

**CRANIAL NERVES DISEASES
DISABILITY BENEFITS QUESTIONNAIRE**

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) **WILL NOT PAY OR REIMBURSE** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM.

Note - The Veteran 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. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the veteran's application. VA reserves the right to confirm the authenticity of ALL questionnaires completed by providers. **It is intended that this questionnaire will be completed by the Veteran's provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

Veteran/Claimant

Other: please describe

Are you a VA Healthcare provider? Yes No

Is the Veteran regularly seen as a patient in your clinic? Yes No

Was the Veteran examined in person? Yes No

If no, how was the examination conducted?

EVIDENCE REVIEW

Evidence reviewed:

No records were reviewed

Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A CRANIAL NERVE CONDITION? (This is the condition the Veteran is claiming or for which an exam has been requested)

YES NO

NOTE: Disabilities from conditions involving cranial nerves I, II, III, IV, VI, and VII are addressed in other DBQs, including Eye, Hearing Loss and Tinnitus, and Loss of Smell and Taste; if those cranial nerves are involved, the appropriate DBQ(s) should be completed in addition or lieu of this Questionnaire.

1B. IF YES, PROVIDE ONLY DIAGNOSES THAT PERTAIN TO CRANIAL NERVE CONDITIONS:

DIAGNOSIS # 1 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 3 -	ICD CODE -	DATE OF DIAGNOSIS -

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO CRANIAL NERVES, LIST USING ABOVE FORMAT

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including etiology, onset and course) OF THE VETERAN'S CRANIAL NERVE CONDITION (brief summary)

2B. INDICATE THE CRANIAL NERVES AFFECTED BY THE VETERAN'S CONDITION (check all that apply)

- CRANIAL NERVE I (olfactory) (If checked, complete the Loss of Sense of Smell and Taste DBQ)
- CRANIAL NERVES II - IV, VI (If checked, complete the Eye Conditions DBQ)
- CRANIAL NERVE V (trigeminal)
- CRANIAL NERVE VII (facial)
- CRANIAL NERVE VIII (If checked, complete the Hearing Loss and Tinnitus DBQ)
- CRANIAL NERVE IX (glossopharyngeal)
- CRANIAL NERVE X (vagus)
- CRANIAL NERVE XI (spinal accessory)
- CRANIAL NERVE XII (hypoglossal)

SECTION III - FINDINGS, SIGNS AND SYMPTOMS

3. DOES THE VETERAN HAVE FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY CONDITIONS AFFECTING CRANIAL NERVES, V, VII, AND/OR IX-XII?

YES NO (If "Yes," indicate symptoms (check all that apply))

A. CONSTANT PAIN, AT TIMES EXCRUCIATING (if checked, indicate location and severity):

Upper face, eye and/or forehead

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe

Left: Mild Moderate Severe

SECTION III - FINDINGS, SIGNS AND SYMPTOMS (Continued)

3. DOES THE VETERAN HAVE FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY CONDITIONS AFFECTING CRANIAL NERVES, V, VII, AND/OR IX-XII?
(Continued)

B. INTERMITTENT PAIN (if checked, indicate location and severity):

Upper face, eye and/or forehead

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe

Left: Mild Moderate Severe

C. DULL PAIN (if checked, indicate location and severity):

Upper face, eye and/or forehead

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe

Left: Mild Moderate Severe

D. PARESTHESIAS AND/OR DYSESTHESIAS (if checked, indicate location and severity):

Upper face, eye and/or forehead

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe

Left: Mild Moderate Severe

E. NUMBNESS (if checked, indicate location and severity):

Upper face, eye and/or forehead

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Mid face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Lower face

Right: Mild Moderate Severe

Left: Mild Moderate Severe

Side of mouth and throat

Right: Mild Moderate Severe

Left: Mild Moderate Severe

SECTION III - FINDINGS, SIGNS AND SYMPTOMS (Continued)

3. DOES THE VETERAN HAVE FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY CONDITIONS AFFECTING CRANIAL NERVES, V, VII, AND/OR IX-XII?
(Continued)

- F. DIFFICULTY CHEWING (If checked, indicate severity): Mild Moderate Severe
- G. DIFFICULTY SWALLOWING (If checked, indicate severity): Mild Moderate Severe
- H. DIFFICULTY SPEAKING (If checked, indicate severity): Mild Moderate Severe
- I. INCREASED SALIVATION (If checked, indicate severity): Mild Moderate Severe
- J. DECREASED SALIVATION (If checked, indicate severity): Mild Moderate Severe
- K. GASTROINTESTINAL SYMPTOMS (If checked, indicate severity): Mild Moderate Severe
- L. OTHER SYMPTOMS (If checked, describe): Mild Moderate Severe

