



Compensation and Pension Record Interchange (CAPRI)

Prostate Cancer Disability Benefits Questionnaire (DBQ) Workflow

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Revision History

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4/7/11	Changed mandatory logic to “Please describe the appliance used for the voiding dysfunction.” Changed If yes, describe: to If yes, describe the appliance	K. DeLaCruz	N/A

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1 Introduction

1.1 Purpose

This document provides a high level overview of the contents found on the PROSTATE CANCER 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 PROSTATE CANCER DBQ provides the ability to capture information related to Prostate Cancer 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 PROSTATE CANCER template are mandatory and require a response (value) prior to the exam being marked as completed. Some questions may activate a Pop-up window displaying information as to each question that needs to be answered before the template can be completed.

2 Prostate Cancer DBQ

2.1 Name of patient/Veteran

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

Table 1: Rules: DBQ – Prostate Cancer – Name of patient/Veteran

Field/Question	Field Disposition	Valid Values	Format	Error Message
Prostate Cancer	Enabled, Read-Only	N/A	N/A	N/A
Disability Benefits Questionnaire	Enabled, Read-Only	N/A	N/A	N/A
Name of patient/Veteran:	Enabled, Mandatory	N/A	Free Text	Please enter the name of the patient/Veteran.
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.	Enabled, Read-Only	N/A	N/A	N/A

Figure 3: Template Example: DBQ – Prostate Cancer – Name of patient/Veteran

**Prostate Cancer
Disability Benefits Questionnaire**

Name of patient/Veteran:

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

1. Diagnosis

Figure 4: Print Example: DBQ – Prostate Cancer – Name of patient/Veteran

Prostate Cancer
Disability Benefits Questionnaire

Name of patient/Veteran:

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

2.2 Section 1. Diagnosis

The question “Does the Veteran now have or has he ever been diagnosed with prostate cancer?” 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 supporting this is required. The remainder of the template may be completed without answering any additional questions or the user may input answers to any of the optional questions as indicated by the rules described in this document.

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

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

Table 2: Rules: DBQ – Prostate Cancer – 1. Diagnosis

Field/Question	Field Disposition	Valid Values	Format	Error Message
1.Diagnosis	Enabled, Read-Only	N/A	N/A	N/A
Does the Veteran now have or has he ever been diagnosed with prostate cancer?	Enabled, Mandatory; Choose one valid value	[Yes; No]	N/A	Please answer the question: Does the Veteran now have or has he ever been diagnosed with prostate cancer?
If no, provide rationale (e.g. Veteran has never had prostate cancer):	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = No; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please provide the rationale for indicating the Veteran has not been diagnosed with prostate cancer.
If yes, provide only diagnoses that pertain to prostate cancer.	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Read-Only Else; Disabled	N/A	N/A	N/A
Diagnosis #1:	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter a value in the 'Diagnosis #1' field.

Field/Question	Field Disposition	Valid Values	Format	Error Message
ICD code:	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #1.
Date of diagnosis:	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis #1.
Diagnosis #2:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes and <i>Diagnosis #2 is populated</i> ; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #2.
Date of diagnosis:	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes and <i>Diagnosis #2 is populated</i> ; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis #2.
Diagnosis #3:	Enabled, Optional	N/A	Free Text	N/A
ICD code:	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes and <i>Diagnosis #3 is populated</i> ; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code for diagnosis #3.

Field/Question	Field Disposition	Valid Values	Format	Error Message
Date of diagnosis:	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes and Diagnosis #3 is populated; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis #3.
If there are additional diagnoses that pertain to prostate cancer, list using above format:	Enabled, Optional	N/A	Free Text	N/A

Figure 5: Template Example: DBQ – Prostate Cancer – 1. Diagnosis

1. Diagnosis

Does the Veteran now have or has he ever been diagnosed with prostate cancer?
 Yes No

If no, provide rationale (e.g. Veteran has never had prostate cancer):

If yes, provide only diagnoses that pertain to prostate cancer.

