Department of Veterans Affairs

SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE

Name of Patient/Veteran	Patient/Veteran's Social Security Number	Date of examination:

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 completed questionnaires. **It is intended that this questionnaire will be completed by the Veteran's healthcare provider.**

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

☐ Veteran/Claimant

☐ Third party (please list name(s) of organization(s) or individual(s))

☐ 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 1 - DIAGNOSIS

1A. Does the Veteran have one or more scars anywhere on the body, or disfigurement of the head, face, or neck?

◯ Yes ◯ No

If yes, provide only diagnoses that pertain to scars anywhere on the body, or disfigurement of the head, face, or neck:

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 scars anywhere on the body, or disfigurement of the head, face, or neck due to scars or other causes, list using above format:

1B. Does the Veteran have any scars on the trunk or extremities (regions other than the head, face, or neck)?

◯ Yes ◯ No If "Yes," complete Section 2.

1C. Does the Veteran have any scars or disfigurement of the head, face, or neck?

◯ Yes ◯ No If "Yes," complete Section 3.

INSTRUCTIONS: Provide all linear measurements in centimeters and area measurements in centimeters squared.
For non-linear scars, measure the length and width at their widest points.
After measuring the scars, use the summary sections to provide the combined approximate total area for all scars in each region.
If scars are too numerous to count (for example, multiple scattered shrapnel wound scars, acne scarring or pseudofolliculitis barbae), indicate “TNTC” and provide approximate combined total area.
Regardless of the answer to questions 1B and 1C, complete Section 3.

SECTION 2 - SCARS OF THE TRUNK AND EXTREMITIES

1. MEDICAL HISTORY

A. Describe the history (including cause/origin and course) of the Veteran's scar(s) of the trunk or extremities (brief summary):

B. Are any of the scars of the trunk or extremities painful?

◯ Yes ◯ No If yes, specify the number of painful scars: ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 or more

Describe the pain (if there are multiple painful scars, be sure to adequately identify which scars are painful):

C. Are any of the scars of the trunk or extremities unstable, with frequent loss of covering of skin over the scar?

◯ Yes ◯ No If yes, specify the number of unstable scars: ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 or more

Describe the loss of covering of skin over the scar (if there are multiple unstable scars, be sure to adequately identify which scars are unstable):

D. Are any of the scars of the trunk or extremities due to burns?

◯ Yes ◯ No If yes, identify each burn scar and state depth of original burn:

Burn scar #1: _____

◯ Full thickness or sub-dermal ◯ Deep partial thickness ◯ Less than deep partial thickness

Burn scar #2: _____

◯ Full thickness or sub-dermal ◯ Deep partial thickness ◯ Less than deep partial thickness

If there are additional burn scars of the trunk and extremities, list using the same format:

2. PHYSICAL EXAM FOR SCARS ON THE TRUNK AND EXTREMITIES 2-1. DETAILS OF SCAR FINDINGS FOR THE TRUNK AND EXTREMITIES

Indicate the anatomical regions affected and complete appropriate sections:

A. Right Upper Extremity

◯ Affected ◯ Not affected

Specify the location of scars on the right upper extremity and number them: _____

Indicate the length and width of each scar:

Scar # 1: _____ x _____ cm Scar # 3: _____ x _____ cm Scar # 5: _____ x _____ cm

Scar # 2: _____ x _____ cm Scar # 4: _____ x _____ cm If additional scars, list using same format: _____

Are any of the scars tender to palpation? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Are any of the scars unstable upon inspection? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Do any of the scars have underlying soft tissue damage? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

B. Left Upper Extremity

◯ Affected ◯ Not affected

Specify the location of scars on the left upper extremity and number them: _____

Indicate the length and width of each scar:

Scar # 1: _____ x _____ cm Scar # 3: _____ x _____ cm Scar # 5: _____ x _____ cm

Scar # 2: _____ x _____ cm Scar # 4: _____ x _____ cm If additional scars, list using same format: _____

Are any of the scars tender to palpation? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Are any of the scars unstable upon inspection? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Do any of the scars have underlying soft tissue damage? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

C. Right Lower Extremity

◯ Affected ◯ Not affected

Specify the location of scars on the right lower extremity and number them: _____

