



Veteran

UIN

Please assess the following condition(s):

1. Please list the **different types of episodes or attacks** that the veteran experiences in relation to this condition. If there is a significant prodrome or prolonged recovery phase, please address these as a separate type of attack.

	Type of Episode
Episode Type 1	
Episode Type 2	
Episode Type 3	

2. How many **days per year** does the veteran experience each type of episode or attack?

	Episode type 1	Episode type 2	Episode type 3
Number of days.			

3. Please select the best description of the **symptoms** present during an episode or attack.

Symptom description	Episode type 1	Episode type 2	Episode type 3
No symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor symptoms that are easily tolerated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild to moderate symptoms that are irritating or unpleasant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More severe symptoms that are distressing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms are overwhelming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unconscious or delirious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please describe the degree of **interference with daily activities, when the condition is present**

Description of Impairment	Episode type 1	Episode type 2	Episode type 3
No interference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of efficiency in some activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Few every day activities are prevented. Loss of efficiency is discernible elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of efficiency is discernible in many everyday activities. Bed rest is often necessary during an attack.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major restrictions in many everyday activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most every day activities are prevented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total incapacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **How long does each episode of the condition last?** This refers to the time during which the veteran is affected to the degree described above. Only include a prodrome or recovery phase if the veteran is incapacitated to this degree.

Duration of Episode	Episode type 1	Episode type 2	Episode type 3
Lasting up to and including five minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lasting more than five minutes but less than 30 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lasting from 30 minutes to four hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lasting more than four hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Please list any activities which are precluded, avoided, or restricted because of this condition.** Emphasis should be given to those activities which the veteran would otherwise be likely to perform.

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