|  |  |
| --- | --- |
| Australian Government Crest - Department of Veteran's Affairs branding | Intermittent Condition(s)Medical Impairment Assessment |
| Veteran |  | UIN |
|  |  |  |
|  |
| Please assess the following condition(s):  |

1. Please list the **different types of episodes or attacks** that the veteran experiences in relation to this condition. If there is a significant prodrome or prolonged recovery phase, please address these as a separate type of attack.

|  | **Type of Episode**  |
| --- | --- |
| Episode Type 1 |  |
| Episode Type 2 |  |
| Episode Type 3 |  |

1. How many **days per year** does the veteran experience each type of episode or attack?

|  | **Episode type 1** | **Episode type 2** | **Episode type 3** |
| --- | --- | --- | --- |
| Number of days. |  |  |  |

1. Please select the best description of the **symptoms** present during an episode or attack.

| **Symptom description** | **Episode type 1** | **Episode type 2** | **Episode type 3** |
| --- | --- | --- | --- |
| No symptoms. | [ ]  | [ ]  | [ ]  |
| Minor symptoms that are easily tolerated. | [ ]  | [ ]  | [ ]  |
| Mild to moderate symptoms that are irritating or unpleasant. | [ ]  | [ ]  | [ ]  |
| More severe symptoms that are distressing. | [ ]  | [ ]  | [ ]  |
| Symptoms are overwhelming. | [ ]  | [ ]  | [ ]  |
| Unconscious or delirious. | [ ]  | [ ]  | [ ]  |

1. Please describe the degree of **interference with daily activities, when the condition is present**

| **Description of Impairment** | **Episode type 1** | **Episode type 2** | **Episode type 3** |
| --- | --- | --- | --- |
| No interference. | [ ]  | [ ]  | [ ]  |
| Loss of efficiency in some activities. | [ ]  | [ ]  | [ ]  |
| Few every day activities are prevented. Loss of efficiency is discernible elsewhere. | [ ]  | [ ]  | [ ]  |
| Loss of efficiency is discernible in many everyday activities. Bed rest is often necessary during an attack. | [ ]  | [ ]  | [ ]  |
| Major restrictions in many everyday activities. | [ ]  | [ ]  | [ ]  |
| Most every day activities are prevented. | [ ]  | [ ]  | [ ]  |
| Total incapacity. | [ ]  | [ ]  | [ ]  |

1. **How long does each episode of the condition last?** This refers to the time during which the veteran is affected to the degree described above. Only include a prodrome or recovery phase if the veteran is incapacitated to this degree.

| **Duration of Episode** | **Episode type 1** | **Episode type 2** | **Episode type 3** |
| --- | --- | --- | --- |
| Lasting up to and including five minutes. | [ ]  | [ ]  | [ ]  |
| Lasting more than five minutes but less than 30 minutes. | [ ]  | [ ]  | [ ]  |
| Lasting from 30 minutes to four hours.  | [ ]  | [ ]  | [ ]  |
| Lasting more than four hours.  | [ ]  | [ ]  | [ ]  |

1. **Please list any activities which are precluded, avoided, or restricted because of this condition**. Emphasis should be given to those activities which the veteran would otherwise be likely to perform.

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