Diagnosis #1:

ICD code:

Date of diagnosis:

Diagnosis #2:

ICD code:

Date of diagnosis:

Diagnosis #3:

ICD code:

Date of diagnosis:

If there are additional diagnoses that pertain to prostate cancer, list using above format:

Figure 6: Print Example: DBQ – Prostate Cancer – 1. Diagnosis

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1. Diagnosis
-----
Does the Veteran now have or has he ever been diagnosed with prostate
cancer? [X] Yes   [ ] No

If no, provide rationale (e.g. Veteran has never had prostate cancer) :

If yes, provide only diagnoses that pertain to prostate cancer.
  Diagnosis #1:
    ICD code:
    Date of diagnosis:

```

Diagnosis #2:
 ICD code:
 Date of diagnosis:

Diagnosis #3:
 ICD code:
 Date of diagnosis:

If there are additional diagnoses that pertain to prostate cancer, list using above format:

2.3 Section 2. Medical history

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

Table 3: Rules: DBQ – Prostate Cancer – 2. Medical history

Field/Question	Field Disposition	Valid Values	Format	Error Message
2. Medical history	Enabled; Read Only	N/A	N/A	N/A
a. Describe the history (including onset and course) of the Veteran's prostate cancer condition (brief summary):	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory Else; Optional	N/A	Free Text	Please describe the history, including onset and course, of the Veteran's prostate cancer condition.
b. Indicate status of disease:	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Active; Remission]	N/A	Please indicate the status of the disease.

Figure 7: Template Example: DBQ – Prostate Cancer – 2. Medical history

2. Medical history

a. Describe the history (including onset and course) of the Veteran's prostate cancer condition (brief summary):

b. Indicate status of disease:

Active

Remission

Figure 8: Print Example: DBQ – Prostate Cancer – 2. Medical history

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2. Medical history
-----
a. Describe the history (including onset and course) of the Veteran's
  prostate cancer condition (brief summary):

b. Indicate status of disease:
  [ ] Active
  [ ] Remission
  
```

2.4 **Section 3. Treatment**

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

Table 4: Rules: DBQ – Prostate Cancer – 3. Treatment

Field/Question	Field Disposition	Valid Values	Format	Error Message
3.Treatment	Enabled; Read Only	N/A	N/A	N/A
Has the Veteran completed any treatment for prostate cancer or is the Veteran currently undergoing any treatment for prostate cancer?	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No, watchful waiting]	N/A	Please answer the question: Has the Veteran completed any treatment for prostate cancer or is the Veteran currently undergoing any treatment for prostate cancer?
If yes, indicate treatment type(s) (check all that apply):	If <i>the previous question = Yes</i> ; Enabled, Mandatory, Choose one or more valid values Else; Disabled	Treatment completed, currently in watchful waiting status; Surgery: Radical prostatectomy, Transurethral resection prostatectomy, Other (describe): Other surgical procedure (describe), Date of surgery: ; Radiation therapy : Date of completion of treatment or anticipated date of completion: ; Brachytherapy : Date of treatment: ; Antineoplastic chemotherapy: Date of most recent treatment: Date of completion of treatment or anticipated date of completion: ; Androgen Deprivation Therapy (Hormonal Therapy): Date of most recent treatment: , Date of completion of treatment or anticipated date of completion: ; Other therapeutic procedure and/or treatment (describe): Date of procedure: , Date of completion of treatment or anticipated date of completion:]	N/A	Please check all applicable treatment type(s).
Other surgical procedure (describe):	If <i>treatments include Surgery and other surgical procedure</i> ; Enabled, Mandatory	N/A	Free Text	Please describe the other surgical procedure performed.

	Else; Disabled			
Date of surgery:	If <i>treatments include Surgery and other surgical procedure</i> ; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of surgery.
Date of completion of treatment or anticipated date of completion:	If <i>treatment = Radiation therapy</i> ; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the radiation therapy's date of completion (actual or anticipated).
Date of treatment:	If <i>treatments include Brachytherapy</i> ; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date of brachytherapy treatment.
Date of completion of treatment or anticipated date of completion:	If <i>treatments include Antineoplastic chemotherapy</i> ; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the antineoplastic chemotherapy treatment's date of completion (actual or anticipated).
Date of completion of treatment or anticipated date of completion:	If <i>treatments include Androgen Deprivation Therapy (Hormonal Therapy)</i> ; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the androgen deprivation therapy (hormonal therapy) treatment's date of completion (actual or anticipated).
Other therapeutic procedure and/or treatment (describe):	If <i>treatments include Other therapeutic procedure and/or treatment</i> ; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the other therapeutic procedure and/or treatment performed.
Date of procedure:	If <i>treatment = Other therapeutic procedure and/or treatment</i> ; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the date the other therapeutic procedure and/or treatment was performed.
Date of completion of treatment or anticipated date of completion:	If <i>treatments include Other therapeutic procedure and/or treatment</i> ; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please enter the other therapeutic procedure and/or treatment's date of completion (actual or anticipated).

