Australian Government
Department of Veterans' Affairs

ADLs / Functional Impact
Medical Impairment Assessment

Veteran	UIN

Please assess the following condition(s):

1. Please describe the veteran's signs and symptoms of the above condition(s).

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2. At the **time of diagnosis**, what was the veteran's **estimated life expectancy**?

Description of life expectancy	**Select One**
Normal or near-normal.	☐
5-year survival less than 75% of normal.	☐
5-year survival less than 50% of normal.	☐
5-year survival less than 25% of normal.	☐

3. Please select the most accurate description of the **symptoms** for the condition(s).

Description of symptom	**Select One**
None or negligible – Easily tolerated symptoms.	☐
Minor – Symptoms that are irritating but improve with medication.	☐
Moderate – Symptoms that are irritating and not easily tolerated. Treatment is not available, or is of little value, or gives only short remission.	☐
Significant – Symptoms which are impossible to ignore.	☐

4. Please select the most accurate description of the **functional impact** of the condition(s).

Description of symptom	**Select One**
None or negligible – Feeling of good health all or most of the time. Evidence of disease but minimal interference with daily tasks.	☐
Minor – Some daily tasks performed inefficiently because of generalised lethargy.	☐
Moderate – Noticeable loss of energy leading to loss of efficiency. Avoidance of some tasks previously easily performed.	☐
Significant – Decreased efficiency in most activities. Marked loss of energy leads to avoidance of many daily tasks; most can be completed but rapidly cause fatigue.	☐

Activities of daily living (ADL)

This section only needs to be completed if the condition interferes with the performance of the veteran's ADLs.

Please **rate and describe** how the condition(s) affects each of the following activities of daily living.

None	No impact on ability to perform task.
Minor	Performs independently, but with considerable difficulty. May need direction, prompts or reminders (Please also describe any directions, supervision or assistance needed).
Moderate	Requires some degree of personal assistance (Please describe)
Major/significant	Requires extensive assistance (Please describe).
Severe	Unable to contribute towards performance of task. Completely dependent.

1. **Bed mobility** (sitting in, rising from and moving around in bed).

   None ☐ **Minor** ☐ **Moderate** ☐ **Major/significant** ☐ **Severe** ☐

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2. **Transfers** (moving from one seat to another, changing from sitting to standing, moving to and from toilet and bed).

   None ☐ **Minor** ☐ **Moderate** ☐ **Major/significant** ☐ **Severe** ☐

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3. **Standing & mobility/locomotion** (walking on level ground, on gentle slopes and down stairs).

   None ☐ **Minor** ☐ **Moderate** ☐ **Major/significant** ☐ **Severe** ☐

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4. **Feeding** (includes use of utensils, chewing and swallowing, but excludes food preparation).

None ☐ **Minor** ☐ **Moderate** ☐ **Major/significant** ☐ **Severe** ☐

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5. **Personal hygiene** (bathing and grooming).

None ☐ **Minor** ☐ **Moderate** ☐ **Major/significant** ☐ **Severe** ☐

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6. **Dressing** (putting on socks, shoes, as well as clothing the upper and lower trunk).

None ☐ **Minor** ☐ **Moderate** ☐ **Major/significant** ☐ **Severe** ☐

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7. Please list **all conditions** contributing to the reported impairment and indicate the **relative contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

Condition	**Contribution %**
e.g. Cerebrovascular accident (CVA)	75%
Total	**100%**

Doctor's signature	Doctor's name	Date	Time to complete form

Save Print Clear