



Veteran

UIN

Please assess the following conditions:

1. Select the most accurate description of any **symptoms** of the **upper-respiratory tract**.

Description	Select One
No symptoms.	<input type="checkbox"/>
Post-nasal discharge, rhinorrhoea or sneezing.	<input type="checkbox"/>
Recurrent infection, including sinusitis.	<input type="checkbox"/>
Frequent rhinitis and/or sinusitis unresponsive to medication and present at least 4 months per year.	<input type="checkbox"/>

2. Select the most accurate description of any **difficulty with smell**.

Description	Select One
No abnormality.	<input type="checkbox"/>
Partial loss of sense of smell.	<input type="checkbox"/>
Significant restriction due to nasal pathology.	<input type="checkbox"/>
Complete neurological loss.	<input type="checkbox"/>

3. Define the veteran's **tracheostomy** status.

Rating	Select One
Never.	<input type="checkbox"/>
Previously.	<input type="checkbox"/>
Permanent tracheostomy present.	<input type="checkbox"/>

4. Select the most accurate description of any **dietary modification**.

Description	Select One
None.	<input type="checkbox"/>
Minor - some foods may be preferentially avoided because of difficulty chewing or swallowing.	<input type="checkbox"/>
Significant difficulty chewing and / or constant dysphagia requiring alteration to meal patterns or food types.	<input type="checkbox"/>
Diet is limited to soft or semi-solid foods.	<input type="checkbox"/>
Diet is limited to liquid or pureed foods.	<input type="checkbox"/>
Gastrostomy or nasogastric tube feeding.	<input type="checkbox"/>

5. Select the most accurate description of any **difficulty with speech**.

Description	Select One
No impairment.	<input type="checkbox"/>
Mild impairment – may be hoarse, unable to shout, or have a lisp, but is understood most of the time.	<input type="checkbox"/>
Minor impairment – speech is usually adequate but there are clear difficulties.	<input type="checkbox"/>
Speech is often inadequate for daily needs – may struggle to be heard or understood (esp. by strangers) and needs frequent repetition.	<input type="checkbox"/>
Severe impairment – speech is sufficient for few tasks only, struggles to produce flow and/or many phonetic units, may only be able to whisper.	<input type="checkbox"/>
No speech production – can only use non-verbal means of communication.	<input type="checkbox"/>

6. 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. Seasonal Rhinitis	75%
<b>Total</b>	<b>100%</b>

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