinson’s Disease – 6. Remarks

|  |
| --- |
| **8. Remarks, if any** |
| **----------------------------** |
| **Remarks will be entered here** |
|  |

# Parkinson’s Disease AMIE Worksheet

The AMIE worksheets are accessed via the [DVBA C PRINT BLANK C&P WORKSHE] Print Blank C&P Worksheet DBQ PARKINSONS menu option.

 Disability Benefits Questionnaire

 Parkinson's Disease

 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

 Parkinson's disease? \_\_\_Yes \_\_\_No

 ICD code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Dominant hand

 \_\_\_Right \_\_\_Left \_\_\_Ambidextrous

 3. Motor manifestations due to Parkinson's or its treatment

 (check all that apply)

 Stooped posture

 \_\_\_None \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 Balance impairment

 \_\_\_None \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 Bradykinesia or slowed motion (difficulty initiating movement, "freezing",

 short shuffling steps)

 \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe

 Loss of automatic movements (such as blinking, leading to fixed gaze;

 typical Parkinson's facies)

 \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe

 Speech changes (monotone, slurring words, soft or rapid speech)

 \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe

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Disability Benefits Questionnaire for

Parkinson's Disease

 Tremor (characteristic hand shaking, "pill-rolling")

 \_\_Yes \_\_No

 Extremities affected:

 \_\_ Right upper

 \_\_\_Not affected \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 \_\_ Left upper

 \_\_\_Not affected \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 \_\_ Right lower

 \_\_\_Not affected \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 \_\_ Left lower

 \_\_\_Not affected \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 Muscle rigidity and stiffness

 \_\_Yes \_\_No

 Extremities affected:

 \_\_ Right upper

 \_\_\_Not affected \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 \_\_ Left upper

 \_\_\_Not affected \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 \_\_ Right lower

 \_\_\_Not affected \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 \_\_ Left lower

 \_\_\_Not affected \_\_\_Mild \_\_\_Moderate \_\_\_Severe

 4. Mental manifestations due to Parkinson's or its treatment

 Depression

 \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe

 Cognitive impairment or dementia

 \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe

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Disability Benefits Questionnaire for

Parkinson's Disease

 5. Additional manifestations/complications due to Parkinson's or its

 treatment

 Loss of sense of smell

 \_\_None \_\_Partial \_\_Complete

 Sleep disturbance (insomnia or daytime "sleep attacks")

 \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe

 Difficulty chewing/swallowing

 \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe

 Urinary problems \_\_None \_\_Incontinence \_\_Urinary retention

 Absorbent material required, specify pads/day:

 \_\_0 \_\_1 \_\_2-4 \_\_> 4

 Use of an appliance required?

 \_\_Yes \_\_No

 Constipation (due to slowing of GI tract or secondary to Parkinson's

 medications)

 \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe

 Sexual dysfunction

 \_\_\_None \_\_\_Mild \_\_Moderate \_\_\_Severe (precludes intercourse)

 \_\_Erectile dysfunction precludes intercourse

 Other manifestations/complications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6. Financial responsibility

 In your judgment, is the Veteran able to manage his/her benefit payments

 in his/her own best interest, or able to direct someone else to

 do so? \_\_\_Yes \_\_\_No

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Disability Benefits Questionnaire for

Parkinson's Disease

 7. Functional impact

 Does the Veteran's Parkinson's disease impact his or her ability to

 work?

 \_\_\_Yes \_\_\_No

 If yes, describe impact, providing one or more examples:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 8. Remarks, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

 NOTE: VA may request additional medical information, including additional

 examinations if necessary to complete VA's review of the Veteran's application.