Indicate the length and width of each scar:

Scar # 1: _____ x _____ cm Scar # 3: _____ x _____ cm Scar # 5: _____ x _____ cm

Scar # 2: _____ x _____ cm Scar # 4: _____ x _____ cm If additional scars, list using same format: _____

Are any of the scars tender to palpation? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Are any of the scars unstable upon inspection? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Do any of the scars have underlying soft tissue damage? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

D. Left Lower Extremity

◯ Affected ◯ Not affected

Specify the location of scars on the left lower extremity and number them: _____

Indicate the length and width of each scar:

Scar # 1: _____ x _____ cm Scar # 3: _____ x _____ cm Scar # 5: _____ x _____ cm

Scar # 2: _____ x _____ cm Scar # 4: _____ x _____ cm If additional scars, list using same format: _____

Are any of the scars tender to palpation? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Are any of the scars unstable upon inspection? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Do any of the scars have underlying soft tissue damage? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

E. Anterior Trunk

◯ Affected ◯ Not affected

Specify the location of scars on the anterior trunk and number them: _____

Indicate the length and width of each scar:

Scar # 1: _____ x _____ cm Scar # 3: _____ x _____ cm Scar # 5: _____ x _____ cm

Scar # 2: _____ x _____ cm Scar # 4: _____ x _____ cm If additional scars, list using same format: _____

Are any of the scars tender to palpation? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Are any of the scars unstable upon inspection? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Do any of the scars have underlying soft tissue damage? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

F. Posterior Trunk

◯ Affected ◯ Not affected

Specify the location of scars on the posterior trunk and number them: _____

Indicate the length and width of each scar:

Scar # 1: _____ x _____ cm Scar # 3: _____ x _____ cm Scar # 5: _____ x _____ cm

Scar # 2: _____ x _____ cm Scar # 4: _____ x _____ cm If additional scars, list using same format: _____

Are any of the scars tender to palpation? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Are any of the scars unstable upon inspection? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

Do any of the scars have underlying soft tissue damage? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

2-2. SUMMARY OF SCAR FINDINGS FOR THE TRUNK AND EXTREMITIES

A. Scars Without Underlying Tissue Damage:
Check all that apply and provide the approximate combined total area in centimeters squared for each affected anatomical region:

☐ None

☐ Right upper extremity: Approximate total area: _____ cm2

☐ Left upper extremity: Approximate total area: _____ cm2

☐ Right lower extremity: Approximate total area: _____ cm2

☐ Left lower extremity: Approximate total area: _____ cm2

☐ Anterior trunk: Approximate total area: _____ cm2

☐ Posterior trunk: Approximate total area: _____ cm2

B. Scars With Underlying Tissue Damage:
Check all that apply and provide the approximate combined total area in centimeters squared for each affected anatomical region:

☐ None ☐ Right upper extremity: Approximate total area: _____ cm2

☐ Left upper extremity: Approximate total area: _____ cm2

☐ Right lower extremity: Approximate total area: _____ cm2

☐ Left lower extremity: Approximate total area: _____ cm2

☐ Anterior trunk: Approximate total area: _____ cm2

☐ Posterior trunk: Approximate total area: _____ cm2

SECTION 3 - SCARS OR OTHER DISFIGUREMENT OF THE HEAD, FACE OR NECK

1. MEDICAL HISTORY

A. Describe the history (including cause/origin and course) of the Veteran's scar(s) or other disfigurement of the head, face or neck (brief summary):

B. Are any of the scars of the head, face or neck painful?

◯ Yes ◯ No If yes, specify the number of painful scars: ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 or more

Describe the pain (if there are multiple painful scars, be sure to adequately identify which scars are painful):

C. Are any of the scars of the head, face or neck unstable, with frequent loss of covering of skin over the scar?

◯ Yes ◯ No If yes, specify the number of unstable scars: ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 or more

Describe the loss of covering of skin over the scar (if there are multiple unstable scars, be sure to adequately identify which scars are unstable):

D. Are any of the scars of the head, face or neck due to burns?

◯ Yes ◯ No If yes, identify each burn scar and state depth of original burn:

