



Veteran

UIN

Please assess the following conditions:

1. Please select the most accurate description of **fatigue** with the use of the limb for normal tasks.

Description	Right	Left
Can use limb without undue fatigue .	<input type="checkbox"/>	<input type="checkbox"/>
Develops excessive fatigue towards the end of the day .	<input type="checkbox"/>	<input type="checkbox"/>
Develops excessive fatigue within half an hour of use for normal tasks.	<input type="checkbox"/>	<input type="checkbox"/>
Develops excessive fatigue within ten minutes of use for normal tasks.	<input type="checkbox"/>	<input type="checkbox"/>

2. Please select the most accurate description of any **difficulty using the limb**.

Description	Right	Left
Can use limb efficiently for normal tasks .	<input type="checkbox"/>	<input type="checkbox"/>
Can use reasonably well in most circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
Can use reasonably well in some circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
Can use reasonably well in a few circumstances only.	<input type="checkbox"/>	<input type="checkbox"/>
Uses limb inefficiently in all circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
Has only some movement against gravity at elbow, shoulder or wrist.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to use upper limb at all.	<input type="checkbox"/>	<input type="checkbox"/>

3. Select the most accurate description with any impairment of **grip strength**.

Description	Right	Left
Normal.	<input type="checkbox"/>	<input type="checkbox"/>
Minor loss causing difficulty in gripping moderately heavy to heavy objects .	<input type="checkbox"/>	<input type="checkbox"/>
Minor loss causing difficulty in gripping larger objects .	<input type="checkbox"/>	<input type="checkbox"/>
Major loss causing marked difficulty in gripping everyday objects .	<input type="checkbox"/>	<input type="checkbox"/>
Markedly reduced grip strength in e.g. lifting light objects .	<input type="checkbox"/>	<input type="checkbox"/>
Capable of light grip only .	<input type="checkbox"/>	<input type="checkbox"/>

4. Please select the most accurate description of any impairment of **digital dexterity**.

Description	Right	Left
Normal.	<input type="checkbox"/>	<input type="checkbox"/>
Minor loss causing handwriting changes or difficulty manipulating small objects .	<input type="checkbox"/>	<input type="checkbox"/>
Major loss causing marked difficulty in handwriting or manipulating everyday objects .	<input type="checkbox"/>	<input type="checkbox"/>
Poor digital co-ordination .	<input type="checkbox"/>	<input type="checkbox"/>

5. Please select the most accurate description of any difficulty with **self-care**.

Description	Select One
Normal.	<input type="checkbox"/>
Minor.	<input type="checkbox"/>
Increasing difficulty for self-care activities, such as problems with dressing, feeding or writing.	<input type="checkbox"/>
Aids required , e.g. splints for everyday activities such as writing and eating.	<input type="checkbox"/>
Unable to use upper limb at all .	<input type="checkbox"/>

6. Please list the location and level of any **amputations** of the upper limbs.

Location (body part and side)	Level (please be as specific as possible)

7. Please describe any **sensory loss or abnormality**.

Dermatome or peripheral nerve		Paraesthesia	Partial Loss	Total Loss
Side	Site			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Are there any other comments you would like to make regarding the impact of the veteran's upper limb condition(s)?

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9. Please list **all conditions** contributing to the reported impairment and indicate the **percentage contribution**. There are **separate tables** for the **right and left limb**. Unilateral conditions should only be included in one table. Bilateral conditions may appear in both tables, but the **percentage contribution should only relate to the effect on the relevant limb**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100% for each table.

Right Sided Condition(s)	Contribution %
e.g. Right rotator cuff syndrome	75%
Total	100%

Left Sided Condition(s)	Contribution %
e.g. Left rotator cuff syndrome	75%
Total	100%

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