Australian Government

Department of Veterans' Affairs

IMPORTANT

Lifestyle Questionnaire

(Revised in consultation with ex-service organisations)

You should only complete this form if you want the Department of Veterans' Affairs to assess a lifestyle rating for you based on the information you provide.

Assessing your lifestyle

It is important to remember that when reporting on your lifestyle you should describe only the effects of disabilities which

- have been accepted by the Commission as war/defence caused; and/or
- are the subject of your present claim or application for increase.

The effects of any disabilities which have not been accepted as war/defence caused, will not be taken into account in assessing your lifestyle rating.

Completing this form

This form is in 5 parts and asks for details about your:

PART A - personal details.

PART B - personal relationships.

PART C - mobility.

PART D - recreation and community activities.

PART E - domestic and employment activities.

Only answer the questions that you consider apply to your accepted or newly claimed disabilities. You are not obliged to answer questions you do not want to, or questions that are not relevant to you.

Assistance in completing this form

You may wish to discuss your lifestyle with your spouse, other family members or a friend. It may be in your interest to talk to an ex-service organisation welfare officer or other qualified person.

Assistance from DVA

DVA staff can also help to complete this form.

Privacy Notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Read more: How DVA manages personal information

For information, please call the Department of Veterans' Affairs (from anywhere in Australia) on: **1800 555 254**

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW 2001	GPO Box 9998 Brisbane QLD 4001
Victoria	300 La Trobe Street Melbourne VIC 3000	GPO Box 9998 Brisbane QLD 4001
Queensland	Bank of Queensland Centre 259 Queen Street Brisbane QLD 4000	GPO Box 9998 Brisbane QLD 4001
South Australia	Blackburn House 199 Grenfell Street Adelaide SA 5000	GPO Box 9998 Brisbane QLD 4001
Western Australia	AMP Building 140 St Georges Terrace Perth WA 6000	GPO Box 9998 Brisbane QLD 4001
Tasmania	Barrack Place 254 - 286 Liverpool Street Hobart TAS 7001	GPO Box 9998 Brisbane QLD 4001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT 0820	GPO Box 9998 Brisbane QLD 4001
Australian Capital Territory	6 Bowes Street Woden ACT 2606	GPO Box 9998 Brisbane QLD 4001

PART A Personal details

1 **Your surname**

2 **Given name(s)**

3 **Date of birth**

4 **DVA file number or your service number**

5 **Your signature**

Date / /

PART B Personal relationships

This concerns how well you get on with other people

6 **Which of the following statements apply to you?**
(You may tick more than one box).

- Your personal relationships are unaffected by your disabilities ☐
- You are sometimes tense and a little anxious but still get on well with most people most of the time ☐
- You are often tense and irritable but still get on with some people fairly well ☐
- You don't sleep well ☐
- You often get cranky with pain ☐
- You find it difficult to discuss your problems ☐
- You are moody and irritable most of the time and usually find it difficult to get on with people ☐
- You are withdrawn and find it difficult to get on with other people ☐
- You have to depend on other people a lot ☐
- Your life is completely ruined ☐

7 **How do you believe that your disabilities cause the above problems?**

8 **Do your disabilities affect your life with your family?**

No ☐
Yes ☐ ▶ Please describe in what way

9 **Do your disabilities affect your social life?**

No ☐
Yes ☐ ▶ Please describe in what way

10 **Has there been a change in the way you get on with other people since the disabilities occurred (or got worse)?**

No ☐
Yes ☐ ▶ Please describe in what way

This question is optional. You do not need to answer it if you do not wish to.

11 **Do your disabilities affect your sexual feelings or abilities?**

No ☐ Sometimes ☐
Yes ☐ Affected by medication and/or treatment ☐

You may describe if you wish

12 **Does your medication affect your family or social life?**

No ☐
Yes ☐ ▶ Please describe in what way

PART C Mobility

This means your ability to move around in your usual surroundings. Your usual surroundings include your home that you usually visit. For example, church, shops, friends' houses.

It also includes your ability to use public transport or private cars to reach these locations and places.

13 Do you have any problems walking?

(Types of problems you may have affecting your mobility could include shortness of breath, or pain etc.)

No ☐

Yes ☐ ▶ Please give details below

Type of problem	How often it occurs (please tick)
1.	All the time ☐ Some of the time ☐ Most of the time ☐ Hardly ever ☐ Depends on what I do and how fast I do it ☐
2.	All the time ☐ Some of the time ☐ Most of the time ☐ Hardly ever ☐ Depends on what I do and how fast I do it ☐
3.	All the time ☐ Some of the time ☐ Most of the time ☐ Hardly ever ☐ Depends on what I do and how fast I do it ☐
4.	All the time ☐ Some of the time ☐ Most of the time ☐ Hardly ever ☐ Depends on what I do and how fast I do it ☐
5.	All the time ☐ Some of the time ☐ Most of the time ☐ Hardly ever ☐ Depends on what I do and how fast I do it ☐

14 Do you need something to help you move around (crutches, wheelchair etc.)?

No ☐

Yes ☐ ▶ What do you use?

How often do you use the device?