Burn scar #1: _____

◯ Full thickness or sub-dermal ◯ Deep partial thickness ◯ Less than deep partial thickness

Burn scar #2: _____

◯ Full thickness or sub-dermal ◯ Deep partial thickness ◯ Less than deep partial thickness

If there are additional burn scars of the head, face or neck, list using the same format:

2 - PHYSICAL EXAM FOR SCARS OR DISFIGUREMENT OF THE HEAD, FACE AND NECK

2-1. DETAILS OF SCAR OR DISFIGUREMENT FOR THE HEAD, FACE AND NECK

A. Identify each scar or disfigurement and provide measurements:

Scar/Disfigurement #1

Indicate type of impairment: ◯ Scar ◯ Disfigurement

Location of scar/disfigurement #1: _____

Length and width (at widest part) of scar/disfigurement #1: _____ x _____ cm

Scar/Disfigurement #2

Indicate type of impairment: ◯ Scar ◯ Disfigurement

Location of scar/disfigurement #2: _____

Length and width (at widest part) of scar/disfigurement #2: _____ x _____ cm

Scar/Disfigurement #3

Indicate type of impairment: ◯ Scar ◯ Disfigurement

Location of scar/disfigurement #3: _____

Length and width (at widest part) of scar/disfigurement #3: _____ x _____ cm

Scar/Disfigurement #4

Indicate type of impairment: ◯ Scar ◯ Disfigurement

Location of scar/disfigurement #4: _____

Length and width (at widest part) of scar/disfigurement #4: _____ x _____ cm

Scar/Disfigurement #5

Indicate type of impairment: ◯ Scar ◯ Disfigurement

Location of scar/disfigurement #5: _____

Length and width (at widest part) of scar/disfigurement #5: _____ x _____ cm

If additional scars or disfigurement, list using the same format:

B. Is there elevation, depression, adherence to underlying tissue, or missing underlying soft tissue?

◯ Yes ◯ No

If yes, check all that apply:

☐ Surface contour elevated on palpation

If checked, identify each affected scar/disfigurement:

☐ Scar/Disfigurement #1 ☐ Scar/Disfigurement #3 ☐ Scar/Disfigurement #5

☐ Scar/Disfigurement #2 ☐ Scar/Disfigurement #4 ☐ Other _____

☐ Surface contour depressed on palpation

If checked, identify each affected scar/disfigurement:

☐ Scar/Disfigurement #1 ☐ Scar/Disfigurement #3 ☐ Scar/Disfigurement #5

☐ Scar/Disfigurement #2 ☐ Scar/Disfigurement #4 ☐ Other _____

☐ Scar adherent to underlying tissue

If checked, identify each affected scar/disfigurement:

☐ Scar/Disfigurement #1 ☐ Scar/Disfigurement #3 ☐ Scar/Disfigurement #5

☐ Scar/Disfigurement #2 ☐ Scar/Disfigurement #4 ☐ Other _____

☐ Underlying soft tissue missing

If checked, identify each affected scar/disfigurement:

☐ Scar/Disfigurement #1 ☐ Scar/Disfigurement #3 ☐ Scar/Disfigurement #5

☐ Scar/Disfigurement #2 ☐ Scar/Disfigurement #4 ☐ Other _____

C. Is there abnormal pigmentation or texture of the head, face, or neck?

◯ Yes ◯ No

If yes, check all that apply:

☐ Hypopigmentation

If checked, identify each affected scar/disfigurement:

☐ Scar/Disfigurement #1 ☐ Scar/Disfigurement #3 ☐ Scar/Disfigurement #5

☐ Scar/Disfigurement #2 ☐ Scar/Disfigurement #4 ☐ Other _____

☐ Hyperpigmentation

If checked, identify each affected scar/disfigurement:

☐ Scar/Disfigurement #1 ☐ Scar/Disfigurement #3 ☐ Scar/Disfigurement #5

☐ Scar/Disfigurement #2 ☐ Scar/Disfigurement #4 ☐ Other _____

☐ Induration and inflexibility

If checked, identify each affected scar/disfigurement:

☐ Scar/Disfigurement #1 ☐ Scar/Disfigurement #3 ☐ Scar/Disfigurement #5

☐ Scar/Disfigurement #2 ☐ Scar/Disfigurement #4 ☐ Other _____

☐ Abnormal texture

If checked, identify each affected scar/disfigurement:

