Australian Government
Department of Veterans' Affairs

Intermittent Condition(s)
Medical Impairment Assessment

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. What is the **frequency** (days per year) and **duration** (length of time) of each type of episode or attack that the veteran experiences, due to each condition *in isolation*. If the condition(s) present with variably intensity, please use the average.

Condition	**Frequency of episodes** (days per year)	**Duration of episodes** (length of time)

2. Please indicate if the condition(s) cause the veteran to be **confined** to a **residential care** facility?

Condition	**Select "Yes" or "No"**
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No

3. 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. If the condition(s) present with variable severity, please select an average rating**.** The examples below are <u>not exhaustive</u> and should be used as a reference point to identify similar activities.

None	No interference with activity
Minor	Minor interference with activity
Moderate	Interference with activity
Major	Significant interference with activity
Extreme	Assistance required to perform activity

Description	Condition:	Condition:	Condition:
Normal activities (e.g. usual domestic and community ADLs)	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme
Ability to receive and respond to incoming stimuli (e.g. visual and auditory processing, response to touch, maintaining concentration, responding appropriately, etc.)	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme
Standing (e.g. standing up, standing still, etc.)	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme
Moving (e.g. transfers, walking, climbing stairs, navigating crowds, using public transport etc.)	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme
Feeding (e.g. cutting food, eating, swallowing, etc., but not the preparation of food)	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme
Control of bowel and bladder (e.g. toileting, awareness of needing to void, incontinence, etc.)	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme
Self-care (e.g. bathing and dressing)	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme
Sexual Function (e.g. orgasm, ejaculation, lubrication, etc.)	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme	☐None ☐Minor ☐Moderate ☐Major ☐Extreme

4. Are there any other comments you would like to make regarding the impact of the veteran's intermittent condition?

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

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