All of the time ☐

Only sometimes ☐

15 Do you need fittings in your house to assist mobility?

No ☐

Yes ☐ ▶ Please describe in what way

16 Do you need someone to help you move around or to go with you?

No ☐
Yes ☐ ▶ What type of help do you need?

17 Are there any restrictions on your ability to sit in, or drive a car?

No ☐
Yes ☐ ▶ Please describe the restrictions

18 Are there any forms of transport which you normally use, but have difficulty using?

No ☐
Yes ☐ ▶ What forms of transport?

What difficulties do you have using the transport?

How often do the difficulties occur?

All of the time ☐
Only sometimes ☐

PART D Recreation and community activities

This concerns your ability to take part in social activities.

19 How often do you do the following things?

	A lot every day	A little every day	2 or 3 times weekly	Monthly	Rarely or never	Weekly or fortnightly
Visit or have visitors (e.g. friends or relatives)	☐	☐	☐	☐	☐	☐
Go out (e.g. to church, to watch sport, for entertainment, for meals or walks)	☐	☐	☐	☐	☐	☐
Play a sport (e.g. golf, tennis, bowls, fishing)	☐	☐	☐	☐	☐	☐
Do a hobby (e.g. craft, music, art, stamp collecting, cards, woodwork)	☐	☐	☐	☐	☐	☐
Relax (e.g. reading, watching TV, listening to music)	☐	☐	☐	☐	☐	☐
Do voluntary work (e.g. meals on wheels, welfare officer at RSL, Legacy)	☐	☐	☐	☐	☐	☐

20 Do you have difficulty doing any other activities because of your disabilities?

No ☐

Yes ☐ ▶ Please describe the difficulties

21 Are there any activities you have given up because of your disabilities?

No ☐

Yes ☐ ▶ What are the activities?

PART E Domestic and employment activities

This concerns your ability to carry out common household tasks and your ability to work.

DOMESTIC ACTIVITIES

22 How well can you do the following things?

	Easily	With difficulty	With help	If I take my time	I can't do it	I don't need to	Not applicable
Grocery shopping	☐	☐	☐	☐	☐	☐	☐
House cleaning	☐	☐	☐	☐	☐	☐	☐
Washing up	☐	☐	☐	☐	☐	☐	☐
Minor house repairs	☐	☐	☐	☐	☐	☐	☐
Light gardening such as weeding and watering	☐	☐	☐	☐	☐	☐	☐
Heavy gardening such as digging and pruning trees	☐	☐	☐	☐	☐	☐	☐
Lawn mowing	☐	☐	☐	☐	☐	☐	☐
Washing the car	☐	☐	☐	☐	☐	☐	☐
Lifting	☐	☐	☐	☐	☐	☐	☐
Cooking	☐	☐	☐	☐	☐	☐	☐
Sewing	☐	☐	☐	☐	☐	☐	☐
Knitting	☐	☐	☐	☐	☐	☐	☐

23 Are there any domestic activities you have stopped doing because of your disabilities?

No ☐

Yes ☐ ▶ What are the activities?

24 Are there any domestic activities which you have difficulty doing or take you longer than they used to?

No ☐
Yes ☐ ▶ Please describe the difficulties

25 Does someone do things for you that you used to do?

No ☐
Yes ☐ ▶ Please describe these things

EMPLOYMENT ACTIVITIES

26 Are you employed?

No ☐ ▶ Go to Question **36**
Yes ☐

27 What is your occupation?

28 Is your employment full-time, part-time or casual?

29 How many hours per week do you normally work?

30 Have you changed jobs in the last 5 years?

No ☐
Yes ☐ ▶ Why did you change jobs?

31 Are there things you can't do at work that you used to do?

No ☐
Yes ☐ ▶ What things can't you do?

Why are you unable to do them?

EMPLOYMENT ACTIVITIES continued..

32 Have you changed your workplace or the way you work to make it easier?

No ☐
Yes ☐ ▶ What changes have you made?

Why did you make these changes?

33 Have you changed the hours you normally work?

No ☐
Yes ☐ ▶ Why did you change the hours

34 Have you lost any time from work during the past 12 months because of your disabilities?

No ☐
Yes ☐ ▶ How much time have you lost?

35 In your opinion, have your disabilities affected your future or career?

No ☐ ▶ If you have not stopped working go to Question **40**, otherwise go to next Question
Yes ☐ ▶ Please describe in what way

▶ If you have not stopped working go to Question **40**, otherwise go to next Question

IF YOU HAVE STOPPED WORKING..

36 What year did you stop working?

37 Why did you stop working?

Age ☐ Ill-health ☐
Other ☐ ▶ Please give reasons

IF YOU HAVE STOPPED WORKING continued..

38 Did your disabilities stop you working in any way?

No ☐
Yes ☐ ▶ Please describe in what way

39 Have you sought or do you intend to seek employment?

No ☐ ▶ Go to Question **40**
Yes ☐ ▶ Will your disabilities have any effect on your chance of employment?
No ☐
Yes ☐ ▶ Please describe in what way

SUMMARY

In this section you can put in your own words the effect your disabilities have on your lifestyle.

40 List the main ways your disabilities affect the way you live now.

SAVE PRINT CLEAR

Use this space if you would like to tell us further details about the effect your disabilities have on your lifestyle.