OMB Approved No. 2900-0781 Respondent Burden: 15 Minutes Expiration Date: 12/31/2022

		Expiration Date: 12/31/2022				
Department of Veterans Affairs HERNIAS (INCLUDING ABDOMINAL, INGUINAL AND FEMORAL HERNIAS) DISABILITY BENEFITS QUESTIONNAIRE						
IMPORTANT- THE DEPARTMENT OF VETERAPROCESS OF COMPLETING AND/OR SUBMITT COMPLETING THIS FORM.	ANS AFFAIRS (VA) <i>WILL NOT PAY</i> OR <i>REIMBURSI</i> TING THIS FORM. PLEASE READ THE PRIVACY AC	E ANY EXPENSES OR COST INCURRED IN THE				
NAME OF PATIENT/VETERAN						
PATIENT/VETERAN'S SOCIAL SECURITY NUMBER						
provide on this questionnaire as part of their evaluation	to the U.S. Department of Veterans Affairs (VA) for disable on in processing the veteran's claim. VA reserves the right	ility benefits. VA will consider the information you 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 C exam has been requested)	OR SHE EVER HAD ANY HERNIA CONDITIONS? (This is	the condition the veteran is claiming or for which an				
YES NO (If "Yes," complete Item 1B)						
from a previous diagnosis for this condition, or if the section. Date of diagnosis can be the date of the evalure ported history. 1B. SELECT THE VETERAN'S CONDITION (Check and Check and	nation if the clinician is making the initial diagnosis, or an all that apply):	dition, explain your findings and reasons in the "Remarks" appropriate date determined through record review or				
INGUINAL HERNIA (If checked, complete Section FEMORAL HERNIA (If checked, complete Section	on IV.1) ICD code:	Date of diagnosis:				
VENTRAL HERNIA (If checked, complete Section VENTRAL HERNIA (If checked, complete Section)	on IV.3) ICD code:	Date of diagnosis: Date of diagnosis:				
OTHER (Specify): OTHER DIAGNOSIS #1:						
OTHER RIA CNOCKS #6	ICD code:	Date of diagnosis:				
OTHER DIAGNOSIS #2:	ICD code:	Date of diagnosis:				
1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT	PERTAIN TO INGUINAL, FEMORAL OR VENTRAL HERN					
	SECTION II - MEDICAL RECORD REVIEW					
INDICATE MEDICAL RECORDS REVIEWED IN PF C-FILE (VA ONLY) OTHER. DESCRIBE:	REPARATION OF THIS REPORT:					
	SECTION III - MEDICAL HISTORY					
3A. DESCRIBE THE HISTORY (including onset and co	ourse) OF THE VETERAN'S HERNIA CONDITIONS (brief s	ummary):				
	R CONTROL OF THE VETERAN'S HERNIA CONDITIONS	?				
YES NO (If "Yes," list only those med	dications required for the veteran's hernia conditions)					
	SECTION IV - HERNIA CONDITIONS					
1. INGUINAL HERNIA	CESTION IV - HERRIA CONDITIONS					
A. SURGICAL STATUS (check all that apply):						
Surgery performed (If "Yes," indicate side, date	e and type of surgery):					
Right: Date and type of surgery:						
Left: Date and type of surgery:	and remodiable (If shooked indicate aids).					
No previous surgery but hernia appears operable Irremediable, provide reason:	· · · · · · · · · · · · · · · · · · ·					
Inoperable, provide reason:		(If checked, indicate side): Right: Left:				
	cked, indicate status of postoperative recurrent hernia):					
Recurrent hernia appears operable and i	remediable (If checked, indicate side): Right:	Left:				
Irremediable, provide reason:		_ (If checked, indicate side):				
Inoperable, provide reason:		_ (If checked, indicate side):				
B. EXAM		t_				
	ue hernia protrusion					
C. ABILITY TO BE REDUCED	ze nemia produsion 📋 Silian nemia 📋 Large nem	а				
	eadily reducible					
	eadily reducible					

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER	
SECTION IV - HERNIA CONDITIONS (Continued)	
D. INDICATION FOR SUPPORT (Is there an indication for a supporting belt?)	
YES NO (If "Yes," can the hernia be supported by truss or belt?):	
Yes, can be well supported by truss or belt (If checked, indicate side well supported): Right:	Left:
Not well supported by truss or belt (If checked, indicate side not well supported): Right:	Left:
N/A, no truss or belt tried or used	Leit.
2. FEMORAL HERNIA	
A. SURGICAL STATUS (check all that apply):	
Surgery performed (If "Yes," indicate side, date and type of surgery):	
Right: Date and type of surgery:	
Left: Date and type of surgery:	
No previous surgery but hernia appears operable and remediable (If checked, indicate side): Right:	Left:
	(If the sheet in the section). Districts
Irremediable, provide reason:	(If checked, indicate side): Right: Left:
Inoperable, provide reason:	(If checked, indicate side): Right: Left:
Recurrent hernia following surgical repair (If checked, indicate status of postoperative recurrent hernia):	
Recurrent hernia appears operable and remediable (If checked, indicate side): Right:	Left:
☐ Irremediable, provide reason:	(If checked, indicate side): Right: Left:
Inoperable, provide reason:	(If checked, indicate side): Right: Left:
B. EXAM	
Left: No hernia detected No true hernia protrusion Small hernia Large hernia	
Right: No hernia detected No true hernia protrusion Small hernia Large hernia	
C. ABILITY TO BE REDUCED	
Right: Readily reducible Not readily reducible	
Left: Readily reducible Not readily reducible	
D. INDICATION FOR SUPPORT (Is there an indication for a supporting belt?)	
YES NO (If "Yes," can the hernia be supported by truss or belt?):	
	Left:
Yes, can be well supported by truss or belt (If checked, indicate side well supported): Right:	
Not well supported by truss or belt (If checked, indicate side not well supported): Right: N/A, no truss or belt tried or used	Left:
3. VENTRAL HERNIA	
A. SURGICAL STATUS (check all that apply):	
Surgery performed (If "Yes," indicate date and type of surgery):	
Date and type of surgery:	<u></u>
No previous surgery but hernia appears operable and remediable	
Irremediable, provide reason:	
Inoperable, provide reason:	
Recurrent hernia following surgical repair (If checked, indicate status of postoperative recurrent hernia):	7
Recurrent hernia appears operable and remediable (If checked, indicate side):	Left:
Irremediable, provide reason:	
Inoperable, provide reason:	
B. EXAM (check all that apply):	
No hernia detected	
Healed postoperative ventral hernia repair	
Healed postoperative wounds with weakening of abdominal wall	
Small ventral hernia	
Large ventral hernia	
Massive, persistent, severe diastasis of recti muscles	
Extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inope	erable
Other, describe:	
C. INDICATION FOR SUPPORT (Is there an indication for a supporting belt?)	
YES NO (If "Yes," can the hernia be supported by truss or belt?):	
Yes, can be well supported by truss or belt	
Not well supported by truss or belt	

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SECTION V - OTHER PERTINENT PHY	SICAL FINI	DINGS, SCA	RS, CO	OMPLICATIONS, C	ONDITIONS, SIGNS	AND/OR SYMPTOMS			
5A. 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.									
5B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?									
YES NO (If "Yes," describe - brief summ	nary):								
	SEC	TION VI DI	AGNO	STIC TESTING					
NOTE - If testing has been performed and reflects vete					nacific diagnostic tastin	r is not required for			
hernia examination.	ran s current	condition, rep	cat icsi	ing is not required. S	peeme diagnostic testing	g is not required for			
6. ARE THERE ANY SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?									
YES NO (If "Yes," provide type of test of	or procedure,	date and resi	ılts - br	ief summary):					
				ONAL IMPACT					
7. DOES THE VETERAN'S HERNIA CONDITION(S) IM					7 \				
YES NO (If "Yes," describe the impac	t of each of th	ne veteran's he	гпіа со	ndition(s), providing	one or more examples):	•			
		SECTION \	/III - RI	EMARKS					
8. REMARKS (If any):									
SECTION IX - PHYSICIAN'S CERTIFICATION AND SIGNATURE									
CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.									
9A. PHYSICIAN'S SIGNATURE 9B. PHYSICIAN'S PRINTED NAME					9C. DATE SIGNED				
9D. PHYSICIAN'S PHONE/FAX NUMBERS	. PHYSICIAN'S PHONE/FAX NUMBERS 9E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER 9F. 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 Pagional Office EAV Numbers can be found at www.banefits.va.gov/disability.ovams or obtained by calling 1 800 927 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, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. 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 law 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 15 minutes to review the instructions, find the information, and complete the 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.

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