



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 any impairment of **memory**.

Description	Select One
Memory is <b>similar to that of peers</b> .	<input type="checkbox"/>
<b>Mild but demonstrable</b> impairment: <ul style="list-style-type: none"><li>- Misplaces objects (more than normal).</li><li>- Increased difficulty in remembering names and appointments.</li><li>- Can learn, although at a slower rate than previously.</li></ul>	<input type="checkbox"/>
<b>Moderate</b> impairment: <ul style="list-style-type: none"><li>- Has frequent difficulty in recalling details of recent experiences.</li><li>- Frequently misplaces objects.</li><li>- Fails to follow through with intentions or obligations.</li><li>- Tends to get lost more easily in unfamiliar areas.</li></ul>	<input type="checkbox"/>
<b>Significant</b> impairment: <ul style="list-style-type: none"><li>- Symptoms as above, but more frequent and severe.</li></ul>	<input type="checkbox"/>
<b>Severe</b> memory deficiency: <ul style="list-style-type: none"><li>- Unable to retain any information about recent experiences.</li><li>- New learning is not possible after attention has been directed elsewhere.</li><li>- Extreme difficulty in keeping track of finances, scheduled activities, social relationships etc.</li></ul>	<input type="checkbox"/>
<b>Gross amnesic</b> syndrome: <ul style="list-style-type: none"><li>- Unable to acquire or recall new information.</li><li>- Unable to recognise family, own reflection in mirror etc.</li><li>- Is disoriented in familiar surroundings.</li></ul>	<input type="checkbox"/>

2. Please select the most accurate description of the **compensatory mechanisms and the need for support** because of memory impairment.

Description	Select One
<b>Independent</b> - written notes and other similar methods may be used in the manner of busy people of all ages.	<input type="checkbox"/>
<b>Little impact on everyday activity</b> because of compensation through reliance on written notes, schedules, checklists and partner.	<input type="checkbox"/>
Compensation through <b>use of aids</b> , e.g. lists and diaries, is adequate.	<input type="checkbox"/>
Partially able to compensate, but unable to function with complete independence, and <b>needs some supervision</b> .	<input type="checkbox"/>
<b>Unable to work or live independently</b> , needing supervision to avoid harm, e.g. from fire caused by forgetting to put out cigarettes or to turn off appliances.	<input type="checkbox"/>
<b>Constant supervision</b> and care required.	<input type="checkbox"/>

3. Please select the most accurate description of any impairment of **reasoning and problem solving**.

Description	Select One
Reasoning is <b>comparable to that of peers</b> .	<input type="checkbox"/>
<b>Mild</b> impairment: <ul style="list-style-type: none"> <li>- Appropriate use is made of accumulated knowledge.</li> <li>- Reasonable judgement is shown in routine activities most of the time.</li> <li>- Difficulties are apparent in new circumstances.</li> </ul>	<input type="checkbox"/>
<b>Moderate</b> impairment: <ul style="list-style-type: none"> <li>- Relies on accumulated knowledge when faced with problem solving.</li> <li>- Suffers significant disadvantage in circumstances requiring complex decision-making or non-routine activities, i.e. when past decision-making is not directly relevant.</li> <li>- Reduced initiative, spontaneity and capacity for abstract thinking.</li> </ul>	<input type="checkbox"/>
<b>Significant</b> impairment: <ul style="list-style-type: none"> <li>- Symptoms as above, but more frequent and severe.</li> </ul>	<input type="checkbox"/>
<b>Severe</b> impairment: <ul style="list-style-type: none"> <li>- Difficulty in carrying out basic activities such as sequencing the steps needed for dressing and for preparing meals.</li> <li>- Planning / organisational ability reduced.</li> <li>- Shows markedly reduced initiative and spontaneity, and / or preservative thinking.</li> </ul>	<input type="checkbox"/>
<b>Gross</b> impairment: <ul style="list-style-type: none"> <li>- Unable to initiate and sustain activities without supervision.</li> <li>- Unable to plan a course of action for the simplest activity.</li> </ul>	<input type="checkbox"/>

4. Please select the most accurate description of the **compensatory mechanisms and the need for support** because of impairment of reasoning and problem solving.

