



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."

For the purposes of this form, "difficulty" refers to an activity being hard to perform, because of an actual, observable limitation or impediment. Difficulty may be evident through the use of splints, aids, rails, or personal assistance, or through the exertion of additional effort to complete the task. Voluntary avoidance of physical activity to minimise pain cannot be considered. Where possible, your assessment should be based on your observation and examination of the veteran, as well as their history and any relevant investigations.

1. Please select the most accurate description of any difficulty with **grades and slopes**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
No difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Some difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Completely unable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

2. Please select the most accurate description of any difficulty with **ascending and descending steps**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
No difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Some difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Completely unable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

3. Please record the **maximum walking distance** that can be walked **without needing to rest**, due to each condition *in isolation*.

Distance (metres)	Condition:	Condition:	Condition:	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)

4. Please select the most accurate description of any difficulty with **walking on level surfaces**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
No difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Some difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cannot walk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

5. Please select the most accurate description of any difficulty with **rising to a standing position**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:	Condition:	Condition:	OR	Combined Conditions (if unable to isolate)
No difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can rise to and maintain a standing position, with difficulty .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cannot stand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

6. Please list the location and level of any **amputations** of the lower limbs.

Location (body part and side)	Level (please be as specific as possible)	Indication

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