Compensation and Pension Record Interchange (CAPRI)

Male Reproductive System Conditions
Disability Benefits Questionnaire (DBQ) Workflow

April 2011

Department of Veterans Affairs
Office of Enterprise Development
Management & Financial Systems
# Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description (Patch # if applicable)</th>
<th>Author</th>
<th>Technical Writer</th>
</tr>
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<tr>
<td>2/1/2011</td>
<td>Document created</td>
<td>M. Guthrie</td>
<td>N/A</td>
</tr>
<tr>
<td>4/1/2011</td>
<td>Changes for patch 163</td>
<td>M. Guthrie</td>
<td>N/A</td>
</tr>
<tr>
<td>4/7/11</td>
<td>Changed mandatory logic to “Please describe the appliance used for the voiding dysfunction.”</td>
<td>K. DeLaCruz</td>
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<tr>
<td></td>
<td>Changed If yes, describe: to If yes, describe the appliance</td>
<td></td>
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1 Introduction

1.1 Purpose
This document provides a high level overview of the contents found on the Male Reproductive System Conditions 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 Male Reproductive System Conditions DBQ provides the ability to capture information related to Male Reproductive Organs 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 Male Reproductive System Conditions DBQ 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 Male Reproductive System Conditions DBQ

2.1 Name of patient/Veteran

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

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Reproductive System Conditions</td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Disability Benefits Questionnaire</td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of patient/Veteran:</td>
<td>Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the name of the patient/Veteran.</td>
</tr>
<tr>
<td>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.</td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Figure 3: Template Example: DBQ – Male Reproductive System Conditions – Name of patient/Veteran

Figure 4: Print Example: DBQ – Male Reproductive System Conditions – 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 ever been diagnosed with any conditions of the male reproductive system?” 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 must be completed. 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 – Male Reproductive System Conditions – 1. Diagnosis

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.Diagnosis</strong></td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran now have or has he ever been diagnosed with any conditions of the male reproductive system?</td>
<td>Enabled, Mandatory; Choose one valid value</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer the question: Does the Veteran now have or has he ever been diagnosed with any conditions of the male reproductive system?</td>
</tr>
<tr>
<td>If no, provide rationale (e.g., Veteran has never had any known male reproductive organ conditions):</td>
<td>If Does the Veteran now have or has he ever been diagnosed with any conditions of the male reproductive system? = No; Enabled, Mandatory Else: Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please provide the rationale for indicating the Veteran has not been diagnosed with a condition of the male reproductive system.</td>
</tr>
<tr>
<td>Field/Question</td>
<td>Field Disposition</td>
<td>Valid Values</td>
<td>Format</td>
<td>Error Message</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td>If yes, indicate diagnoses (check all that apply):</td>
<td>If <em>Does the Veteran now have or has he ever been diagnosed with any conditions of the male reproductive system?</em> = Yes; Enabled, Mandatory; Choose one or more valid values Else; Enabled, Optional</td>
<td>[Erectile dysfunction; Penis, deformity (e.g., Peyronie’s); Testis, atrophy, one or both; Testis, removal, one or both; Epididymitis, chronic; Epididymo-orchitis, chronic; Prostate injury; prostate hypertrophy (BPH); Prostatitis, chronic; Prostate surgical residuals (as addressed in items 3-6); Neoplasms of the male reproductive system; Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system)]</td>
<td>N/A</td>
<td>Please indicate the Veteran’s male reproductive system diagnosis.</td>
</tr>
<tr>
<td>ICD Code:</td>
<td>If <em>Diagnosis</em> = <em>Yes</em> and if <em>Diagnosis includes Erectile dysfunction</em>; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for Erectile dysfunction.</td>
</tr>
<tr>
<td>Field/Question</td>
<td>Field Disposition</td>
<td>Valid Values</td>
<td>Format</td>
<td>Error Message</td>
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<tr>
<td>----------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
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<td>---------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Date of Diagnosis:</td>
<td>If Diagnosis = Yes and if Diagnosis includes Erectile dysfunction; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of diagnosis for Erectile dysfunction.</td>
</tr>
<tr>
<td></td>
<td>If Diagnosis = No and if Diagnosis includes Erectile dysfunction; Enabled, Optional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD Code:</td>
<td>If Diagnosis = Yes and if Diagnosis includes Penis, deformity (e.g. Peyronie’s); Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for Penis, deformity (e.g. Peyronie’s).</td>
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<td>If Diagnosis = No and if Diagnosis includes Penis, deformity (e.g. Peyronie’s); Enabled, Optional</td>
<td></td>
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<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Diagnosis:</td>
<td>If Diagnosis = Yes and if Diagnosis includes Penis, deformity (e.g. Peyronie’s); Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of diagnosis for Penis, deformity (e.g. Peyronie’s).</td>
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<tr>
<td></td>
<td>If Diagnosis = No and if Diagnosis includes Penis, deformity (e.g. Peyronie’s); Enabled, Optional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD Code:</td>
<td>If Diagnosis = Yes and if Diagnosis includes Testis, atrophy, one or both; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for Testis, atrophy, one or both.</td>
</tr>
<tr>
<td></td>
<td>If Diagnosis = No and if Diagnosis includes Testis, atrophy, one or both; Enabled, Optional</td>
<td></td>
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<td></td>
<td>Else; Disabled</td>
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<tr>
<td>Field/Question</td>
<td>Field Disposition</td>
<td>Valid Values</td>
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<tr>
<td>Date of Diagnosis:</td>
<td>If Diagnosis = Yes and if Diagnosis includes Testis, atrophy, one or both; Enabled, Mandatory</td>
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<td>If Diagnosis = No and if Diagnosis includes Testis, atrophy, one or both; Enabled, Optional</td>
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<td>Else; Disabled</td>
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<td>Else; Disabled</td>
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</table>
| Date of Diagnosis: | If $\text{Diagnosis} = \text{Yes}$ and if $\text{Diagnosis includes Epididymitis, chronic}$; Enabled, Mandatory  
If $\text{Diagnosis} = \text{No}$ and if $\text{Diagnosis includes Epididymitis, chronic}$; Enabled, Optional  
Else; Disabled | N/A          | Free Text | Please enter the date of diagnosis for Epididymitis, chronic.                  |
| ICD Code:        | If $\text{Diagnosis} = \text{Yes}$ and if $\text{Diagnosis includes Epididymo-orchitis, chronic}$; Enabled, Mandatory  
If $\text{Diagnosis} = \text{No}$ and if $\text{Diagnosis includes Epididymo-orchitis, chronic}$; Enabled, Optional  
Else; Disabled | N/A          | Free Text | Please enter the ICD code for Epididymo-orchitis, chronic.                    |
| Date of Diagnosis: | If $\text{Diagnosis} = \text{Yes}$ and if $\text{Diagnosis includes Epididymo-orchitis, chronic}$; Enabled, Mandatory  
If $\text{Diagnosis} = \text{No}$ and if $\text{Diagnosis includes Epididymo-orchitis, chronic}$; Enabled, Optional  
Else; Disabled | N/A          | Free Text | Please enter the date of diagnosis for Epididymo-orchitis, chronic.            |
| ICD Code:        | If $\text{Diagnosis} = \text{Yes}$ and if $\text{Diagnosis includes Prostate injury}$; Enabled, Mandatory  
If $\text{Diagnosis} = \text{No}$ and if $\text{Diagnosis includes Prostate injury}$; Enabled, Optional  
Else; Disabled | N/A          | Free Text | Please enter the ICD code for Prostate injury.                                |
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<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
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</thead>
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<tr>
<td>Date of Diagnosis:</td>
<td>If (\text{Diagnosis} = \text{Yes}) and if (\text{Diagnosis includes Prostate injury}); Enabled, Mandatory&lt;br&gt; If (\text{Diagnosis} = \text{No}) and if (\text{Diagnosis includes Prostate injury}); Enabled, Optional&lt;br&gt; Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of diagnosis for Prostate injury.</td>
</tr>
<tr>
<td>ICD Code:</td>
<td>If (\text{Diagnosis} = \text{Yes}) and if (\text{Diagnosis includes Prostate hypertrophy (BPH)}); Enabled, Mandatory&lt;br&gt; If (\text{Diagnosis} = \text{No}) and if (\text{Diagnosis includes Prostate hypertrophy (BPH)}); Enabled, Optional&lt;br&gt; Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for Prostate hypertrophy (BPH).</td>
</tr>
<tr>
<td>Date of Diagnosis:</td>
<td>If (\text{Diagnosis} = \text{Yes}) and if (\text{Diagnosis includes Prostate hypertrophy (BPH)}); Enabled, Mandatory&lt;br&gt; If (\text{Diagnosis} = \text{No}) and if (\text{Diagnosis includes Prostate hypertrophy (BPH)}); Enabled, Optional&lt;br&gt; Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of diagnosis for Prostate hypertrophy (BPH).</td>
</tr>
<tr>
<td>ICD Code:</td>
<td>If (\text{Diagnosis} = \text{Yes}) and if (\text{Diagnosis includes Prostatitis, chronic}); Enabled, Mandatory&lt;br&gt; If (\text{Diagnosis} = \text{No}) and if (\text{Diagnosis includes Prostatitis, chronic}); Enabled, Optional&lt;br&gt; Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the ICD code for Prostatitis, chronic.</td>
</tr>
<tr>
<td>Field/Question</td>
<td>Field Disposition</td>
<td>Valid Values</td>
<td>Format</td>
<td>Error Message</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
<td>--------------</td>
<td>--------</td>
<td>---------------</td>
</tr>
</tbody>
</table>
| Date of Diagnosis: | If *Diagnosis* = Yes and if *Diagnosis* includes Prostatitis, chronic; Enabled, Mandatory  
If *Diagnosis* = No and if *Diagnosis* includes Prostatitis, chronic; Enabled, Optional  
Else; Disabled | N/A | Free Text | Please enter the date of diagnosis for Prostatitis, chronic. |
| ICD Code: | If *Diagnosis* = Yes and if *Diagnosis* includes Prostate surgical residuals; Enabled, Mandatory  
If *Diagnosis* = No and if *Diagnosis* includes Prostate surgical residuals; Enabled, Optional  
Else; Disabled | N/A | Free Text | Please enter the ICD code for Prostate surgical residuals (as addressed in items 3-6). |
| Date of Diagnosis: | If *Diagnosis* = Yes and if *Diagnosis* includes Prostate surgical residuals; Enabled, Mandatory  
If *Diagnosis* = No and if *Diagnosis* includes Prostate surgical residuals; Enabled, Optional  
Else; Disabled | N/A | Free Text | Please enter the date of diagnosis for Prostate surgical residuals (as addressed in items 3-6). |
| ICD Code: | If *Diagnosis* = Yes and if *Diagnosis* includes Neoplasms of the male reproductive system; Enabled, Mandatory  
If *Diagnosis* = No and if *Diagnosis* includes Neoplasms of the male reproductive system; Enabled, Optional  
Else; Disabled | N/A | Free Text | Please enter the ICD code for Neoplasms of the male reproductive system. |
<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
</table>
| Date of Diagnosis: | If Diagnosis = Yes and if Diagnosis includes Neoplasms of the male reproductive system; Enabled, Mandatory  
If Diagnosis = No and if Diagnosis includes Neoplasms of the male reproductive system; Enabled, Optional  
Else; Disabled | N/A | Free Text | Please enter the date of Neoplasms of the male reproductive system. |
| ICD Code: | If Diagnosis = Yes and if Diagnosis includes Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.); Enabled, Mandatory  
If Diagnosis = No and if Diagnosis includes Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.); Enabled, Optional  
Else; Disabled | N/A | Free Text | Please enter the ICD code for Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system. |
<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
</table>
| Date of Diagnosis:     | If Diagnosis = Yes and if Diagnosis includes Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.); Enabled, Mandatory  
                        |                         | N/A          | Free Text | Please enter the date of Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.) |
|                        | If Diagnosis = No and if Diagnosis includes Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.); Enabled, Optional   
                        |                         | N/A          | Free Text | N/A                                                                          |
| Other diagnosis #1:    | Enabled, Optional       | N/A          | Free Text | N/A                                                                          |
| Date of diagnosis:     | If Diagnosis = Yes and Other diagnosis #1 is populated; Enabled, Mandatory  
                        |                         | N/A          | Free Text | Please enter the date of Other diagnosis #1.                                    |
|                        | Else; Enabled, Optional | N/A          | Free Text | N/A                                                                          |
| Other diagnosis #2:    | Enabled, Optional       | N/A          | Free Text | N/A                                                                          |
| Date of diagnosis:     | If Diagnosis = Yes and Other diagnosis #2 is populated; Enabled, Mandatory  
                        |                         | N/A          | Free Text | Please enter the date of Other diagnosis #2.                                    |
|                        | Else; Enabled, Optional | N/A          | Free Text | N/A                                                                          |

