OMB Approved No. 2900-0781
Respondent Burden: 30 Minutes
Expiration Date: 12/31/2022

Department of Veterans Affairs

CRANIAL NERVES DISEASES DISABILITY BENEFITS QUESTIONNAIRE

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. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING THIS FORM.

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

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NOTE TO PHYSICIAN - 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. VA reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.

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 *(If "Yes," complete Item 1B)*

NOTE: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the "Remarks" section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an appropriate date determined through record review or reported history.

1B. 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 RECORD REVIEW

2. INDICATE MEDICAL RECORDS REVIEWED IN PREPARATION OF THIS REPORT:

☐ C-FILE *(VA ONLY)*

☐ OTHER *(Describe)*: _____

SECTION III - MEDICAL HISTORY

3A. DESCRIBE THE HISTORY *(including etiology, onset and course)* OF THE VETERAN'S CRANIAL NERVE CONDITION *(brief summary)*:

3B. INDICATE THE CRANIAL NERVES AFFECTED BY THE VETERAN'S CONDITION *(check all that apply)*

☐ CRANIAL NERVE I *(olfactory) (If checked, complete VA Form 21-0960N-3, Loss of Sense of Smell and Taste Disability Benefits Questionnaire)*

☐ CRANIAL NERVES II - IV, VI *(If checked, complete VA Form 21-0960N-2, Eye Conditions Disability Benefits Questionnaire)*

☐ CRANIAL NERVE V *(trigeminal)*

☐ CRANIAL NERVE VII *(facial)*

☐ CRANIAL NERVE VIII *(If the veteran has hearing loss or tinnitus attributable to any cranial nerve condition, the VA regional office will schedule a hearing loss or tinnitus exam, as appropriate)*

☐ CRANIAL NERVE IX *(glossopharyngeal)*

☐ CRANIAL NERVE X *(vagus)*

☐ CRANIAL NERVE XI *(spinal accessory)*

☐ CRANIAL NERVE XII *(hypoglossal)*

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SECTION IV - FINDINGS, SIGNS AND SYMPTOMS

4. 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

☐ 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

SECTION IV - FINDINGS, SIGNS AND SYMPTOMS *(Continued)*

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

☐ 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

☐ 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)*:

_____

SECTION V - MUSCLE STRENGTH TESTING

5. 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

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SECTION VI - SENSORY EXAM

6. 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 VII - CRANIAL NERVE SUMMARY EVALUATION

7A. 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.*

☐ Cranial nerve V *(trigeminal)*

RIGHT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

LEFT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

☐ Cranial nerve VII *(facial)*

RIGHT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

LEFT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

☐ Cranial nerve IX *(glossopharyngeal)*

RIGHT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

LEFT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

☐ Cranial nerve X *(vagus)*

RIGHT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

LEFT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

☐ Cranial nerve XI *(spinal accessory)*

RIGHT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

LEFT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

☐ Cranial nerve XII *(hypoglossal)*

RIGHT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

LEFT: ☐ Not affected ☐ Incomplete, moderate ☐ Incomplete, severe ☐ Complete

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

8A. 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?

☐ 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.

8B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN SECTION 1, DIAGNOSIS?

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

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SECTION IX - 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.

9A. HAVE IMAGING OR OTHER DIAGNOSTIC STUDIES BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

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

9B. 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 X - FUNCTIONAL IMPACT AND REMARKS

10. 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 XI - REMARKS

11. REMARKS *(If any)*

SECTION XII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

12A. PHYSICIAN'S SIGNATURE	12B. PHYSICIAN'S PRINTED NAME	12C. DATE SIGNED

12D. PHYSICIAN'S PHONE/FAX NUMBERS	12E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	12F. PHYSICIAN'S ADDRESS

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

IMPORTANT - Physician please fax the completed form to _____

(VA Regional Office FAX No.)

NOTE - A list of VA Regional Office FAX Numbers can be found at **www.benefits.va.gov/disabilityexams** or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of low in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete a form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.