



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. If it is not possible to separate the impairment in this way, please select a description of the total impairment rating under “combined conditions.”

1. Please select the most accurate description of any **disturbance in thinking**, due to each condition *in isolation*. For the purposes of this assessment, a “disturbance in thinking” is not limited to a formal thought disorder.

Description	Condition:	Condition:	Condition:	Condition:	Condition:	Combined Conditions (if unable to isolate)
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to learn from experience causing considerable damage to self or others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe (entails actual or potential harm to self and/or others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Severe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR

2. Please select the most accurate description of any **behavioural disturbance**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Lack of conscience-directed behaviour without harm to self or others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Definite disturbance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Loss of self-control causing considerable damage to self or others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Severe (entails actual or potential harm to self and/or others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Very severe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the most accurate description of the response to **stresses of daily living**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
Normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Reactions cause minor loss of personal or social efficiency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Reactions cause modification of daily living patterns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please select the most accurate description of the **need for hospitalisation** and/or **restriction to a confined environment**, due to each condition *in isolation*. For the purposes of this assessment, a “confined” environment is considered an enclosed situation in which the veteran is not able to come and go as they please, for example, a psychiatric institution.

Description	Condition:	Condition:	Condition:	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Previous hospitalisation; low risk of readmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Previous hospitalisation; requires daily medication and/or regular therapy to avoid readmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Needs supervision and direction in a confined environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Needs constant supervision and care in a confined environment (permanently).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

5. 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 in the table below are not exhaustive and should be used as a reference point to identify similar activities.

For the purposes of assessment, “supervision” means the immediate presence of a suitable person who is responsible, in whole or in part, for the care of the veteran; “direction” means providing instruction, prompts, orders, etc. by a suitable person.

None: No impact on ability to perform task.

Minor: Needs some supervision and direction (e.g. intermittent or occasional prompts or reminders) to perform activity.

Major: Needs supervision and direction to perform the activity.

Description	Condition:	Condition:	Condition:	Condition:	Condition:	Combined Conditions (if unable to isolate)
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"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major
Standing (e.g. standing up, standing still, etc.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major
Moving (e.g. transfers, walking, climbing stairs, navigating crowds, using public transport etc.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major
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"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major
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"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major
Self-care (e.g. bathing and dressing)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major
Sexual Function (e.g. orgasm, ejaculation, lubrication, etc.)	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major

OR

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