Figure 9: Template Example: DBQ – Prostate Cancer – 3. Treatment

3. Treatment

Has the Veteran completed any treatment for prostate cancer or is the Veteran currently undergoing any treatment for prostate cancer?
 Yes No; watchful waiting

If yes, indicate treatment type(s) (check all that apply):

- Treatment completed; currently in watchful waiting status
- Surgery
 - Prostatectomy
 - Radical prostatectomy
 - Transurethral resection prostatectomy
 - Other (describe):
 - Other surgical procedure (describe):
- Date of surgery:
- Radiation therapy
 - Date of completion of treatment or anticipated date of completion:
- Brachytherapy
 - Date of treatment:
- Antineoplastic chemotherapy
 - Date of completion of treatment or anticipated date of completion:
- Androgen deprivation therapy (hormonal therapy)
 - Date of completion of treatment or anticipated date of completion:
- Other therapeutic procedure and/or treatment (describe):
 - Date of procedure:
 - Date of completion of treatment or anticipated date of completion:

Figure 10: Print Example: DBQ – Prostate Cancer – 3. Treatment

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3. Treatment
-----
Has the Veteran completed any treatment for prostate cancer or is the
Veteran currently undergoing any treatment for prostate cancer?
  [X] Yes   [ ] No; watchful waiting

If yes, indicate the treatment type(s) (check all that apply):
  [ ] Treatment completed; currently in watchful waiting status
  [X] Surgery
      [X] Prostatectomy
          [ ] Radical prostatectomy
          [ ] Transurethral resection prostatectomy
          [ ] Other (describe):
      [ ] Other surgical procedure (describe):
      Date of surgery:
  [X] Radiation therapy
      Date of completion of treatment or anticipated date of
      completion:
  [X] Brachytherapy
      Date of treatment:
  [X] Antineoplastic chemotherapy
      Date of completion of treatment or anticipated date of
      completion:
  [X] Androgen deprivation therapy (hormonal therapy)
      Date of completion of treatment or anticipated date of
      completion:
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Other therapeutic procedure and/or treatment (describe):
Date of procedure:
Date of completion of treatment or anticipated date of
completion:

2.5 **Section 4. 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 5: Rules: DBQ – Prostate Cancer – 4. Voiding dysfunction

Field/Question	Field Disposition	Valid Values	Format	Error Message
4.Voiding dysfunction	Enabled; Read Only	N/A	N/A	N/A
Does the Veteran have a voiding dysfunction?	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer? = Yes</i> ; Enabled, Mandatory, Choose one valid value Else, Enabled, Optional	[Yes; No]	N/A	Please answer the question: Does the Veteran have a voiding dysfunction?
If yes, provide etiology of voiding dysfunction:	If <i>Does the Veteran have a voiding dysfunction? = Yes</i> , Enabled, Mandatory Else, Disabled	N/A	Free Text	Please provide the etiology of the voiding dysfunction.
If the Veteran has a voiding dysfunction, complete the following questions:	If <i>Does the Veteran have a voiding dysfunction? = Yes</i> ; Enabled; Read-Only Else; Disabled	N/A	N/A	N/A
a. Does the voiding dysfunction cause urine leakage?	If <i>Does the Veteran have a voiding dysfunction? = Yes</i> , Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction cause urine leakage?
Indicate severity (check one):	If <i>Does the voiding dysfunction cause urine leakage? = Yes</i> , Enabled, Mandatory, Choose one valid value Else; Disabled	[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:]	N/A	Please check the applicable statement pertaining to the voiding dysfunction causing urine leakage.
Other, Describe:	If <i>Does the voiding dysfunction cause urine leakage? = Other</i> , Enabled; Mandatory	N/A	Free Text	Please describe the other severity of the urine leakage.

