



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.”

### Memory Impairment Assessment

1. Please select the most accurate description of any difficulties with **memory**, due to each condition *in isolation*.

Description	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
<b>None or minor</b> impairment broadly <b>consistent with others</b> of same age, education and lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Difficulties with names and appointments</b> , misplaces objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fails to keep</b> appointments or fulfil obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Please select the most accurate description of any difficulties with **recall**, due to each condition *in isolation*.

Description	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
<b>None or minor</b> impairment broadly <b>consistent with others</b> of same age, education and lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Difficulty recalling</b> recent events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Unable to recall</b> recent events or experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Please select the most accurate description of any difficulties with **orientation to place**, due to each condition *in isolation*.

Description	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
<b>None</b> or <b>minor</b> impairment broadly <b>consistent with others</b> of same age, education and lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Tendency to get lost in <b>unfamiliar surroundings</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Disorientation in <b>familiar surroundings</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

4. Please select the most accurate description of any difficulties with **facial and/or object recognition**, due to each condition *in isolation*.

Description	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
<b>None</b> or <b>minor</b> impairment broadly <b>consistent with others</b> of same age, education and lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Some difficulty</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Unable to recognise</b> familiar faces or objects.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

5. Please select the most accurate description of any need for **aids and supervision**, as a result of difficulty with memory, due to each condition *in isolation*.

Description	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
None.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Relies on notes</b> , lists, diaries or other people.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Some supervision</b> by another person necessary.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Constant supervision</b> by another person necessary to avoid harm (unable to live independently).	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## Reasoning Impairment Assessment

6. Please select the most accurate description of the ability to plan and carry out tasks in **new situations**, due to each condition *in isolation*.

Description	Condition:	Condition:		Combined Conditions (if unable to isolate)
None or abilities intact.	<input type="checkbox"/>	<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/>
<b>Minor</b> difficulties.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Moderate</b> difficulties.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Major</b> difficulties.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

7. Please select the most accurate description of the ability to plan and carry out **routine activities**, due to each condition *in isolation*.

Description	Condition:	Condition:		Combined Conditions (if unable to isolate)
None or abilities intact.	<input type="checkbox"/>	<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/>
<b>Minor-moderate</b> difficulties.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Major</b> difficulties.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Needs <b>prompting and assistance</b> with even the <b>simplest of tasks</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

8. Please select the most accurate description of any difficulty with **complex decision-making and abstract thinking**, due to each condition *in isolation*.

Description	Condition:	Condition:		Combined Conditions (if unable to isolate)
None.	<input type="checkbox"/>	<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/>
<b>Minor-moderate</b> difficulties.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Serious</b> difficulties.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Needs <b>prompting and assistance</b> with even the <b>simplest of tasks</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

9. Does the veteran have evidence of **preservative thinking**? ☐ Yes ☐ No

## Comprehension Impairment Assessment

10. Please select the most accurate description of any difficulty **comprehending spoken language**, due to each condition *in isolation*. Do *not* include impairment due to hearing loss.

Description	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
No difficulty.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Understands speech in <b>most situations</b> , but has <b>difficulties in groups</b> or <b>when fatigued</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Understands speech in <b>one-to-one situations</b> , but <b>cannot cope</b> in <b>group situations</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Understands <b>simple sentences</b> , although <b>repetition is sometimes needed</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Understands <b>single words only</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Unable to understand</b> any language.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

11. Please select the most accurate description of any difficulty **comprehending written material**, due to each condition *in isolation*. Do *not* include impairment due to visual loss.

Description	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
No difficulty.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Reads books</b> and magazine articles, but <b>does not understand the details</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Understands the gist of <b>simple articles</b> , but has <b>great difficulty with details</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Understands <b>simple sentences only</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Reads <b>single words only</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Unable to read</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

## Expression Impairment Assessment

12. Please select the most accurate description of any difficulty **writing**, due to each condition *in isolation*. Do *not* include impairment due to physical conditions.

Description	Condition:	Condition:		Combined Conditions (if unable to isolate)
No difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
Can write <b>simple letters</b> , but <b>cannot write complex documents</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Can write postcards and <b>letters of 5 lines</b> with errors, but <b>cannot write longer documents</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Can write <b>short, simple sentences only</b> , with errors.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Can write <b>single words only</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Can write or copy a <b>familiar sequences of letters</b> , e.g. own name.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Unable to write</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

13. Please select the most accurate description of any difficulty with **expression of speech** because of limitation in the **content of speech**, due to each condition *in isolation*.

Description	Condition:	Condition:		Combined Conditions (if unable to isolate)
No difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
Can sustain conversation, but has <b>minor word retrieval problems</b> and/or hesitancy.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Can converse in <b>simple sentences only</b> and may have <b>difficulty with word finding</b> and <b>expressing complex ideas</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Responds in <b>short sentences or phrases only</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Single words</b> and/or social or stereotyped phrases <b>only</b> .	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>No useful speech</b> (includes unintelligible speech and speech limited to swearing).	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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