



Veteran

UIN

Please assess the following conditions:

**Where the veteran experiences a fluctuating course or variable presentations of these conditions, select the rating which reflects the average level of impairment.**

1. Please select the most accurate description of the **subjective distress** experienced by the veteran. Each option has multiple criteria to be considered - **frequency, severity, and need for support**. Examples include but are not limited to feelings of anxiety, fear or depression, flashbacks, intrusive thoughts, loss of concentration, nightmares and hallucinations.

Description	Select One
<b>Intermittent</b> emotional and behavioural changes that fall within the normal range of human experience.	<input type="checkbox"/>
<b>Occasional</b> (less than monthly) symptoms causing <b>minor</b> distress. The veteran can easily distract themselves from the distress on most occasions.	<input type="checkbox"/>
<b>Recurring</b> (monthly – weekly) symptoms causing <b>mild</b> distress. The veteran can distract themselves from the distress on most occasions.	<input type="checkbox"/>
<b>Frequent</b> (weekly) symptoms causing <b>moderate</b> distress. The veteran will sometimes be unable to distract themselves from the distress.	<input type="checkbox"/>
<b>Very frequent</b> (on more days than not) symptoms causing <b>moderate</b> distress. The veteran will often be unable to distract themselves from the distress.	<input type="checkbox"/>
<b>Persistent</b> (daily) symptoms causing <b>considerable</b> distress. Relief for the veteran from that distress is difficult to achieve even with a <b>high level of support</b> and reassurance.	<input type="checkbox"/>
<b>Persistent</b> (daily) symptoms causing <b>profound</b> distress. The veteran can rarely distract themselves from the distress even with a <b>high level of support</b> and reassurance.	<input type="checkbox"/>
<b>Continuous</b> (for the greater part of every day) symptoms causing <b>overwhelming</b> distress. The veteran cannot distract themselves from the distress even with a <b>high level of support</b> and reassurance.	<input type="checkbox"/>

2. Please describe the symptoms and subjective distress experienced by the veteran.

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3. Please select the most accurate description of how the veteran's **distress is noticed and perceived** by others. Consider how the veteran is perceived by yourself, people they know, and strangers. Examples include but are not limited to manic behaviour, preoccupations, restless pacing, nervous sweating, tremor, pressured speech, perseveration, inability to follow a conversation, inappropriate actions, bursts of anger, vocalisations during nightmares, compulsive or excessive drinking, and compulsive gambling.

Description	Select One
<b>Nil, minimal or rare signs</b> of distress.	<input type="checkbox"/>
Disturbances of behaviour, emotion or thinking are <b>occasionally noticeable</b> .	<input type="checkbox"/>
Distress is <b>sometimes apparent</b> , and/or the veteran's preoccupation with the symptoms is <b>sometimes noticeable</b> to astute observers or people familiar with the veteran.	<input type="checkbox"/>
Distress is <b>apparent</b> , and/or the veteran's preoccupation with the symptoms is noticeable to astute observers or people familiar with the veteran. A clinician, friend, family member, or work colleague would identify the veteran's distress, but <b>casual observers would not notice</b> .	<input type="checkbox"/>
<b>Obvious</b> distress and preoccupation with the symptoms is <b>evident to casual observers</b> and even people unfamiliar with the veteran.	<input type="checkbox"/>
<b>Obvious continual</b> distress. Anyone spending any time with the veteran would notice their distress.	<input type="checkbox"/>
<b>Distress that draws attention</b> to the veteran.	<input type="checkbox"/>
<b>All-pervasive distress</b> . It is impossible for anyone to be in the presence of the veteran and not notice their distress at all times.	<input type="checkbox"/>

4. Please describe the manifestations of the veteran's distress that you have noticed and that have been reported to you by others.

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5. Please select the most accurate description of the **functional effects** of the condition in non-specific environments. Consider the impact on ADLs (personal, domestic, and community), cognitive function, sleep, and daily situations **not** specific to occupation, recreation, or social interaction (these are addressed separately).

Description	Select One
<b>Minimal</b> or no interference with most aspects of living.	<input type="checkbox"/>
<b>Minor</b> interference with function in <b>some</b> everyday situations.	<input type="checkbox"/>
<b>Moderate</b> interference with function in <b>some</b> everyday situations.	<input type="checkbox"/>
<b>Moderate</b> interference with function in <b>many</b> everyday situations.	<input type="checkbox"/>
<b>Marked</b> interference with function in <b>many</b> everyday situations.	<input type="checkbox"/>
The veteran may be able to continue to function in everyday situations, but with <b>gross restrictions</b> .	<input type="checkbox"/>
<b>Profound</b> psychiatric impairment. Virtually <b>all</b> recreational, social or otherwise purposeful <b>activities abandoned</b> .	<input type="checkbox"/>

6. Please describe the effects of the condition(s) that cause the interference with function.

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7. Please select the most accurate description of the impact on the veteran's **ability to work**.

