



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. Do these condition(s) **currently** cause symptoms or produce signs?

Condition	Select "Yes" or "No"
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please select the most accurate description of the required **level of care**, due to each condition *in isolation*. "Institutional care" includes provision of care in the home environment that is equivalent to that which would typically be provided in an institutional setting.

Description	Condition:	Condition:	Condition:
No special care needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine monitoring/follow-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be maintained at home, but needs assistance with ADLs (other than self-care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be maintained at home but with considerable assistance and frequent medical care .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires institutional care and considerable assistance (including self-care).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive support and/or treatment needed (e.g. disease may be progressing rapidly).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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	Can undertake the activity independently, but with moderate effort
Moderate	Requires assistance with the activity
Major	Requires considerable assistance with the activity
Intensive	Requires intensive personal support

Description	Condition:	Condition:	Condition:
Normal activities (e.g. usual domestic and community ADLs)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive
Ability to receive and respond to incoming stimuli (e.g. visual and auditory processing, response to touch, maintaining concentration, responding appropriately etc.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive
Standing (e.g. standing up, standing still, etc.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive
Moving (e.g. transfers, walking, climbing stairs, navigating crowds, using public transport etc.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive
Feeding (e.g. cutting food, eating, swallowing, etc., but <u>not</u> the preparation of food)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive
Control of bowel and bladder (e.g. toileting, awareness of needing to void, incontinence, etc.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive

Description	Condition:	Condition:	Condition:
Self-care (e.g. bathing and dressing)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive
Sexual Function (e.g. orgasm, ejaculation, lubrication, etc.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Intensive

4. Please select the most accurate description of the **reduction in life expectancy**, for each condition *in isolation*. Life expectancy should be compared to a normal, healthy person of the same age.

Description	Condition:	Condition:	Condition:
Normal life expectancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced by less than 1 year .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced by 1 year to less than 10 years .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced by 10 years to less than 20 years .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced by 20 years or more .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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