



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. Please select the most accurate description of the **treatment**, for each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please select the most accurate description of any impairment of **sexual function**.

Description	Select One
None.	<input type="checkbox"/>
Difficulty with erection, ejaculation and/or sensation.	<input type="checkbox"/>
Complete loss of ejaculation and/or sensation , but sufficient erection remains.	<input type="checkbox"/>
Impotent (i.e. always unable to obtain and sustain an erection).	<input type="checkbox"/>

3. Please provide the **age of onset** for impotence, if any?

4. Please select **all** that apply to any anatomical loss or alteration of the **scrotum**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
Normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms and/or signs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anatomical alteration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scrotal malposition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total loss of scrotum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please select **all** that apply to any anatomical loss or alternation of the **testis, epididymis, and/or spermatic cord**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
Normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms and/or signs .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anatomical alteration .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes implanted in non-scrotal position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of one testis .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of both testes .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please select **all** that apply to any anatomical loss or alteration of the **prostate and seminal vesicles**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
Normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms and/or signs .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent and severe symptoms or signs .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anatomical alteration .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of prostate and/or seminal vesicles .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please select the most accurate description of the **seminal** or **hormonal function**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
Normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detectable abnormalities .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete loss of function .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please select **all** that apply to any abnormality of the **breasts**.

Description	Select
No abnormality.	<input type="checkbox"/>
Painful gynaecomastia that interferes with daily activities.	<input type="checkbox"/>
Galactorrhoea sufficient to require the use of absorbent pads.	<input type="checkbox"/>

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