



Veteran

UIN

Insert conditions:

For this assessment, each condition needs to be assessed in **isolation** from all others. This means that when assessing a condition, you will need to assess the impairment as though **only that single condition is present**, and that the veteran is otherwise healthy and normal.

1. Please describe the **impact** these condition(s) currently cause the veteran.

Condition:

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Condition:

.....

Condition:

.....

2. Please select the most accurate description of **alertness during the veteran's usual waking hours** currently, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
Normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severely reduced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please provide the **Epworth Sleepiness Scale** score (post treatment), if known.
4. On the following page, please rate how each condition, *in isolation*, affects each of the following **activities of daily living** (ADLs) when present, using the following scale. The examples below are not exhaustive and should be used as a reference point to identify similar activities.

None	No impact
Minor	Interference with ability to perform the activity
Moderate	Significant limitation with ability to perform the activity
Major	Unable to perform independently

Description	Condition:	Condition:	Condition:
Self-care (e.g. toileting, brushing teeth, combing hair, bathing, dressing oneself, eating.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major
Communication (e.g. writing, typing, seeing, hearing, speaking.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major
Physical activity (e.g. standing, sitting, reclining, walking, climbing stairs.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major
Sensory function (e.g. hearing, seeing, tactile feeling, tasting, smelling.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major
Nonspecialised hand activities (e.g. grasping, lifting, tactile discrimination.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major
Travel (e.g. riding, driving, flying.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major
Sexual function (e.g. orgasm, ejaculation, lubrication, erection.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major
Sleep (e.g. restful, nocturnal sleep pattern.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major

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

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