Description	Select One
<b>Minimal</b> or no interference with work or occupation.	<input type="checkbox"/>
Exacerbation of symptoms may cause <b>occasional days off</b> work.	<input type="checkbox"/>
<b>Short periods</b> (more than one day at a time) of absence from work.	<input type="checkbox"/>
<b>Long periods</b> (weeks or months) of absence from work.	<input type="checkbox"/>
An employed veteran will have <b>major difficulties at work</b> , which may be manifested by job modification or restriction of career opportunities. The disorder <b>may contribute to the loss of a job</b> .	<input type="checkbox"/>
The veteran may be <b>unable to work</b> or may still be working, but with <b>marked loss of time and/or loss of productivity</b> at work leading to loss of original vocation.	<input type="checkbox"/>
The veteran <b>cannot work</b> as a result of their psychiatric conditions.	<input type="checkbox"/>

8. Please select the most accurate description of the impact on **family interactions**.

Description	Select One
<b>Minimal</b> or no effect on ordinary family life.	<input type="checkbox"/>
<b>Occasional friction</b> with family members.	<input type="checkbox"/>
<b>Frequent</b> (weekly) <b>discord</b> with family members.	<input type="checkbox"/>
<b>Frequent</b> (weekly) <b>conflict</b> with family members.	<input type="checkbox"/>
<b>Continual</b> (daily) <b>conflict</b> with family members.	<input type="checkbox"/>
Family function is deteriorating, and <b>estrangement or divorce is a likely consequence</b> (or has occurred).	<input type="checkbox"/>
Virtually <b>non-existent family life</b> because of conflict with family members.	<input type="checkbox"/>

9. Please select the most accurate description of the impact on **social interactions**. Examples include, but are not limited to, difficulty or discomfort with casual conversation, inappropriate topics or remarks, and being avoided by others.

Description	Select One
<b>Minimal</b> or no effect on ordinary social contacts.	<input type="checkbox"/>
<b>Occasional friction</b> with colleagues and friends.	<input type="checkbox"/>
<b>Minor reduction</b> in social interaction.	<input type="checkbox"/>
<b>Significant reduction</b> in social interaction.	<input type="checkbox"/>
<b>Substantial reduction</b> in social interaction.	<input type="checkbox"/>
General <b>social withdrawal</b> .	<input type="checkbox"/>
<b>Negligible social contact</b> .	<input type="checkbox"/>

10. Please describe the reason why there is difficulty with family and / or social interaction.

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11. Please select the most accurate description of the impact on **leisure activities**. Do not include the impact of co-morbid physical conditions.

Description	Select One
<b>Minimal</b> or no effect on leisure activities.	<input type="checkbox"/>
<b>Some loss of interest</b> in activities previously enjoyed	<input type="checkbox"/>
<b>Some reduction</b> in recreational activities.	<input type="checkbox"/>
<b>Significant reduction</b> in recreational activities.	<input type="checkbox"/>
<b>Loss of interest in most</b> recreational pursuits.	<input type="checkbox"/>
<b>Substantial reduction in most</b> recreational pursuits.	<input type="checkbox"/>
Virtually all <b>recreational activities abandoned</b> .	<input type="checkbox"/>

12. Select the most accurate description of the **treatment** recommended or given. This includes but is not limited to medication such as hypnotics and sedatives, counselling, group therapy, hospitalisation, or ECT. The treatment may be administered or overseen by a psychiatrist, a general practitioner, a psychologist or other health workers. The term 'therapy' also includes assistance to the veteran given by a spouse, other close relatives, friends or clergy.

Description	Select One
<b>No regular treatment</b> sought or recommended.	<input type="checkbox"/>
Medical therapy or some supportive treatment from LMO/GP may be required, and if not commenced, may be recognised as being of use.	<input type="checkbox"/>
<b>Psychiatric treatment</b> , at least in the form of medication or psychotherapy, has been tried (or recommended), and/or some <b>occasional supportive therapy</b> given at an outpatient level or by an LMO/GP or specialist and/or a friend or other person (e.g. a member of the clergy) has acted in a supportive role or as a sounding board.	<input type="checkbox"/>
<b>Psychiatric treatment</b> , at least in the form of medication or psychotherapy, has been used (or deemed necessary), and/or periods of <b>regular supportive therapy</b> at an outpatient level or similar.	<input type="checkbox"/>
Need for <b>intensive specialist psychiatric treatment</b> on an outpatient basis, including medication and/or <b>inpatient hospital care for short periods</b> .	<input type="checkbox"/>
<b>Longer periods of in-patient hospital care</b> are necessary. <b>Long term psychotropic drug regimes or ECT</b> (or equivalent) is being undertaken.	<input type="checkbox"/>
<b>Continuous psychiatric treatment</b> is essential, with a need for <b>long periods in hospital</b> and <b>marked social support</b> .	<input type="checkbox"/>

13. Are there any other comments you would like to make regarding the impact of the veteran's mental health conditions?

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

- Behavioural and Psychological Symptoms of Dementia, if present, should be included.
- Do not include conditions which do not manifest with direct emotional, thought, or behavioural disturbance (e.g. pain, erectile dysfunction, bruxism, musculoskeletal conditions).

Condition	Contribution %
e.g. Depressive Disorder	25%
<b>Total</b>	<b>100%</b>

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