Australian Government
Department of Veterans' Affairs

Vertigo
Medical Impairment Assessment

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 rate how the vertigo **affects** each of the following activities **when present**, using the following scale. If the vertigo presents with variable severity, please select an average rating. The examples below are not exhaustive and should be used as a reference point to identify similar activities.

None	No impact on activities
Minor	Interference with activities
Major	Extensive assistance required, activity impossible without assistance

Description	None	Minor	Major
Activities involving personal or public safety (e.g. driving a car, operating machinery)	☐	☐	☐
Household duties (e.g. cooking, cleaning, etc.)	☐	☐	☐
Ability to receive and respond to incoming stimuli (e.g. visual and auditory processing, response to touch, maintaining concentration, responding appropriately, etc.)	☐	☐	☐
Standing (e.g. standing up, standing still, etc.)	☐	☐	☐
Moving (e.g. transfers, walking, climbing stairs, navigating crowds, using public transport, etc.)	☐	☐	☐
Feeding (e.g. cutting food, eating, swallowing, etc., but not the preparation of food)	☐	☐	☐
Control of bowel and bladder (e.g. toileting, awareness of needing to void, incontinence, etc.)	☐	☐	☐
Self-care (e.g. bathing and dressing)	☐	☐	☐
Sexual Function (e.g. orgasm, ejaculation, lubrication, etc.)	☐	☐	☐

2. Is the veteran **permanently confined to home** because of vertigo? ☐ Yes ☐ No

3. What is the **frequency** (days per year) and **duration** (length of time) of vertigo? If the vertigo presents with variably intensity, please use the average.

Condition	**Frequency of vertigo** (days per year)	**Duration of vertigo** (length of time)

4. Are there any other comments you would like to make regarding the impact of the veteran's vertigo?

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

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