	Else; Disabled			
b. Does the voiding dysfunction require the use of an appliance?	If <i>Does the Veteran have a voiding dysfunction?</i> = Yes, Enabled, Mandatory; Choose one valid value Else, Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction require the use of an appliance?
If yes, describe the appliance:	If <i>Does the voiding dysfunction require the use of an appliance?</i> = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the appliance used for the voiding dysfunction.
c. Does the voiding dysfunction cause increased urinary frequency?	If <i>Does the Veteran have a voiding dysfunction?</i> = Yes, Enabled, Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction cause increased urinary frequency?
If yes, check all that apply:	If <i>Does the voiding dysfunction cause increased urinary frequency?</i> = Yes; Enabled, Mandatory; Choose one valid value for Daytime and one valid value for Nighttime Else; Disabled	[Daytime voiding interval between 2 and 3 hours; Daytime voiding interval between 1 and 2 hours; Daytime voiding interval less than 1 hour;] AND [Nighttime awakening to void 2 times; Nighttime awakening to void 3 to 4 times; Nighttime awakening to void 5 or more times]	N/A	Please check the applicable statement(s) pertaining to the increased urinary frequency.
d. Does the voiding dysfunction cause signs or symptoms of obstructed voiding?	If <i>Does the Veteran have a voiding dysfunction?</i> = Yes, Enabled, Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the voiding dysfunction cause signs or symptoms of obstructed voiding?
If yes, check all signs and symptoms that apply:	If <i>Does the voiding dysfunction cause signs or symptoms of obstructed voiding?</i> = Yes; Enabled, Mandatory; Choose one or more valid values	[Hesitancy; Slow or weak stream; Decreased force of stream; Stricture	N/A	Please check one or more boxes to indicate the signs and symptoms of obstructed voiding.

	Else; Disabled	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 or continuous catheterization; Urinary retention requiring continuous catheterization; Other, describe:]		
If checked, is hesitancy marked?	If <i>Voiding dysfunction signs and symptoms include Hesitancy</i> ; Enabled, Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please indicate whether or not hesitancy is marked.
If checked, is stream markedly slow or weak?	If <i>Voiding dysfunction signs and symptoms include Slow or weak stream</i> ; Enabled, Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please indicate whether or not stream is markedly slow or weak.
If checked, is force of stream markedly decreased?	<i>Voiding dysfunction signs and symptoms include Decreased force of stream</i> ; Enabled, Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please indicate whether or not force of stream is markedly decreased.
Other, describe:	If <i>Voiding dysfunction signs</i>	N/A	Free	Please describe the other

	<i>and symptoms include Other;</i> Enabled, Mandatory Else; Disabled		Text	signs and symptoms of obstructed voiding.
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Figure 11: Template Example: DBQ – Prostate Cancer – 4. Voiding dysfunction

4. 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: _____

Figure 12: Print Example: DBQ – Prostate Cancer – 4. Voiding dysfunction

4. 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:

2.6 **Section 5. Urinary tract/kidney infection**

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

Table 6: Rules: DBQ – Prostate Cancer – 5. Urinary tract/kidney infection

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

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

Figure 13: Template Example: DBQ – Prostate Cancer – 5. Urinary tract/kidney infection

5. Urinary tract/kidney infection

Does the Veteran have a history of recurrent symptomatic urinary tract or kidney infections?
 Yes No

If yes, provide etiology:

If the Veteran has had recurrent symptomatic urinary tract or kidney infections, indicate all treatment modalities that apply:

No treatment
 Long-term drug therapy
 If checked, list medications used and indicate dates for courses of treatment over the past 12 months:

Hospitalization
 If checked, indicate frequency of hospitalization:
 1 or 2 per year
 > 2 per year

Drainage
 If checked, indicate dates when drainage performed over past 12 months:

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

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

Other, describe:

Figure 14: Print Example: DBQ – Prostate Cancer – 5. Urinary tract/kidney infection

5. Urinary tract/kidney infection

 Does the Veteran have a history of recurrent symptomatic urinary tract 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 for urinary tract infection and indicate dates for courses of treatment over the past 12 months:

Hospitalization
If checked, indicate frequency of hospitalization:
 1 or 2 per year
 More than 2 per year

Drainage
If checked, indicate dates when drainage performed over past 12 months:

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

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

Other, describe:

2.7 Section 6. 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 7: Rules: DBQ – Prostate Cancer – 6. Erectile dysfunction

Field/Question	Field Disposition	Valid Values	Format	Error Message
6. Erectile dysfunction	Enabled; Read Only	N/A	N/A	N/A
a. Does the Veteran have erectile dysfunction?	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory, Choose one valid value Else, Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have erectile dysfunction?
If yes, provide etiology:	If <i>Does the Veteran have erectile dysfunction?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	N/A	Free Text	Please provide the etiology of erectile dysfunction.
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?	If <i>Does the Veteran have erectile dysfunction?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not erectile dysfunction is attributable to one of the diagnoses in Section 1, including its residuals of treatment.
If yes, specify the diagnosis to which the erectile dysfunction is as likely as not attributable:	If <i>previous question</i> = Yes; Enabled; Mandatory Else; Disabled	N/A	Free Text	Please specify the diagnosis to which 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)?	If <i>Does the Veteran have erectile dysfunction?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not the Veteran is able to achieve an erection sufficient for penetration and ejaculation (without medication).
If no, is the Veteran able to achieve an erection sufficient for	If <i>previous question</i> = No; Enabled; Mandatory; Choose one valid value Else; Disabled	[Yes; No]	N/A	Please answer whether or not the Veteran is able to achieve an erection sufficient for penetration and ejaculation (with

penetration and ejaculation (with medication)?				medication).
--	--	--	--	--------------

Figure 15: Template Example: DBQ – Prostate Cancer – 6. Erectile dysfunction

6. 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 16: Print Example: DBQ – Prostate Cancer – 6. Erectile dysfunction

6. Erectile dysfunction

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

If yes, provide etiology:

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?
[X] 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

2.8 Section 7. 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 8: Rules: DBQ – Prostate Cancer – 7. Retrograde ejaculation

Field/Question	Field Disposition	Valid Values	Format	Error Message
7. Retrograde ejaculation	Enabled; Read Only	N/A	N/A	N/A
a. Does the Veteran have retrograde ejaculation?	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory, Choose one valid value Else, Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have retrograde ejaculation?
If yes, provide etiology of retrograde ejaculation.	If <i>Does the Veteran have retrograde ejaculation?</i> = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please provide the etiology of retrograde ejaculation.
b. If the Veteran has retrograde ejaculation, is the retrograde ejaculation as likely as not (at least a 50% probability) attributable to prostate cancer, including treatment or residuals of treatment for prostate cancer?	If <i>Does the Veteran have retrograde ejaculation?</i> = 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 <i>previous question</i> = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please specify the diagnosis to which retrograde ejaculation is as likely as not attributable.

Figure 17: Template Example: DBQ – Prostate Cancer –7. Retrograde ejaculation

7. 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 the retrograde ejaculation as likely as not (at least a 50% probability) attributable to prostate cancer, including treatment or residuals of treatment for prostate cancer?
 Yes No

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

Figure 18: Print Example: DBQ – Prostate Cancer – 7. Retrograde ejaculation

7. 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 the retrograde ejaculation as likely as not (at least a 50% probability) attributable to prostate cancer, including treatment or residuals of treatment for prostate cancer?
 Yes No

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

2.9 Section 8. Residual conditions and/or complications

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 – Prostate Cancer – 8. Residual conditions and/or complications

Field/Question	Field Disposition	Valid Values	Format	Error Message
8. Residuals of conditions and/or complications	Enabled, Read-Only	N/A	N/A	N/A
a. Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer?	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory, Choose one valid value Else, Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer?
If yes, describe:	If <i>Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer?</i> = Yes, Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe any other residual complications.