☐ Scar/Disfigurement #1 ☐ Scar/Disfigurement #3 ☐ Scar/Disfigurement #5

☐ Scar/Disfigurement #2 ☐ Scar/Disfigurement #4 ☐ Other _____

Describe type of abnormal texture (for example, irregular, atrophic, shiny or scaly):

D. Are any of the scars tender to palpation? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

E. Are any of the scars unstable upon inspection? If yes, check all that apply:

Scar # 1 ☐ Scar # 3 ☐ Scar # 5 ☐

Scar # 2 ☐ Scar # 4 ☐ If additional scars, list using same format: _____

2-2. SUMMARY OF SCARS OR OTHER DISFIGUREMENT OF THE HEAD, FACE AND NECK

Provide approximate combined total area in centimeters squared for each characteristic of disfigurement:

1. Approximate total area of head, face and neck with hypo- or hyperpigmented areas: _____ cm2

2. Approximate total area of head, face and neck with abnormal texture: _____ cm2

3. Approximate total area of head, face and neck with missing underlying soft tissue: _____ cm2

4. Approximate total area of head, face and neck that is indurated and inflexible: _____ cm2

2-3. DISTORTION OF FACIAL FEATURES AND TISSUE LOSS FOR THE HEAD, FACE AND NECK

Is there gross distortion or asymmetry of facial features or visible or palpable tissue loss?

◯ Yes ◯ No

If yes, indicate features affected (check all that apply):

☐ Nose ☐ Chin ☐ Forehead ☐ Cheeks ☐ Lips

☐ Eyes (including eyelids) (If checked, specify):

- ☐ Tissue loss/distortion of eyelid Side: ☐ Right ☐ Left
- ☐ Tissue loss/distortion of eye Side: ☐ Right ☐ Left
- ☐ Anatomical loss of eye Side: ☐ Right ☐ Left

☐ Ears (auricles) (If checked, specify):

- ☐ Complete loss of auricle Side: ☐ Right ☐ Left
- ☐ Deformity of auricle, with loss of less than one-third the substance Side: ☐ Right ☐ Left
- ☐ Deformity of auricle, with loss of one-third or more of the substance Side: ☐ Right ☐ Left

For all checked features, provide brief description of the tissue loss, gross distortion and/or asymmetry of facial features:

SECTION 4 - MISCELLANEOUS

NOTE: Complete this section for all scars or disfigurements, regardless of location.

1. LIMITATION OF FUNCTION/OTHER CONDITIONS

A. Do any of the scars (regardless of location) or disfigurement of the head, face or neck result in limitation of function (to include limitation of motion)?

◯ Yes ◯ No

If yes, indicate which scars (regardless of location) or disfigurement of the head, face or neck are causing the limitation and describe the specific limitations:

(For limitation of motion, also complete appropriate musculoskeletal DBQ).

B. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms (such as muscle or nerve damage) associated with any scar (regardless of location) or disfigurement of the head, face or neck?

◯ Yes ◯ No

If yes, describe (brief summary):

C. Comments (if any):

2. COLOR PHOTOGRAPHS

Please note that color photographs are not required for scars or other disfigurements.

Were color photographs for any scar(s) or disfiguring condition taken?

◯ Yes (If yes, photographs must be provided with examination report) ◯ No

3. FUNCTIONAL IMPACT

Does the Veteran's scar(s) (regardless of location) or disfigurement of the head, face or neck impact his or her ability to work?

◯ Yes ◯ No

If yes, describe impact of the Veteran's scar(s) (regardless of location) or disfigurement of the head, face or neck, providing one or more examples:

4. REMARKS

Remarks (if any – please identify the section to which the remark pertains when appropriate).

SECTION 5 - EXAMINER'S CERTIFICATION AND SIGNATURE

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

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

5A. Examiner's signature:	5B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

5C. Examiner's area of practice/specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):	5D. Date signed:

5E. Examiner's phone/fax numbers:	5F. National Provider Identifier (NPI) number:	5G. Medical license number and state:

5H. Examiner's address: