VA Loss of Smell and Taste Claims Guide: Summary and Worksheets

Your own working pages. These are your notes in your own words. They are not a VA form, they are not sent to the VA, and nothing here is a medical finding or a prediction about your claim.

Start with the essentials

1 **Keep smell and taste separate**

Record what changed in smell and what changed in taste, including whether the loss is complete or partial as documented by testing or examination.

2 **Identify the medical basis**

Organize the diagnosis, objective testing, and the condition, injury, illness, or treatment identified as the cause. Do not substitute self-testing for a clinical finding.

3 **Document safety and daily effects**

Note food, nutrition, smoke, gas, hygiene, work, and other practical effects, then use the records and decision worksheets for the next step.

How to use this packet

Complete only what helps you prepare. Use approximate dates when exact dates are unavailable. Mark records as missing or unverified instead of guessing.

The full guide, research, charts, rating discussion, sources, and current information remain online at:

https://ratemyvso.net/dc/smell-taste-guide

WORKSHEET 1 OF 5

Smell and taste timeline

Optional working notes for Loss of Smell and Taste. Write only what you know. Leave anything blank that does not apply.

Smell loss: onset, complete or partial loss as documented, changes, and recovery if any

Taste loss: onset, complete or partial loss as documented, changes, and recovery if any

Illness, injury, exposure, surgery, medicine, or other event identified in the record

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WORKSHEET 2 OF 5

Testing and medical basis

Optional working notes for Loss of Smell and Taste. Write only what you know. Leave anything blank that does not apply.

Smell or taste testing, specialist examination, imaging, and dates

Diagnoses involving the nose, mouth, nerves, brain, infection, or other identified cause

Questions for a clinician about the anatomical or pathological basis, cause, or worsening

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WORKSHEET 3 OF 5

Daily function and safety

Optional working notes for Loss of Smell and Taste. Write only what you know. Leave anything blank that does not apply.

Effects on appetite, food choice, nutrition, cooking, or enjoyment

Difficulty detecting smoke, gas, spoiled food, chemicals, or hygiene concerns

Effects on work and ordinary activities, accommodations, and help used

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WORKSHEET 4 OF 5

Records and unanswered questions

Optional working notes for Loss of Smell and Taste. Write only what you know. Leave anything blank that does not apply.

Record, date, source, and page if known

Do I have my own copy?

- ☐ Not sure
- ☐ I have a copy
- ☐ Requested, still waiting
- ☐ I do not have a copy

Do I know whether the VA has it?

- ☐ Unknown / not verified
- ☐ Submission receipt available
- ☐ Listed in my decision letter
- ☐ Not submitted by me

Missing records, request dates, and questions to follow up

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WORKSHEET 5 OF 5

Decision-letter reading sheet

Optional working notes for Loss of Smell and Taste. Write only what you know. Leave anything blank that does not apply.

Letter date, condition, and what the VA decided

Reasons and evidence listed, with page numbers

Dates and instructions in the letter; questions for a representative

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