April 2011     CAPRI Male Reproductive System Conditions DBQ Workflow  11
<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>If there are additional diagnoses that pertain to the male reproductive organ conditions, list using above format:</td>
<td>Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Figure 5: Template Example: DBQ – Male Reproductive System Conditions – 1. Diagnosis

1. Diagnosis

Does the Veteran now have or has he ever been diagnosed with a condition of the male reproductive system?

[ ] Yes [ ] No

If no, provide rationale/reason (e.g., Veteran does not currently have any known male reproductive system conditions):

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

- Erectile dysfunction
  - ICD Code: ___________________________ Date: ___________________________
- Penis deformity (e.g., Peyronie’s)
  - ICD Code: ___________________________ Date: ___________________________
- Testes atrophy, one or both
  - ICD Code: ___________________________ Date: ___________________________
- Testes, removal, one or both
  - ICD Code: ___________________________ Date: ___________________________
- Epididymitis, chronic
  - ICD Code: ___________________________ Date: ___________________________
- Epididymo-orchitis, chronic
  - ICD Code: ___________________________ Date: ___________________________
- Prostate injury
  - ICD Code: ___________________________ Date: ___________________________
- Prostate hypertrophy (BPH)
  - ICD Code: ___________________________ Date: ___________________________
- Prostatitis, chronic
  - ICD Code: ___________________________ Date: ___________________________
- Prostate surgical residuals (as addressed in items 3-6)
  - ICD Code: ___________________________ Date: ___________________________
- Neoplasms of the male reproductive system
  - ICD Code: ___________________________ Date: ___________________________
- Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system)
  - ICD Code: ___________________________ Date: ___________________________

Other diagnosis #1:

ICD code: ___________________________ Date of diagnosis: ___________________________

Other diagnosis #2:

ICD code: ___________________________ Date of diagnosis: ___________________________

If there are additional diagnoses that pertain to the male reproductive organ conditions, list using above format:

Figure 6: Print Example: DBQ – Male Reproductive System Conditions – 1. Diagnosis

1. Diagnosis

Does the Veteran now have or has he ever been diagnosed with any conditions of the male reproductive system? [X] Yes [ ] No

If no, provide rationale (e.g., Veteran has never had any known male reproductive organ conditions):
If yes, indicate diagnoses: (check all that apply)

- [ ] Erectile dysfunction
  ICD Code: Date of Diagnosis:

- [ ] Penis, deformity (e.g., Peyronie's)
  ICD Code: Date of Diagnosis:

- [ ] Testis, atrophy, one or both
  ICD Code: Date of Diagnosis:

- [ ] Testis, removal, one or both
  ICD Code: Date of Diagnosis:

- [ ] Epididymitis, chronic
  ICD Code: Date of Diagnosis:

- [ ] Epididymo-orchitis, chronic
  ICD Code: Date of Diagnosis:

- [ ] Prostate injury
  ICD Code: Date of Diagnosis:

- [ ] Prostate hypertrophy (BPH)
  ICD Code: Date of Diagnosis:

- [ ] Prostatitis, chronic
  ICD Code: Date of Diagnosis:

- [ ] Prostate surgical residuals (as addressed in items 3-6)
  ICD Code: Date of Diagnosis:

- [ ] Neoplasms of the male reproductive system
  ICD Code: Date of Diagnosis:

- [ ] Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.)
  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 the male reproductive organ 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>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. Medical history</strong></td>
<td>Enabled; Read Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Describe the history (including onset</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the history (including onset and course) of the Veteran’s current male reproductive organ condition(s).</td>
</tr>
<tr>
<td>and course) of the Veteran’s male</td>
<td>Else; Enabled, Optional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reproductive organ condition(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(brief summary):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Does the Veteran’s treatment plan</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Does the Veteran’s treatment plan include taking continuous medication for the diagnosed condition?</td>
</tr>
<tr>
<td>include taking continuous medication</td>
<td>Else; Enabled, Optional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for the diagnosed condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List Medications:</td>
<td>If Diagnosis = Yes and Does the Veteran’s treatment plan include taking continuous medication for the diagnosed condition? = Yes; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please list continuous medications taken for the diagnosed condition.</td>
</tr>
<tr>
<td>c. Has the Veteran had an orchiectomy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Has the Veteran had an orchiectomy?</td>
</tr>
<tr>
<td></td>
<td>Else; Enabled, Optional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Choose one valid value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicate testicle removed:</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section and Has the Veteran had an orchiectomy? = Yes; Enabled, Mandatory</td>
<td>[Right; Left; Both]</td>
<td>N/A</td>
<td>Please indicate which testicle was removed.</td>
</tr>
<tr>
<td></td>
<td>If Diagnosis = No and Has</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicate reason for removal:</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section and Has the Veteran had an orchiectomy? = Yes; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If Diagnosis = No and Has the Veteran had an orchiectomy? = Yes; Enabled, Optional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Choose one valid value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: provide reason for removal:</td>
<td>[Undescended; Congenitally underdeveloped; Other: provide reason for removal:]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please indicate the reason for the orchiectomy.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other: provide reason for removal:</th>
<th>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section and Reason for removal = Other; Enabled, Mandatory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If Diagnosis = No and Has the Veteran had an orchiectomy? = Yes; Enabled, Optional</td>
</tr>
<tr>
<td></td>
<td>Choose one valid value</td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Free Text</td>
</tr>
<tr>
<td></td>
<td>Please provide the other reason for the orchiectomy.</td>
</tr>
</tbody>
</table>
Figure 7: Template Example: DBQ – Male Reproductive System Conditions – 2. Medical history

<table>
<thead>
<tr>
<th>2. Medical history</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Describe the history (including onset and course) of the Veteran’s male reproductive organ condition(s) (brief summary):</td>
</tr>
<tr>
<td>b. Does the Veteran’s treatment plan include taking continuous medication for the diagnosed condition?</td>
</tr>
<tr>
<td>[X] Yes [ ] No</td>
</tr>
<tr>
<td>List medications:</td>
</tr>
<tr>
<td>c. Has the Veteran had an orchiectomy?</td>
</tr>
<tr>
<td>[X] Yes [ ] No</td>
</tr>
<tr>
<td>Indicate testicle removed:</td>
</tr>
<tr>
<td>[ ] Right [ ] Left [ ] Both</td>
</tr>
<tr>
<td>Indicate reason for removal:</td>
</tr>
<tr>
<td>[ ] Undescended</td>
</tr>
<tr>
<td>[ ] Congenitally underdeveloped</td>
</tr>
<tr>
<td>[X] Other: provide reason for removal:</td>
</tr>
</tbody>
</table>

Figure 8: Print Example: DBQ – Male Reproductive System Conditions – 2. Medical history

<table>
<thead>
<tr>
<th>2. Medical history</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Describe the history (including onset and course) of the Veteran’s male reproductive organ condition(s) (brief summary):</td>
</tr>
<tr>
<td>b. Does the Veteran’s treatment plan include taking continuous medication for the diagnosed condition?</td>
</tr>
<tr>
<td>[X] Yes [ ] No</td>
</tr>
<tr>
<td>List medications:</td>
</tr>
<tr>
<td>c. Has the Veteran had an orchiectomy?</td>
</tr>
<tr>
<td>[X] Yes [ ] No</td>
</tr>
<tr>
<td>Indicate testicle removed:</td>
</tr>
<tr>
<td>[ ] Right [ ] Left [ ] Both</td>
</tr>
<tr>
<td>Indicate reason for removal:</td>
</tr>
<tr>
<td>[ ] Undescended</td>
</tr>
<tr>
<td>[ ] Congenitally underdeveloped</td>
</tr>
<tr>
<td>[X] Other: provide reason for removal:</td>
</tr>
</tbody>
</table>

2.4 Section 3. Voiding 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>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Voiding dysfunction</strong></td>
<td>Enabled; Read Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran have a voiding dysfunction?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled; Mandatory. Else; Optional Choose one valid value</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer the question: Does the Veteran have a voiding dysfunction?</td>
</tr>
<tr>
<td>If yes, provide etiology of voiding dysfunction:</td>
<td><strong>Does the Veteran have a voiding dysfunction?</strong> = Yes; Enabled; Mandatory Else; Disabled</td>
<td>N/A</td>
<td><strong>Free Text</strong></td>
<td>Please provide the etiology of the voiding dysfunction.</td>
</tr>
<tr>
<td>If the Veteran has a voiding dysfunction, complete the following questions:</td>
<td>If <strong>Does the Veteran have a voiding dysfunction?</strong> = Yes; Enabled; Read-Only Else; Disabled</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Does the voiding dysfunction cause urine leakage?</td>
<td>If <strong>Does the Veteran have a voiding dysfunction?</strong> = Yes; Enabled; Mandatory; Choose one valid value. Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Does the voiding dysfunction cause urine leakage?</td>
</tr>
<tr>
<td>Indicate severity (check one):</td>
<td>If <strong>Does the voiding dysfunction cause urine leakage?</strong> = Yes; Enabled; Mandatory; Choose one valid value. Else; Disabled</td>
<td>[Does not require/does not use absorbent material; Requires absorbent material that is changed less than 2 times per day; Requires absorbent material that is changed 2 to 4 times per day; Requires absorbent material that is changed more than 4 times per day; Other, describe:]</td>
<td>N/A</td>
<td>Please check the applicable statement pertaining to the voiding dysfunction causing urine leakage.</td>
</tr>
<tr>
<td>Other, describe:</td>
<td>If Severity = Other, Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td><strong>Free Text</strong></td>
<td>Please describe the other voiding dysfunction which causes urine leakage.</td>
</tr>
<tr>
<td>b. Does the voiding dysfunction require the use of an appliance?</td>
<td>If <strong>Does the Veteran have a voiding dysfunction?</strong> = Yes; Enabled; Mandatory; Choose one valid</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Does the voiding dysfunction require the use of an appliance?</td>
</tr>
<tr>
<td>If yes, describe the appliance:</td>
<td>If <em>Does the voiding dysfunction require the use of an appliance?</em> = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the appliance used for the voiding dysfunction.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>c. Does the voiding dysfunction cause increased urinary frequency?</td>
<td>If <em>Does the Veteran have a voiding dysfunction?</em> = Yes; Enabled; Mandatory; Choose one valid value. Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Does the voiding dysfunction cause increased urinary frequency?</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td>If <em>Does the voiding dysfunction cause increased urinary frequency?</em> = Yes; Enabled; Mandatory; Choose one valid value for Daytime and one valid value for Nighttime. Else; Disabled</td>
<td>[Daytime voiding interval between 2 and 3 hours; Daytime voiding interval between 1 and 2 hours; Daytime voiding interval less than 1 hour] [Nighttime awakening to void 2 times; Nighttime awakening to void 3 to 4 times; Nighttime awakening to void 5 or more times]</td>
<td>N/A</td>
<td>Please check the applicable statement(s) pertaining to the voiding dysfunction causing signs and/or symptoms of urinary frequency.</td>
</tr>
<tr>
<td>d. Does the voiding dysfunction cause signs or symptoms of obstructed voiding?</td>
<td>If <em>Does the Veteran have a voiding dysfunction?</em> = Yes; Enabled; Mandatory; Choose one valid value. Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Does the voiding dysfunction cause signs or symptoms of obstructed voiding?</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
<td>If <em>Does the voiding dysfunction cause signs or symptoms of obstructed voiding?</em> = Yes; Enabled; Mandatory; Choose one or more valid values. Else; Disabled</td>
<td>[Hesitancy; slow or weak stream; decreased force of stream; stricture disease requiring dilatation 1 to 2 times per year; stricture disease requiring periodic dilatation every 2 to 3 months; recurrent urinary tract infections secondary to obstruction; uroflowmetry peak flow rate less than 10 cc/sec; post void residuals greater than 150 cc; urinary retention requiring intermittent catheterization; urinary retention requiring continuous catheterization; Other, describe:]</td>
<td>N/A</td>
<td>Please check one or more boxes to indicate the signs and symptoms of obstructed voiding.</td>
</tr>
<tr>
<td>Condition</td>
<td>Question</td>
<td>Objective</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checked, is hesitancy marked?</td>
<td>If <em>Voiding dysfunction signs or symptoms include Hesitancy</em>; Enabled, Mandatory; Choose one valid value Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A  Please indicate whether or not hesitancy is marked.</td>
<td></td>
</tr>
<tr>
<td>If checked, is stream markedly slow or weak?</td>
<td>If <em>Voiding dysfunction signs or symptoms include Slow or weak stream</em>; Enabled, Mandatory; Choose one valid value Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A  Please indicate whether or not stream is markedly slow or weak.</td>
<td></td>
</tr>
<tr>
<td>If checked, is force of stream markedly decreased?</td>
<td>If <em>Voiding dysfunction signs or symptoms include Decreased force of stream</em>; Enabled, Mandatory; Choose one valid value Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A  Please indicate whether or not force of stream is markedly decreased.</td>
<td></td>
</tr>
<tr>
<td>Other, describe:</td>
<td>If <em>Voiding dysfunction signs or symptoms include Other</em>; Enabled; Mandatory Else Disabled</td>
<td>N/A</td>
<td>Free Text Please describe the other signs and symptoms of obstructed voiding.</td>
<td></td>
</tr>
</tbody>
</table>
### Figure 9: Template Example: DBQ – Male Reproductive System Conditions – 3. Voiding dysfunction

<table>
<thead>
<tr>
<th>3. Voiding dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the Veteran have a voiding dysfunction?</td>
</tr>
<tr>
<td>Yes ☐ ☑ No ☐</td>
</tr>
<tr>
<td>If yes, provide etiology of voiding dysfunction:</td>
</tr>
<tr>
<td>If the Veteran has a voiding dysfunction, complete the following questions:</td>
</tr>
<tr>
<td>a. Does the voiding dysfunction cause urine leakage?</td>
</tr>
<tr>
<td>Yes ☐ ☑ No ☐</td>
</tr>
<tr>
<td>Indicate severity (check one):</td>
</tr>
<tr>
<td>☐ Does not require the wearing of absorbent material</td>
</tr>
<tr>
<td>☐ Requires absorbent material which must be changed less than 2 times per day</td>
</tr>
<tr>
<td>☐ Requires absorbent material which must be changed 2 to 4 times per day</td>
</tr>
<tr>
<td>☐ Requires absorbent material which must be changed more than 4 times per day</td>
</tr>
<tr>
<td>☐ Other, describe:</td>
</tr>
<tr>
<td>b. Does the voiding dysfunction require the use of an appliance?</td>
</tr>
<tr>
<td>Yes ☐ ☑ No ☐</td>
</tr>
<tr>
<td>If yes, describe the appliance:</td>
</tr>
<tr>
<td>c. Does the voiding dysfunction cause increased urinary frequency?</td>
</tr>
<tr>
<td>Yes ☐ ☑ No ☐</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
</tr>
<tr>
<td>☐ Daytime voiding interval between 2 and 3 hours</td>
</tr>
<tr>
<td>☐ Daytime voiding interval between 1 and 2 hours</td>
</tr>
<tr>
<td>☐ Daytime voiding interval less than 1 hour</td>
</tr>
<tr>
<td>☐ Nighttime awakening to void 2 times</td>
</tr>
<tr>
<td>☐ Nighttime awakening to void 3 to 4 times</td>
</tr>
<tr>
<td>☐ Nighttime awakening to void 5 or more times</td>
</tr>
<tr>
<td>d. Does the voiding dysfunction cause signs or symptoms of obstructed voiding?</td>
</tr>
<tr>
<td>Yes ☐ ☑ No ☐</td>
</tr>
<tr>
<td>If yes, check all that apply:</td>
</tr>
<tr>
<td>☑ Hesitancy</td>
</tr>
<tr>
<td>☐ If checked, is hesitancy marked?</td>
</tr>
<tr>
<td>☐ Yes ☐ ☑ No ☐</td>
</tr>
<tr>
<td>☑ Slow or weak stream</td>
</tr>
<tr>
<td>☐ If checked, is stream markedly slow or weak?</td>
</tr>
<tr>
<td>☐ Yes ☐ ☑ No ☐</td>
</tr>
<tr>
<td>☑ Decreased force of stream</td>
</tr>
<tr>
<td>☐ If checked, is force of stream markedly decreased?</td>
</tr>
<tr>
<td>☐ Yes ☐ ☑ No ☐</td>
</tr>
<tr>
<td>☐ Stricture disease requiring dilatation 1 to 2 times per year</td>
</tr>
<tr>
<td>☐ Stricture disease requiring periodic dilatation every 2 to 3 months</td>
</tr>
<tr>
<td>☐ Recurrent urinary tract infections secondary to obstruction</td>
</tr>
<tr>
<td>☐ Uroflowmetry peak flow rate less than 10 cc/sec</td>
</tr>
<tr>
<td>☐ Post void residuals greater than 150 cc</td>
</tr>
<tr>
<td>☐ Urinary retention requiring intermittent catheterization</td>
</tr>
<tr>
<td>☐ Urinary retention requiring continuous catheterization</td>
</tr>
<tr>
<td>☐ Other, describe:</td>
</tr>
</tbody>
</table>
3. Voiding dysfunction

Does the Veteran have a voiding dysfunction?
[X] Yes   [ ] No

If yes, provide etiology of voiding dysfunction:

If the Veteran has a voiding dysfunction, complete the following questions:

a. Does the voiding dysfunction cause urine leakage?
[X] Yes   [ ] No

Indicate severity (check one)
[X] Does not require the wearing of absorbent material
[ ] Requires absorbent material which must be changed less than 2 times per day
[ ] Requires absorbent material which must be changed 2 to 4 times per day
[ ] Requires absorbent material which must be changed more than 4 times per day
[ ] Other, describe:

b. Does the voiding dysfunction require the use of an appliance?
[X] Yes   [ ] No

If yes, describe the appliance:

c. Does the voiding dysfunction cause increased urinary frequency?
[ ] Yes   [X] No

If yes, check all that apply:
[ ] Daytime voiding interval between 2 and 3 hours
[ ] Daytime voiding interval between 1 and 2 hours
[ ] Daytime voiding interval less than 1 hour
[ ] Nighttime awakening to void 2 times
[ ] Nighttime awakening to void 3 to 4 times
[ ] Nighttime awakening to void 5 or more times

d. Does the voiding dysfunction cause signs or symptoms of obstructed voiding?
[X] Yes   [ ] No

If yes, check all that apply:
[X] Hesitancy
   If checked, is hesitancy marked?
   [ ] Yes   [ ] No

[X] Slow or weak stream
   If checked, is stream markedly slow or weak?
   [ ] Yes   [ ] No

[X] Decreased force of stream
   If checked, is force of stream markedly decreased?
   [ ] Yes   [ ] No

[ ] Stricture disease requiring dilatation 1 to 2 times per year
[ ] Stricture disease requiring periodic dilatation every 2 to 3 months
[ ] Recurrent urinary tract infections secondary to obstruction
[ ] Uroflowmetry peak flow rate less than 10 cc/sec
[ ] Post void residuals greater than 150 cc
[ ] Urinary retention requiring intermittent catheterization
[ ] Urinary retention requiring continuous catheterization
2.5 Section 4. 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 5: Rules: DBQ – Male Reproductive System Conditions – 4. Urinary tract/kidney infection

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Urinary tract/kidney infection</td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory, Choose one valid value. Else, Enabled, Optional</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer the question: Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections?</td>
</tr>
<tr>
<td>If Yes, provide etiology:</td>
<td>If Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections? = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please provide the etiology of the recurrent symptomatic urinary tract or kidney infections.</td>
</tr>
<tr>
<td>If the Veteran has had recurrent symptomatic urinary tract or kidney infections, indicate all treatment modalities that apply:</td>
<td>If Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections? = Yes; Enabled, Mandatory Choose one or more valid values. Else; Disabled</td>
<td>[No treatment; OR Long-term drug therapy; Hospitalization; Drainage; Continuous intensive management; Intermittent intensive management; Other, describe:]</td>
<td>N/A</td>
<td>Please check one or more boxes to indicate applicable treatment modalities for recurrent symptomatic urinary tract or kidney infections.</td>
</tr>
<tr>
<td>If checked, list medications used and indicate dates for courses of treatment over the past 12 months:</td>
<td>If treatment modalities include long-term drug therapy; Enabled; Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please list medications used for urinary tract or kidney infections and their treatment dates.</td>
</tr>
<tr>
<td>If checked, indicate frequency of hospitalization:</td>
<td>If treatment modalities include hospitalization; Enabled, Mandatory Choose one valid value Else; Disabled</td>
<td>[1 or 2 per year; &gt;2 per year]</td>
<td>N/A</td>
<td>Please indicate the frequency of hospitalization.</td>
</tr>
<tr>
<td>If checked, indicate dates when drainage performed over past 12 months:</td>
<td>If treatment modalities include drainage; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please indicate the dates that drainage was performed over the past 12 months.</td>
</tr>
<tr>
<td>Field/Question</td>
<td>Field Disposition</td>
<td>Valid Values</td>
<td>Format</td>
<td>Error Message</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>If checked, indicate types of treatment and medications used over past 12 months:</td>
<td>If treatment modalities include continuous intensive management; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the types of treatment and medications for continuous intensive management used over the past 12 months.</td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the types of treatment and medications for intermittent intensive management used over the past 12 months.</td>
</tr>
<tr>
<td>Other, describe:</td>
<td>If treatment modalities include other; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe other treatment modalities used for urinary tract or kidney infections.</td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td></td>
</tr>
</tbody>
</table>
4. Urinary tract/kidney infection

Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections?

[ ] Yes  [X] 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

Other, describe:

---

Figure 11: Template Example: DBQ – Male Reproductive System Conditions – 4. Urinary tract/kidney infection

Figure 12: Print Example: DBQ – Male Reproductive System Conditions – 4. Urinary tract/kidney infection
2.6 **Section 5. Erectile 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 6: Rules: DBQ – Male Reproductive System Conditions – 5. Erectile Dysfunction

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Erectile dysfunction</strong></td>
<td>Enabled; Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Does the Veteran have erectile dysfunction?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else, Enabled, Optional</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Does the Veteran have erectile dysfunction?</td>
</tr>
<tr>
<td>If yes, provide etiology:</td>
<td>If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please provide the etiology of erectile dysfunction.</td>
</tr>
<tr>
<td>b. If the Veteran has erectile dysfunction, is it as likely as not (at least 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?</td>
<td>If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory, Choose one valid value. Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer whether or not erectile dysfunction is attributable to one of the diagnoses in Section 1, including its residuals of treatment.</td>
</tr>
<tr>
<td>If yes, specify the diagnosis to which the erectile dysfunction is as likely as not attributable:</td>
<td>If previous question = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please specify the diagnosis to which erectile dysfunction is as likely as not attributable.</td>
</tr>
<tr>
<td>c. If the Veteran has erectile dysfunction, is he able to achieve an erection sufficient for penetration and ejaculation (without medication)?</td>
<td>If Does the Veteran have erectile dysfunction? = Yes; Enabled, Mandatory, Choose one valid value. Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer whether or not the Veteran is able to achieve an erection sufficient for penetration and ejaculation (without medication).</td>
</tr>
<tr>
<td>If no, is the Veteran able to achieve an erection sufficient for penetration and ejaculation (with medication)?</td>
<td>If previous question = No; Enabled, Mandatory; Choose one valid value. Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer whether or not the Veteran is able to achieve an erection sufficient for penetration and ejaculation (with medication).</td>
</tr>
</tbody>
</table>
Figure 13: Template Example: DBQ – Male Reproductive System Conditions – 5. Erectile dysfunction

5. Erectile dysfunction

a. Does the Veteran have erectile dysfunction?
   [ ] Yes   [ ] No
   If yes, provide etiology:

b. If the Veteran has erectile dysfunction, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?
   [ ] Yes   [ ] No
   If yes, specify the diagnosis to which the erectile dysfunction is as likely as not attributable:

c. If the Veteran has erectile dysfunction, is he able to achieve an erection sufficient for penetration and ejaculation (without medication)?
   [ ] Yes   [ ] No
   If no, is the Veteran able to achieve an erection sufficient for penetration and ejaculation (with medication)?
   [ ] Yes   [ ] No

Figure 14: Print Example: DBQ – Male Reproductive System Conditions – 5. Erectile dysfunction

5. Erectile dysfunction

   a. Does the Veteran have erectile dysfunction?
      [ ] Yes   [ ] No
      
      If yes, provide etiology:

   b. If the Veteran has erectile dysfunction, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?
      [ ] Yes   [ ] No
      
      If yes, specify the diagnosis to which the erectile dysfunction is as likely as not attributable:

   c. If the Veteran has erectile dysfunction, is he able to achieve an erection sufficient for penetration and ejaculation (without medication)?
      [ ] Yes   [ ] No
      
      If no, is the Veteran able to achieve an erection sufficient for penetration and ejaculation (with medication)?
      [ ] Yes   [ ] No

2.7 Section 6. Retrograde ejaculation

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 – Male Reproductive System Conditions – 6. Retrograde ejaculation

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6. Retrograde ejaculation</strong></td>
<td>Enabled; Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| a. Does the Veteran have retrograde ejaculation? | If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory
Else, Enabled, Optional
Choose one valid value | [Yes; No] | Free Text | Please provide an answer to the question: Doe the Veteran have retrograde ejaculation? |
| If yes, provide etiology of the retrograde ejaculation: | If Does the Veteran have retrograde ejaculation? = Yes;
Enabled, Mandatory
Else; Disabled | N/A | Free Text | Please provide the etiology of retrograde ejaculation. |
| b. If the Veteran has retrograde ejaculation, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis? | If Does the Veteran have retrograde ejaculation? = Yes;
Enabled, Mandatory; Choose one valid value.
Else; Disabled | [Yes; No] | N/A | Please answer whether or not retrograde ejaculation is attributable to one of the diagnoses in Section 1, including its residuals of treatment. |
| If yes, specify the diagnosis to which the retrograde ejaculation is as likely as not attributable: | If previous question = Yes;
Enabled, Mandatory
Else; Disabled | N/A | Free Text | Please specify the diagnosis to which retrograde ejaculation is as likely as not attributable. |

Figure 15: Template Example: DBQ – Male Reproductive System Conditions – 6. Retrograde ejaculation

6. Retrograde ejaculation

a. Does the Veteran have retrograde ejaculation?
   [ ] Yes   [ ] No

If yes, provide etiology of retrograde ejaculation:

b. If the Veteran has retrograde ejaculation, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?
   [ ] Yes   [ ] No

If yes, specify the diagnosis to which the retrograde ejaculation is as likely as not attributable:

Figure 16: Print Example: DBQ – Male Reproductive System Conditions – 6. Retrograde ejaculation

6. Retrograde ejaculation

a. Does the Veteran have retrograde ejaculation?
   [ ] Yes   [ ] No

If yes, provide etiology of the retrograde ejaculation:
b. If the Veteran has retrograde ejaculation, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?

[ ] Yes   [ ] No

If yes, specify the diagnosis to which the retrograde ejaculation is as likely as not attributable:

2.8 **Section 7. Male reproductive organ infections**

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 – Male Reproductive System Conditions – 7. Male reproductive organ infections

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Male reproductive organ infections</td>
<td>Enabled; Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>b. Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else, Enabled, Optional Choose one valid value</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis?</td>
</tr>
<tr>
<td>If yes, indicate all treatment modalities that apply:</td>
<td>If Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis? = Yes, Enabled, Mandatory; Choose one or more valid values. Else disabled</td>
<td>[No treatment; OR Long-term drug therapy; Hospitalization; Continuous intensive management; Intermittent intensive management; Other, describe:]</td>
<td>N/A</td>
<td>Please check one or more boxes to indicate applicable treatment modalities for chronic epididymitis.</td>
</tr>
<tr>
<td>If checked, list medications used and indicate dates for courses of treatment over the past 12 months:</td>
<td>If treatment modalities include Long-term drug therapy; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please list medications used for chronic epididymitis, epididymo-orchitis or prostatitis, and their treatment dates.</td>
</tr>
<tr>
<td>If checked, indicate frequency of hospitalization:</td>
<td>If treatment modalities include hospitalization; Enabled, Mandatory; Choose one valid value Else; Disabled</td>
<td>[1 or 2 per year; &gt; 2 per year]</td>
<td>N/A</td>
<td>Please indicate the frequency of hospitalization.</td>
</tr>
<tr>
<td>If checked, indicate types of treatment and medications used over the past 12 months:</td>
<td>If treatment modalities include continuous intensive management; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the types of treatment and medications for continuous intensive management used over the past 12 months.</td>
</tr>
<tr>
<td>If checked, indicate types of treatment and medications used over the past 12 months:</td>
<td>If treatment modalities include intermittent intensive management; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the types of treatment and medications for intermittent intensive management used over the past 12 months.</td>
</tr>
</tbody>
</table>
Other, describe:  

If treatment modalities include other: Enabled, Mandatory  

Else; Disabled  

N/A  

Free Text  

Please describe the other treatment modalities used for chronic epididymitis, epididymo-orchitis or prostatitis.

---

**Figure 17: Template Example: DBQ – Male Reproductive System Conditions – 7. Male reproductive organ infections**

**7. Male reproductive organ infections**

Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis?  

[ ] Yes  

[ ] No

If yes, indicate all treatment modalities that apply:

- [ ] No treatment
- [ ] Intensive management
  
  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

- [ ] Continuous
  
  If checked, indicate types of treatment and medications used over past 12 months:

- [ ] Intermittent

  If checked, indicate types of treatment and medications used over past 12 months:

- [ ] Other, describe:

---

**Figure 18: Print Example: DBQ – Male Reproductive System Conditions – 7. Male reproductive organ infections**

**7. Male reproductive organ infections**

-----------------------------

Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis?  

[ ] Yes  

[ ] No

If yes, 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

- [ ] 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:

2.9 Section 8. Physical exam
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 9: Rules: DBQ – Male Reproductive System Conditions – 8. Physical exam

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8. Physical exam</strong></td>
<td>Enabled; Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Penis</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value</td>
<td>[Normal; Not examined per Veteran’s request; Not examined, penis exam not relevant to condition; Abnormal]</td>
<td>N/A</td>
<td>Please select a value from the penis exam group.</td>
</tr>
<tr>
<td></td>
<td>If Penis exam = Abnormal, Enabled, Mandatory, Choose one valid value. Else; Disabled</td>
<td>[Loss/removal of half or more of penis; Loss/removal of glans penis; Penis deformity (such as Peyronie’s disease)]</td>
<td>N/A</td>
<td>Please indicate the severity of the penis abnormality.</td>
</tr>
<tr>
<td></td>
<td>If Penis exam = Penis deformity (such as Peyronie’s disease), Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe penis deformity.</td>
</tr>
<tr>
<td></td>
<td>If Right testicular exam includes Other abnormality; Enabled, Mandatory</td>
<td>[Size 1/3 or less of normal; Size ½ to 1/3 of normal; Considerably harder than normal; Considerably softer than normal; Absent; Other abnormality]</td>
<td>N/A</td>
<td>Please indicate the testes abnormality.</td>
</tr>
<tr>
<td></td>
<td>If checked, describe:</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the other abnormality of the right testicle.</td>
</tr>
<tr>
<td>Left:</td>
<td>If Testicular exam = Abnormal AND no abnormality selected for either right or left testicle; Enabled, Mandatory; Choose one or more valid values. Else; Disabled</td>
<td>[Size 1/3 or less of normal; Size 1/2 to 1/3 of normal; Considerably harder than normal; Considerably softer than normal; Absent; Other abnormality] N/A</td>
<td>Please indicate the testes abnormality.</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Describe:</td>
<td>If Left testicular exam includes Other abnormality; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text Please describe the other abnormality of the left testicle.</td>
<td></td>
</tr>
<tr>
<td>c. Epididymis</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value.</td>
<td>[Normal; Not examined per Veteran’s request; Not examined, epididymis exam not relevant to condition; Abnormal] N/A</td>
<td>Please select a value from the epididymis exam group.</td>
<td></td>
</tr>
<tr>
<td>If abnormal, check all that apply: Right epididymis:</td>
<td>If Epididymis exam = Abnormal AND no abnormality selected for either right or left epididymis; Enabled, Mandatory; Choose one valid value. Else; Disabled</td>
<td>[Tender to palpation; Other, describe] N/A</td>
<td>Please indicate the epididymis abnormality.</td>
<td></td>
</tr>
<tr>
<td>Other, describe:</td>
<td>If Epididymis exam includes other; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text Please describe the other abnormality of the right epididymis.</td>
<td></td>
</tr>
<tr>
<td>Left epididymis:</td>
<td>If Epididymis exam = Abnormal AND no abnormality selected for either right or left epididymis; Enabled, Mandatory; Choose one valid value Else; Disabled</td>
<td>[Tender to palpation; Other, describe] N/A</td>
<td>Please indicate the epididymis abnormality.</td>
<td></td>
</tr>
<tr>
<td>Other, describe:</td>
<td>If Epididymis exam includes other; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text Please describe the other abnormality of the left epididymis.</td>
<td></td>
</tr>
<tr>
<td>d. Prostate</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in N/A</td>
<td>Normal; Not examined per N/A</td>
<td>Please select a value from the</td>
<td></td>
</tr>
</tbody>
</table>
**Figure 19: Template Example: DBQ – Male Reproductive System Conditions – 8. Physical exam**

**8. Physical exam**

**a. Penis**
- Normal
- Not examined per Veteran's request
- Not examined, penis exam not relevant to condition
- Abnormal

If abnormal, indicate severity:
- Loss/removal of half or more of penis
- Loss/removal of glans penis
- Penis deformity (such as Peyronie's disease)

If checked, describe:

**b. Testes**
- Normal
- Not examined per Veteran's request
- Not examined, testicular exam not relevant to condition
- Abnormal

If abnormal, check all that apply:

**Right testicle**
- Size 1/3 or less of normal
- Size 1/2 to 1/3 of normal
- Considerably harder than normal
- Considerably softer than normal
- Absent
- Other abnormality

Describe:

**Left testicle**
- Size 1/3 or less of normal
- Size 1/2 to 1/3 of normal
- Considerably harder than normal
- Considerably softer than normal
- Absent
- Other abnormality

Describe:
Figure 20: Print Example: DBQ – Male Reproductive System Conditions – 8. Physical exam

### Physical exam

#### a. Penis
- [ ] Normal
- [ ] Not examined per Veteran's request
- [ ] Not examined; penis exam not relevant to condition
- [ ] Abnormal

If abnormal, indicate severity:
- [ ] Loss/removal of half or more of penis
- [ ] Loss/removal of glans penis
- [ ] Penis deformity (such as Peyronie's disease)

If checked, describe:

#### b. Testes
- [ ] Normal
- [ ] Not examined per Veteran's request
- [ ] Not examined; testicular exam not relevant to condition
- [ ] Abnormal

If abnormal, check all that apply:
- Right testicle
  - [ ] Size 1/3 or less of normal
  - [ ] Size 1/2 to 1/3 of normal
  - [ ] Considerably harder than normal
  - [ ] Considerably softer than normal
  - [ ] Absent
  - [ ] Other abnormality,
    Describe:

- Left testicle
  - [ ] Size 1/3 or less of normal
  - [ ] Size 1/2 to 1/3 of normal
c. Epididymis
   [ ] Normal
   [ ] Not examined per Veteran's request
   [ ] Not examined; epididymis exam not relevant to condition
   [ ] Abnormal

   If abnormal, check all that apply:
   Right epididymis
     [ ] Tender to palpation
     [ ] Other, describe:

   Left epididymis
     [ ] Tender to palpation
     [ ] Other, describe:

d. Prostate
   [ ] Normal
   [ ] Not examined per Veteran's request
   [ ] Not examined; prostate exam not relevant to condition
   [ ] Abnormal

   If abnormal, describe:

2.10 Section 9. 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>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Tumors and Neoplasms</strong></td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value.</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>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?</td>
</tr>
<tr>
<td>If yes, complete the following:</td>
<td>If Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes; Enabled, Read-Only Else; Disabled</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>b. Is the neoplasm</td>
<td>If Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes; Enabled; Mandatory, Choose one valid value. Else; Disabled</td>
<td>[Benign; Malignant]</td>
<td>N/A</td>
<td>Please indicate whether the neoplasm is benign or malignant.</td>
</tr>
<tr>
<td>c. Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases?</td>
<td>If Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section? = Yes; Enabled; Mandatory, Choose one valid value. Else; Disabled</td>
<td>[Yes; No, watchful waiting]</td>
<td>N/A</td>
<td>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?</td>
</tr>
<tr>
<td>If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply):</td>
<td>If Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases? = Yes; Enabled, Mandatory, Choose one or more valid values.</td>
<td>[Treatment completed, currently in watchful waiting status; OR Surgery; Radiation therapy]</td>
<td>N/A</td>
<td>Please indicate all applicable treatment types for a benign or malignant neoplasm or metastases that the Veteran either is</td>
</tr>
<tr>
<td>If checked, describe:</td>
<td>If treatments include</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the procedure.</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>-----</td>
<td>-----------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td></td>
<td>Surgery; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date(s) of surgery:</td>
<td>If treatments include</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date(s) of surgery.</td>
</tr>
<tr>
<td></td>
<td>Surgery; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of most recent treatment:</td>
<td>If treatments include</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of the most recent radiation therapy treatment.</td>
</tr>
<tr>
<td></td>
<td>Radiation therapy; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of completion of treatment or anticipated date of completion:</td>
<td>If treatments include</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date (actual or anticipated) of completion of the radiation therapy treatment.</td>
</tr>
<tr>
<td></td>
<td>Radiation therapy; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of most recent treatment:</td>
<td>If treatments include</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of the most recent antineoplastic chemotherapy treatment.</td>
</tr>
<tr>
<td></td>
<td>Antineoplastic chemotherapy; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of completion of treatment or anticipated date of completion:</td>
<td>If treatments include</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date (actual or anticipated) of completion of the antineoplastic chemotherapy treatment.</td>
</tr>
<tr>
<td></td>
<td>Antineoplastic chemotherapy; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checked, describe procedure:</td>
<td>If treatments include</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the other therapeutic procedure.</td>
</tr>
<tr>
<td></td>
<td>Other therapeutic procedure; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of most recent procedure:</td>
<td>If treatments include</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of the most recent other therapeutic procedure.</td>
</tr>
<tr>
<td></td>
<td>Other therapeutic procedure; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checked, describe treatment:</td>
<td>If treatments include</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the other therapeutic treatment.</td>
</tr>
<tr>
<td></td>
<td>Other therapeutic treatment; Enabled, Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of completion of treatment or anticipated date of completion:</td>
<td>If treatments include <em>Other therapeutic treatment</em>; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date (actual or anticipated) of completion of the other therapeutic treatment.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>If <em>Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?</em> = Yes; Enabled; Mandatory, Choose one valid value</td>
<td>[Yes; No]</td>
<td>Free Text</td>
<td>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.</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, list residual conditions and complications (brief summary):</td>
<td>If <em>previous question</em> = Yes; Enabled, Mandatory</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please list the residual conditions and complications due to the neoplasm (including metastases) or its treatment.</td>
</tr>
<tr>
<td>Else; Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td>If <em>Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?</em> = Yes; Enabled; Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>N/A</td>
</tr>
</tbody>
</table>
9. **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):

  [Blank space for details]

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 21: Template Example: DBQ – Male Reproductive System Conditions – 9. Tumors and Neoplasms**

**Figure 22: Print Example: DBQ – Male Reproductive System Conditions – 9. Tumors and Neoplasms**

9. **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?
[X] 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?
   [X] 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
   [X] Surgery
      If checked, describe:
      Date(s) of surgery:
   [X] Radiation therapy
      Date of most recent treatment:
      Date of completion of treatment or anticipated date of
      completion:
   [X] 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:

---

2.11 Section 10. Other pertinent physical findings, complications, conditions, signs and/or
   symptoms

   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>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10. Other pertinent physical findings, complications, conditions, signs and/or symptoms</strong></td>
<td>Enabled, Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>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?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>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.</td>
</tr>
<tr>
<td>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)?</td>
<td>If previous question = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>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).</td>
</tr>
<tr>
<td>If yes, also complete a Scars Questionnaire.</td>
<td>If previous question = Yes; Enabled, Read-Only Else; Disabled</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?</td>
</tr>
<tr>
<td>If yes, describe (brief summary):</td>
<td>If Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms? = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe any other pertinent physical findings, complications, conditions, signs or symptoms.</td>
</tr>
</tbody>
</table>
10. 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:

2.12 Section 11. Diagnostic testing

All questions in this section may be answered as described by the rules below.
### Table 12: Rules: DBQ – Male Reproductive System Conditions – 11. Diagnostic testing

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11. Diagnostic testing</strong></td>
<td>Enabled; Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NOTE: If imaging studies, diagnostic procedures or laboratory testing has been performed and reflects the Veteran’s current condition, provide most recent results; no further studies or testing are required for this examination.</td>
<td>Enabled; Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>a. Has the Veteran had a testicular biopsy to determine the presence of spermatozoa?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value.</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Has the Veteran had a testicular biopsy to determine the presence of spermatozoa?</td>
</tr>
<tr>
<td>If yes, were spermatozoa present?</td>
<td>If Has the Veteran had a testicular biopsy to determine the presence of spermatozoa = Yes; Enabled, Mandatory Choose one valid value. Else; Disabled</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer whether or not spermatozoa were present in the testicular biopsy.</td>
</tr>
<tr>
<td>Date of biopsy:</td>
<td>If Has the Veteran had a testicular biopsy to determine the presence of spermatozoa = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please enter the date of the testicular biopsy.</td>
</tr>
<tr>
<td>b. Have any other imaging studies, diagnostic procedures or laboratory testing been performed and are the results available?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value.</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please provide an answer to the question: Have any other imaging studies, diagnostic procedures or laboratory testing been performed and are the results available?</td>
</tr>
<tr>
<td>If yes, provide type of test or procedure, date and results (brief summary):</td>
<td>If Have any other imaging studies, diagnostic procedures or laboratory testing been performed and are the results available? = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please provide the type of test or procedure, its date and the results.</td>
</tr>
</tbody>
</table>
Figure 25: Template Example: DBQ – Male Reproductive System Conditions – 11. Diagnostic testing

11. Diagnostic testing

NOTE: If imaging studies, diagnostic procedures or laboratory testing has been performed and reflects the Veteran's current condition, provide most recent results; no further studies or testing are required for this examination.

a. Has the Veteran had a testicular biopsy to determine the presence of spermatozoa?
   [ ] Yes  [ ] No

   If yes, were spermatozoa present?
   [ ] Yes  [ ] No

   Date of biopsy:

b. Have any other imaging studies, diagnostic procedures or laboratory testing been performed and are the results available?
   [ ] Yes  [ ] No

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

Figure 26: Print Example: DBQ – Male Reproductive System Conditions – 11. Diagnostic testing

11. Diagnostic testing

NOTE: If imaging studies, diagnostic procedures or laboratory testing has been performed and reflects the Veteran's current condition, provide most recent results; no further studies or testing are required for this examination.

   a. Has the Veteran had a testicular biopsy to determine the presence of spermatozoa?
      [ ] Yes  [ ] No

      If yes, were spermatozoa present?
      [ ] Yes  [ ] No

      Date of biopsy:

   b. Have any other imaging studies, diagnostic procedures or laboratory testing been performed and are the results available?
      [ ] Yes  [ ] No

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

2.13 Section 12. Functional impact

All questions in this section may be answered as described by the rules below.
### Table 13: Rules: DBQ – Male Reproductive System Conditions – 12. Functional impact

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Functional impact</td>
<td>Enabled; Read-Only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the Veteran’s male reproductive system condition(s), including neoplasms, if any, impact his ability to work?</td>
<td>If Diagnosis = Yes and at least one diagnosis selected in the Diagnosis section; Enabled, Mandatory Else; Enabled, Optional Choose one valid value</td>
<td>[Yes; No]</td>
<td>N/A</td>
<td>Please answer the question: Does the Veteran’s male reproductive system condition(s), including neoplasms, if any, impact his ability to work?</td>
</tr>
<tr>
<td>If yes, describe the impact of each of the Veteran’s male reproductive system condition(s), providing one or more examples:</td>
<td>If Does the Veteran’s male reproductive system condition(s), including neoplasms, if any, impact his ability to work? = Yes; Enabled, Mandatory Else; Disabled</td>
<td>N/A</td>
<td>Free Text</td>
<td>Please describe the impact of each of the Veteran’s male reproductive system conditions on his ability to work, providing one or more examples.</td>
</tr>
</tbody>
</table>

### Figure 27: Template Example: DBQ – Male Reproductive System Conditions – 12. Functional impact

**12. Functional impact**

Does the Veteran’s male reproductive system condition(s), including neoplasms, if any, impact his ability to work?

- [ ] Yes
- [ ] No

If yes, describe the impact of each of the Veteran’s male reproductive system condition(s), providing one or more examples:

---

### Figure 28: Print Example: DBQ – Male Reproductive System Conditions – 12. Functional impact

**12. Functional impact**

Does the Veteran’s male reproductive system condition(s), including neoplasms, if any, impact his ability to work?

- [ ] Yes
- [ ] No

If yes, describe the impact of each of the Veteran’s male reproductive system condition(s), providing one or more examples:
2.14 **Section 13. Remarks, if any**

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

Table 14: Rules: DBQ – Male Reproductive System Conditions – 13. Remarks, if any

<table>
<thead>
<tr>
<th>Field/Question</th>
<th>Field Disposition</th>
<th>Valid Values</th>
<th>Format</th>
<th>Error Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Remarks, if any:</td>
<td>Enabled, Optional</td>
<td>N/A</td>
<td>Free Text</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Figure 29: Template Example: DBQ – Male Reproductive System Conditions – 13. Remarks, if any

13. Remarks, if any

Figure 30: Print Example: DBQ – Male Reproductive System Conditions – 13. Remarks, if any

13. Remarks, if any:

Remarks: ______
3 Male Reproductive System Conditions 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 MALE REPRODUCTIVE SYSTEM CONDITIONS” worksheet. DBQ-AMIE worksheets should be sent to a printer.

Male Reproductive System Conditions
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 ever been diagnosed with any conditions of the male reproductive system?
___ Yes ___ No

If no, provide rationale (e.g., Veteran has never had any known male reproductive organ conditions):

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

___ Erectile dysfunction ICD Code: ______ Date of Diagnosis: ____________

___ Penis, deformity (e.g., Peyronie’s) ICD Code: ______ Date of Diagnosis: ____________

___ Testis, atrophy, one or both ICD Code: ______ Date of Diagnosis: ____________

___ Testis, removal, one or both ICD Code: ______ Date of Diagnosis: ____________

___ Epididymitis, chronic ICD Code: ______ Date of Diagnosis: ____________

___ Epididymo-orchitis, chronic ICD Code: ______ Date of Diagnosis: ____________

___ Prostate injury ICD Code: ______ Date of Diagnosis: ____________

___ Prostate hypertrophy (BPH) ICD Code: ______ Date of Diagnosis: ____________

___ Prostatitis, chronic ICD Code: ______ Date of Diagnosis: ____________

___ Prostate surgical residuals (as addressed in items 3-6) ICD Code: ______ Date of Diagnosis: ____________

___ Neoplasms of the male reproductive system ICD Code: ______ Date of Diagnosis: ____________

___ Other male reproductive system condition (specify diagnosis, providing only diagnoses that pertain to male reproductive system.) ICD Code: ______ Date of Diagnosis: ____________

Other diagnosis #1: ____________________________
ICD code: ____________________________
Date of diagnosis: _____________________________

Page: 2

Disability Benefits Questionnaire for
Male Reproductive System Conditions

Other diagnosis #2: _____________________________
ICD code: ___________________________________
Date of diagnosis: _____________________________

If there are additional diagnoses that pertain to the male reproductive organ conditions, list using above format: ______________________________________

2. Medical history

a. Describe the history (including onset and course) of the Veteran's male reproductive organ condition(s) (brief summary): ______________

b. Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition?
   ___ Yes   ___ No   List medications: ____________________________

c. Has the Veteran had an orchiectomy?
   ___ Yes   ___ No

   Indicate testicle removed:   ___ Right   ___ Left   ___ Both

   Indicate reason for removal:
   ___ Undescended
   ___ Congenitally underdeveloped
   ___ Other: provide reason for removal: ____________________________

3. Voiding dysfunction

Does the Veteran have a voiding dysfunction?
   ___ Yes   ___ No

If yes, provide etiology of voiding dysfunction: ____________________________
If the Veteran has a voiding dysfunction, complete the following questions:

a. Does the voiding dysfunction cause urine leakage?
   ___ Yes   ___ No

   Indicate severity (check one):

   ___ Does not require the wearing of absorbent material
   ___ Requires absorbent material which must be changed less than 2 times per day
   ___ Requires absorbent material which must be changed 2 to 4 times per day
   ___ Requires absorbent material which must be changed more than 4 times per day
   ___ Other, describe: ___________________________________
b. Does the voiding dysfunction require the use of an appliance?
___ Yes   ___ No

If yes, describe the appliance: _______________________________________

c. Does the voiding dysfunction cause increased urinary frequency?
___ Yes   ___ No

If yes, check all that apply:
___ Daytime voiding interval between 2 and 3 hours
___ Daytime voiding interval between 1 and 2 hours
___ Daytime voiding interval less than 1 hour
___ Nighttime awakening to void 2 times
___ Nighttime awakening to void 3 to 4 times
___ Nighttime awakening to void 5 or more times

d. Does the voiding dysfunction cause signs or symptoms of obstructed voiding?
___ Yes   ___ No

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

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4. 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:
5. Erectile dysfunction

a. Does the Veteran have erectile dysfunction?
   ___ Yes   ___ No

If yes, provide etiology:____________________________________________________

b. If the Veteran has erectile dysfunction, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?
   ___ Yes   ___ No

If yes, specify the diagnosis to which the erectile dysfunction is as likely as not attributable: _____________________________________________________________

6. Retrograde ejaculation

a. Does the Veteran have retrograde ejaculation?
   ___ Yes   ___ No

If yes, provide etiology of the retrograde ejaculation:______________________

b. If the Veteran has retrograde ejaculation, is it as likely as not (at least a 50% probability) attributable to one of the diagnoses in Section 1, including residuals of treatment for this diagnosis?
   ___ Yes   ___ No

If yes, specify the diagnosis to which the retrograde ejaculation is as likely as not attributable: _________________________________________________

7. Male reproductive organ infections

Does the Veteran have a history of chronic epididymitis, epididymo-orchitis or prostatitis?
   ___ Yes   ___ No
If yes, 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
  ___ 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: ____________________________________________________

8. Physical exam

a. Penis
  ___ Normal
  ___ Not examined per Veteran's request
  ___ Not examined; penis exam not relevant to condition
  ___ Abnormal
    If abnormal, indicate severity:
      ___ Loss/removal of half or more of penis
      ___ Loss/removal of glans penis
      ___ Penis deformity (such as Peyronie's disease)
    If checked, describe: __________________________________________________

b. Testes
  ___ Normal
  ___ Not examined per Veteran's request
  ___ Not examined; testicular exam not relevant to condition
  ___ Abnormal
    If abnormal, check all that apply:
    Right testicle
      ___ Size 1/3 or less of normal
      ___ Size 1/2 to 1/3 of normal
      ___ Considerably harder than normal
      ___ Considerably softer than normal
      ___ Absent
      ___ Other abnormality,
      ___ Describe: __________________________

    Left testicle
      ___ Size 1/3 or less of normal
      ___ Size 1/2 to 1/3 of normal
      ___ Considerably harder than normal
      ___ Considerably softer than normal
      ___ Absent
      ___ Other abnormality,
      ___ Describe: __________________________
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c. Epididymis
   ___ Normal
   ___ Not examined per Veteran’s request
   ___ Not examined; epididymis exam not relevant to condition
   ___ Abnormal

   If abnormal, check all that apply:
   Right epididymis
   ___ Tender to palpation
   ___ Other, describe: ______________________________

   Left epididymis
   ___ Tender to palpation
   ___ Other, describe: ______________________________

d. Prostate
   ___ Normal
   ___ Not examined per Veteran’s request
   ___ Not examined; prostate exam not relevant to condition
   ___ Abnormal

   If abnormal, describe: ___________________________

9. 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
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):

_______________________________________________________________________________

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10. 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):

_______________________________________________________________________________

11. Diagnostic testing

NOTE: If imaging studies, diagnostic procedures or laboratory testing has been performed and reflects the Veteran's current condition, provide most recent results; no further studies or testing are required for this examination.

a. Has the Veteran had a testicular biopsy to determine the presence of spermatozoa?
   ___ Yes   ___ No

   If yes, were spermatozoa present?
   ___ Yes   ___ No

   Date of biopsy: ______________________

b. Have any other imaging studies, diagnostic procedures or laboratory
testing been performed and are the results available?
__ Yes __ No

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

12. Functional impact

Does the Veteran's male reproductive system condition(s), including neoplasms, if any, impact his ability to work?
__ Yes __ No

If yes, describe the impact of each of the Veteran's male reproductive system condition(s), providing one or more examples: ________________________________

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13. 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.