Description	Select One
<b>Independent</b> - no aids or supports required.	<input type="checkbox"/>
Little impact on everyday activity because of compensation through <b>reliance on written notes, schedules, checklists and partner.</b>	<input type="checkbox"/>
Partially able to compensate, but unable to function with complete independence and <b>needs some supervision.</b>	<input type="checkbox"/>
<b>Unable to function independently</b> in new or complex situations.	<input type="checkbox"/>
<b>Supervision and prompting are required for virtually all daily activity.</b>	<input type="checkbox"/>

5. Please select the most accurate description of **comprehension of written material**.  
Do **not** include impairment due to visual loss.

Description	Select One
<b>Normal or almost normal.</b>	<input type="checkbox"/>
<b>Mild dyslexia:</b> <ul style="list-style-type: none"> <li>- Is able to grasp the basic meaning of written newspaper and magazine articles but has difficulty understanding the detail.</li> <li>- Is unable to follow the storyline in books.</li> </ul>	<input type="checkbox"/>
<b>Moderate dyslexia:</b> <ul style="list-style-type: none"> <li>- Reading comprehension is limited to sentences and short paragraphs.</li> <li>- Can follow simple two to three line instructions, and cope with shopping (and other) lists, but nothing more complex.</li> </ul>	<input type="checkbox"/>
<b>Severe dyslexia:</b> <ul style="list-style-type: none"> <li>- Able to read single words, and match words to pictures.</li> <li>- Able to read simple labels and signs.</li> <li>- Unable to read instructions.</li> </ul>	<input type="checkbox"/>
<b>Gross impairment:</b> <ul style="list-style-type: none"> <li>- Unable to understand simple instructions or yes/no questions, even with gestures.</li> <li>- Unable to read single words, labels or signs.</li> </ul>	<input type="checkbox"/>

6. Please select the most accurate description of **comprehension of speech and conversation**.  
Do **not** include impairment due to hearing loss.

Description	Select One
<b>Normal or almost normal.</b>	<input type="checkbox"/>
<b>Minor impairment:</b> <ul style="list-style-type: none"> <li>- Can understand movies, radio programs or group discussions, but with some difficulty.</li> <li>- Comprehension is usually in most situations, but understanding is difficult in large groups, or when tired or upset.</li> <li>- Difficulty coping with rapid changes of topic.</li> </ul>	<input type="checkbox"/>
<b>Mild impairment:</b> <ul style="list-style-type: none"> <li>- Can understand speech face to face, but confusion or fatigue occurs rapidly in any group.</li> <li>- Unable to cope with rapid change in topic or with complex topics.</li> <li>- Able to grasp the meaning of TV serials but not more complex ideas.</li> </ul>	<input type="checkbox"/>
<b>Moderate impairment:</b> <ul style="list-style-type: none"> <li>- Can understand only simple sentences.</li> <li>- Can follow simple conversations when some points are repeated</li> </ul>	<input type="checkbox"/>
<b>Severe impairment:</b> <ul style="list-style-type: none"> <li>- Can understand only single words.</li> <li>- Shows some understanding of slowly spoken simple sentences from context and gestures, although frequent repetition is needed.</li> </ul>	<input type="checkbox"/>
<b>Gross impairment:</b> <ul style="list-style-type: none"> <li>- Unable to understand simple instructions or yes/no questions, even with gestures.</li> </ul>	<input type="checkbox"/>

7. Please select the most accurate description of capacity for **written expression**.  
Do **not** include impairment due to physical conditions.

Description	Select One
<b>Normal or almost normal.</b>	<input type="checkbox"/>
<b>Mild Dysgraphia:</b> Unable to cope with more than short letters (about five lines) or postcards, which show both grammatical and spelling error.	<input type="checkbox"/>
<b>Moderate Dysgraphia:</b> Unable to write more than short sentences, which include frequent spelling errors, e.g. has difficulty filling in bank forms.	<input type="checkbox"/>
<b>Severe Dysgraphia:</b> Able to write only some recognisable words, e.g. items for a shopping list, or names of family.	<input type="checkbox"/>
<b>Gross Agraphia:</b> No functional writing ability, although is able to copy or write much-practiced sequences, such as own name.	<input type="checkbox"/>

8. Please select the most accurate description of any difficulty with **expression by speech** because of alteration to **vocal intensity and quality**.

Description	Select One
<b>Normal or almost normal.</b>	<input type="checkbox"/>
<b>Minor:</b> Sufficient intensity and quality for <b>most</b> needs of everyday speech. <ul style="list-style-type: none"> <li>- Normal speech, but unable to shout, or permanently hoarse.</li> <li>- Needs to repeat self at times.</li> <li>- Unable to produce some phonetic units.</li> </ul>	<input type="checkbox"/>
<b>Mild:</b> Sufficient intensity and quality for <b>many</b> everyday needs. <ul style="list-style-type: none"> <li>- Adequate with low background noise, but is heard with some difficulty in vehicles or public places.</li> <li>- Many inaccuracies but easily understood by strangers.</li> <li>- Slow or discontinuous, conveying the distinct impression of difficulty.</li> </ul>	<input type="checkbox"/>
<b>Moderate:</b> Sufficient intensity and quality for <b>some</b> everyday needs. <ul style="list-style-type: none"> <li>- Adequate under quiet conditions but is heard with great difficulty against any background noise, voice fades rapidly.</li> <li>- Understood by family and friend but it is difficult for strangers.</li> <li>- Needs frequent repetition.</li> <li>- Speech is sustained for short periods only: fatigues rapidly.</li> </ul>	<input type="checkbox"/>
<b>Severe:</b> Sufficient intensity and quality for <b>only a few</b> everyday needs. <ul style="list-style-type: none"> <li>- Reduced to a whisper at best, inaudible over the telephone.</li> <li>- Can produce only a few phonetic units approximating some words but these are not intelligible if the context is unknown.</li> <li>- Can produce only short phrases or single words, speech flow is not maintained or is too slow to be useful.</li> </ul>	<input type="checkbox"/>
<b>Gross impairment:</b> <ul style="list-style-type: none"> <li>- No speech production, but able to use non-verbal means of expression.</li> </ul>	<input type="checkbox"/>

9. Please select the most accurate description of any difficulty with **expression by speech** because of limitations in the **content of speech**.

Description	Select One
<b>Normal or almost normal.</b>	<input type="checkbox"/>
Speech is sustained over a 10-minute period, but with difficulty that includes <b>hesitation and word retrieval</b> problems.	<input type="checkbox"/>
Converses in simple sentences on familiar topics, <b>word-finding problems are frequent</b> and has <b>difficulty explaining long or complex ideas</b> .	<input type="checkbox"/>
<b>Unable to initiate conversation</b> , but with considerable effort is able to respond in <b>short sentences</b> or phrases.	<input type="checkbox"/>
<b>Limited to single words</b> or familiar social or <b>stereotyped phrases</b> requiring considerable listener interference.	<input type="checkbox"/>

10. Please describe the type and severity of any **movement disorders** experienced by the veteran (for example, tics, spasms, tremors or dyskinesia).

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11. Please select the most accurate description of the veteran's **neurological** conditions.  
Do **not** include the impact of other conditions.

Description	Select One
<b>Relatively stable</b> condition, any increase in mortality is largely related to potential complications.	<input type="checkbox"/>
<b>Progressively deteriorating</b> disorder associated with <b>reduced life expectancy</b> , e.g. multiple sclerosis, Alzheimer's disease.	<input type="checkbox"/>
<b>Rapidly progressive</b> disorder associated with <b>significantly reduced life expectancy</b> , e.g. motor neurone disease.	<input type="checkbox"/>
None of the above.	<input type="checkbox"/>

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

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13. Please list **all 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%.

Condition	Contribution %
e.g. Dementia	75%
Total	100%

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