SECTION IV - MUSCLE STRENGTH TESTING

4. MUSCLE STRENGTH TESTING (Rate strength using the following levels to estimate strength of muscle groups. This summary provides useful information for VA purposes)

ALL NORMAL

A. Cranial nerve V: (Motor: muscles of mastication; clench jaw, palpate masseter, temporalis)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

B. Cranial nerve VII, upper portion of face: (Motor: muscles of facial expression, shuts eyes tightly)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

C. Cranial nerve VII, lower portion of face: (Motor: muscles of facial expression; grins)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

D. Cranial nerve IX, X: (Motor: swallow, cough, palate elevation; "say ah", gag reflex if indicated)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

E. Cranial nerve XI: (Motor: trapezius, sternocleidomastoid; shoulder shrug, turn head against resistance)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

F. Cranial nerve XII: (Motor: protrude tongue, move tongue from side to side)

RIGHT: Normal Mild Moderate Severe Complete paralysis

LEFT: Normal Mild Moderate Severe Complete paralysis

SECTION V - SENSORY EXAM

5. PROVIDE RESULTS FOR SENSATION TESTING TO LIGHT TOUCH FOR FACIAL SENSATION:

ALL NORMAL

Cranial nerve V:

Upper face and forehead

RIGHT: Normal Decreased Absent

LEFT: Normal Decreased Absent

Mid face

RIGHT: Normal Decreased Absent

LEFT: Normal Decreased Absent

Lower face

RIGHT: Normal Decreased Absent

LEFT: Normal Decreased Absent

SECTION VI - CRANIAL NERVE SUMMARY EVALUATION

6. INDICATE THE CRANIAL NERVE(S) AFFECTED. FOR EACH NERVE, INDICATE SEVERITY ("*degree of paralysis*"), BASING THE RESPONSES ON SYMPTOMS AND FINDINGS FROM THE ABOVE EXAM. THIS SECTION PROVIDES AN ESTIMATION OF THE SEVERITY OF THE VETERAN'S CRANIAL NERVE CONDITION, WHICH IS USEFUL FOR VA PURPOSES.

NOTE: For VA purposes, the term "incomplete paralysis" indicates a degree of lost or impaired function substantially less than the description of complete paralysis that is given below with each nerve, whether due to a varied level of the nerve lesion or to partial regeneration.

<input type="checkbox"/> Cranial nerve V (trigeminal)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve VII (facial)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve IX (glossopharyngeal)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve X (vagus)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve XI (spinal accessory)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
<input type="checkbox"/> Cranial nerve XII (hypoglossal)	RIGHT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete
	LEFT: <input type="checkbox"/> Not affected	<input type="checkbox"/> Incomplete, moderate	<input type="checkbox"/> Incomplete, severe	<input type="checkbox"/> Complete

SECTION VII - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

7A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

YES NO (If "Yes," describe (brief summary):

7B. 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 THESE SCARS PAINFUL AND/OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM (6 square inches); OR ARE LOCATED ON THE HEAD, FACE, OR NECK?

YES NO

IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE (DBQ).

IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION: _____ MEASUREMENTS: Length _____ cm X width _____ cm.

NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in the "Remarks" section. It is not necessary to also complete a Scars/Disfigurement DBQ.

7C. COMMENTS, IF ANY:

SECTION VIII - DIAGNOSTIC TESTING

NOTE - For the purpose of this examination, diagnostic or imaging studies are usually not required to diagnose specific cranial nerve conditions in the appropriate clinical setting.

8A. HAVE IMAGING OR OTHER DIAGNOSTIC STUDIES BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

YES NO (If "Yes," provide type of study, date and results)

8B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

YES NO (If "Yes," provide type of test or procedure, date and results - brief summary)

SECTION IX - FUNCTIONAL IMPACT

9. DOES THE VETERAN'S CRANIAL NERVE CONDITION IMPACT HIS OR HER ABILITY TO WORK?

YES NO (If "Yes," describe impact of each of the Veteran's cranial nerve conditions, providing one or more examples)

SECTION X - REMARKS

10. REMARKS (If any)

SECTION XI - EXAMINER'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

11A. Examiner's signature:

11B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

11C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

11D. Date Signed:

11E. Examiner's phone/fax numbers:

11F. National Provider Identifier (NPI) number:

11G. Medical license number and state:

11H. Examiner's address: