

SECTION VII - MENTAL HEALTH MANIFESTATIONS DUE TO CNS CONDITION OR ITS TREATMENT

7A. DOES THE VETERAN HAVE DEPRESSION, COGNITIVE IMPAIRMENT OR DEMENTIA, OR ANY OTHER MENTAL HEALTH CONDITIONS ATTRIBUTABLE TO A CNS DISEASE AND/OR ITS TREATMENT?

YES NO

7B. DOES THE VETERAN'S MENTAL HEALTH CONDITION(S), AS IDENTIFIED IN ITEM 7A, RESULT IN GROSS IMPAIRMENT IN THOUGHT PROCESSES OR COMMUNICATION?

YES NO

IF NO, ALSO COMPLETE VA FORM 21-0960P-2, MENTAL DISORDERS (Other than PTSD and Eating Disorders) DISABILITY BENEFITS QUESTIONNAIRE (SCHEDULE WITH APPROPRIATE PROVIDER).

IF YES, BRIEFLY DESCRIBE THE VETERAN'S MENTAL HEALTH CONDITION:

SECTION VIII - DIFFERENTIATION OF SYMPTOMS OR NEUROLOGIC EFFECTS

8. ARE YOU ABLE TO DIFFERENTIATE WHAT PORTION OF THE SYMPTOMATOLOGY OR NEUROLOGIC EFFECTS DESCRIBED IN ITEM 7B IS CAUSED BY EACH DIAGNOSIS?

YES NO

IF YES, LIST WHICH SYMPTOMS OR NEUROLOGIC EFFECTS ARE ATTRIBUTABLE TO EACH DIAGNOSIS, WHERE POSSIBLE:

SECTION IX - ASSISTIVE DEVICES

9. DOES THE VETERAN USE ANY ASSISTIVE DEVICE(S) AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

YES NO

IF YES, IDENTIFY ASSISTIVE DEVICE(S) USED (Check all that apply and indicate frequency):

- | | | | | |
|---|-------------------|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> Wheelchair | Frequency of use: | <input type="checkbox"/> Occasional | <input checked="" type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input checked="" type="checkbox"/> Brace(s) | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input checked="" type="checkbox"/> Constant |
| <input type="checkbox"/> Crutch(es) | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input checked="" type="checkbox"/> Cane(s) | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input checked="" type="checkbox"/> Constant |
| <input checked="" type="checkbox"/> Walker | Frequency of use: | <input type="checkbox"/> Occasional | <input checked="" type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input checked="" type="checkbox"/> Other: See 9B | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input checked="" type="checkbox"/> Constant |

9B. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

Braces: patient has bilateral AFOs, wears left daily, right occasionally, usually not simultaneous due to difficulty maneuvering with both in place. Other: shower chair (constant), ramp (regular), stair master (regular). All devices used are due to weakness due to muscular dystrophy.

SECTION X - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES

10. DUE TO A CNS CONDITION, IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTION REMAINS OTHER THAN THAT WHICH WOULD BE EQUALLY WELL SERVED BY AN AMPUTATION WITH PROSTHESIS? (Functions of the upper extremity include grasping, manipulation, etc. While functions for the lower extremity include balance and propulsion, etc.)

YES, FUNCTIONING IS SO DIMINISHED THAT AMPUTATION WITH PROSTHESIS WOULD EQUALLY SERVE THE VETERAN

NO

IF YES, INDICATE EXTREMITY(IES) (Check all extremities for which this applies):

Right upper Left upper Right lower Left lower

FOR EACH CHECKED EXTREMITY, DESCRIBE LOSS OF EFFECTIVE FUNCTION, IDENTIFY THE CONDITION CAUSING LOSS OF FUNCTION, AND PROVIDE SPECIFIC EXAMPLES (brief summary):

Right upper: extreme weakness of shoulder abduction d/t muscular dystrophy: limits use of arm for high effort tasks

Left upper: same

Right lower: extreme weakness of hip flexors d/t muscular dystrophy: limits ability to operate pedals.

Left lower: same.