Figure 19: Template Example: DBQ – Prostate Cancer – 8. Residual conditions and/or complications

8. Residual conditions and/or complications

a. Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer?
 Yes No

If yes, describe:

Figure 20: Print Example: DBQ – Prostate Cancer – 8. Residual conditions and/or complications

<p>8. Residual conditions and/or complications ----- a. Does the Veteran have any other residual complications of prostate cancer or treatment for prostate cancer? [X] Yes [] No If yes, describe:</p>
--

2.10 Section 9. 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 10: Rules: DBQ – Prostate Cancer – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>9. Other pertinent physical findings, complications, conditions, signs and/or symptoms</u>	Enabled; Read-Only	N/A	N/A	N/A
a. Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of any conditions listed in the Diagnosis section above?	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please indicate whether or not the Veteran has any scars (surgical or otherwise) related to any conditions (or their treatment) listed in the Diagnosis section.
If yes, are any of the scars painful and/or unstable, or is the total area of all related scars greater than 39 square cm (6 square inches)?	If <i>Does the Veteran have any scars (surgical or otherwise) related to any conditions or to the treatment of conditions listed in the Diagnosis section above?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer whether or not any of the scars are painful and/or unstable, or if the total area of all related scars is greater than 39 square cm (6 square inches).
If yes, also complete a Scars Questionnaire.	If <i>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)?</i> = Yes; Enabled, Read-Only Else; Disabled	N/A	N/A	N/A
b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?
If yes, describe (brief summary):	If <i>Does the Veteran have any other pertinent physical findings, complications, conditions, signs or symptoms?</i> = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe any other pertinent findings, complications, signs and/or symptoms.

Figure 21: Template Example: DBQ – Prostate Cancer – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

9. 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):

Figure 22: Print Example: DBQ – Prostate Cancer – 9. Other pertinent physical findings, complications, conditions, signs and/or symptoms

9. 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?

[X] Yes [] No

If yes, also complete a Scars Questionnaire for each scar.

b. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms?

[X] Yes [] No

If yes, describe (brief summary):

2.11 Section 10. Diagnostic testing

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 11: Rules: DBQ – Prostate Cancer – 10. Diagnostic testing

Field/Question	Field Disposition	Valid Values	Format	Error Message
10. Diagnostic testing	Enabled, Read-Only	N/A	N/A	N/A
NOTE: If laboratory test results are in the medical record and reflect the Veteran's current condition, repeat testing is not required.	Enabled, Read-Only	N/A	N/A	N/A
Are there any significant diagnostic test findings and/or results?	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Are there any significant diagnostic test findings and/or results?
If yes, provide type of test or procedure, date and results (brief summary):	If <i>Are there any significant diagnostic test findings and/or results</i> = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please provide type of test or procedure, date and results.

Figure 23: Template Example: DBQ – Prostate Cancer – 10. Diagnostic testing

10. Diagnostic testing

NOTE: If laboratory test results are in the medical record and reflect the Veteran's current condition, repeat testing is not required.

Are there any significant diagnostic test findings and/or results?

Yes No

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

Figure 24: Print Example: DBQ – Prostate Cancer – 10. Diagnostic testing

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10. Diagnostic testing
-----
NOTE: If laboratory test results are in the medical record and reflect the
      Veteran's current condition, repeat testing is not required.

Are there any significant diagnostic test findings and/or results?
  [X] Yes   [ ] No

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

2.12 **Section 11. Functional impact**

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

Table 12: Rules: DBQ – Prostate Cancer – 11. Functional impact

Field/Question	Field Disposition	Valid Values	Format	Error Message
11. Functional Impact	Enabled, Read-Only	N/A	N/A	N/A
Does the Veteran’s prostate cancer impact his ability to work?	If <i>Does the Veteran now have or has he ever been diagnosed with prostate cancer?</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran's prostate cancer impact his ability to work?
If yes, describe the impact of the Veteran’s prostate cancer, providing one or more examples:	If <i>Does the Veteran’s prostate cancer impact his ability to work?</i> = Yes; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the impact of prostate cancer on the Veteran's ability to work, providing one or more examples.

Figure 25: Template Example: DBQ – Prostate Cancer – 11. Functional impact

11. Functional impact

Does the Veteran's prostate cancer impact his ability to work?

Yes No

If yes, describe the impact of the Veteran's prostate cancer, providing one or more examples:

Figure 26: Print Example: DBQ – Prostate Cancer – 11. Functional impact

```

11. Functional impact
-----
Does the Veteran's prostate cancer impact his ability to work?
[X] Yes   [ ] No

If yes, describe the impact of the Veteran's prostate cancer,
providing one or more examples:
    
```

2.13 **Section 12. Remarks, if any**

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

Table 13: Rules: DBQ – Prostate Cancer – 12. Remarks, if any

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

Figure 27: Template Example: DBQ – Prostate Cancer – 12. Remarks, if any

12. Remarks, if any

Figure 28: Print Example: DBQ – Prostate Cancer – 12. Remarks, if any

12. Remarks, if any

3 Prostate Cancer 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 PROSTATE CANCER" worksheet. DBQ-AMIE worksheets should be sent to a printer.

Prostate Cancer
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 prostate cancer?

Yes No

If no, provide rationale (e.g. Veteran has never had prostate cancer):

If yes, provide only diagnoses that pertain to prostate cancer.

Diagnosis #1: _____

ICD code: _____

Date of diagnosis: _____

Diagnosis #2: _____

ICD code: _____

Date of diagnosis: _____

Diagnosis #3: _____

ICD code: _____

Date of diagnosis: _____

If there are additional diagnoses that pertain to prostate cancer, list using above format: _____

2. Medical history

a. Describe the history (including onset and course) of the Veteran's prostate cancer condition (brief summary): _____

b. Indicate status of disease:

Active

Remission

Page: 2

Disability Benefits Questionnaire for
Prostate Cancer

3. Treatment

Has the Veteran completed any treatment for prostate cancer or is the Veteran currently undergoing any treatment for prostate cancer?

Yes No; watchful waiting

If yes, indicate treatment type(s) (check all that apply):

- Treatment completed; currently in watchful waiting status
- Surgery
 - Prostatectomy
 - Radical prostatectomy
 - Transurethral resection prostatectomy
 - Other (describe) _____
 - Other surgical procedure (describe): _____
- Date of surgery: _____
- Radiation therapy
 - Date of completion of treatment or anticipated date of completion: _____
- Brachytherapy
 - Date of treatment: _____
- Antineoplastic chemotherapy
 - Date of completion of treatment or anticipated date of completion: _____
- Androgen deprivation therapy (hormonal therapy)
 - Date of completion of treatment or anticipated date of completion: _____
- Other therapeutic procedure and/or treatment (describe): _____
- Date of procedure: _____
- Date of completion of treatment or anticipated date of completion: _____

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Disability Benefits Questionnaire for Prostate Cancer

4. 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

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Disability Benefits Questionnaire for
Prostate Cancer

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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Disability Benefits Questionnaire for
Prostate Cancer

5. Urinary tract/kidney infection

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

Yes No

If yes, provide etiology: _____

If the Veteran has had recurrent symptomatic urinary tract or kidney

infections, indicate all treatment modalities that apply:

- No treatment
- Long-term drug therapy
If checked, list medications used and indicate dates for courses of treatment over the past 12 months: _____
- Hospitalization
If checked, indicate frequency of hospitalization:
 1 or 2 per year
 > 2 per year
- Drainage
If checked, indicate dates when drainage performed over past 12 months: _____
- Continuous intensive management
If checked, indicate types of treatment and medications used over past 12 months: _____
- Intermittent intensive management
If checked, indicate types of treatment and medications used over past 12 months: _____
- Other, describe: _____

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Disability Benefits Questionnaire for Prostate Cancer

6. 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

7. 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: _____

8. Residual conditions and/or complications

a. Does the Veteran have any other residual conditions and/or complications due to prostate cancer or treatment for prostate cancer?

Yes No

If yes, describe: _____

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Disability Benefits Questionnaire for Prostate Cancer

9. 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): _____

10. Diagnostic testing

NOTE: If laboratory test results are in the medical record and reflect the Veteran's current condition, repeat testing is not required.

Are there any significant diagnostic test findings and/or results?

Yes No

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

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Disability Benefits Questionnaire for Prostate Cancer

11. Functional impact

Does the Veteran's prostate cancer impact his ability to work?

Yes No

If yes, describe the impact of the Veteran's prostate cancer, providing one or more examples: _____

12. 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.