



You have applied for a Disability Compensation Payment or Permanent Impairment compensation, or for an increase in your Disability Compensation Payment or Permanent Impairment compensation. In order to process your claim, we need to know your lifestyle rating.

Your lifestyle rating is based on the effects of your accepted or newly claimed disabilities on four aspects of your lifestyle.

These aspects are:

- personal relationships;
- mobility;
- recreational and community activities; and
- domestic and employment activities.

You can choose the method by which your lifestyle rating is worked out.

The three methods are described below and are called Option 1, Option 2 and Option 3.

Choose only one of these.

Note: If you are applying for, or might be considered for, Extreme Disablement Adjustment you may be asked to complete a "Lifestyle Questionnaire".

Option 1

Work out your own lifestyle rating by filling in the "Lifestyle Rating, Self Assessment" section on pages 3 to 6.

You will be able to judge the effects of your disabilities on your personal life. This option may be suitable if you are concerned about revealing details of your private life.

The lifestyle rating you choose will usually be accepted by Veterans' Affairs without further query. Delegates of the Commission do not have to calculate a lifestyle rating for you, which means quicker processing; however, in some circumstances the Delegate may refer your self assessment back to you for more information or for clarification.

Option 2

You will not need to provide us with any information about your lifestyle. A Delegate of the Commission will allocate a lifestyle rating for your level of medical impairment in accordance with the Guide for the Assessment of Rates of Veterans' Pensions.

This option may be suitable if you feel that the effects of your disability/disabilities are about average or you have difficulty judging how your life is affected.

Option 3

The Department will send you a "Lifestyle Questionnaire" and choose a rating for you with the help of the information you provide. This option may be suitable if you have difficulty judging how your life is affected by your disability/disabilities.

A Delegate of the Commission must assess each case, so your claim may take longer to process than if you had selected Option 1 or Option 2.

Right of Appeal

Details of your appeal rights will be sent to you with notification of the Commission's decision. You will have a right of appeal against the Commission's decision assessing your pension no matter which choice you have made.

What you need to do when you have made your choice.

Option 1

Fill in the "Lifestyle Rating, Self Assessment" on pages 3 to 6 and then the "Lifestyle Rating, Option 1" form on page 7.

Tear off the "Lifestyle Rating, Option 1" form on page 7 and return it to the Department of Veterans' Affairs in your state. The addresses are listed on the back of this page.

You **do not** need to return the "**Lifestyle Rating, Self Assessment**" (pages 3 to 6) to us. You should keep it for future reference and appeal purposes.

Option 2

Fill in only the "Lifestyle Rating, Option 2" coupon on page 7 and return it to the Department of Veterans' Affairs in your state. The addresses are listed on the back of this page.

We will allocate a lifestyle rating for you in accordance with the Guide for the Assessment of Rates of Veterans' Pensions.

Option 3

Fill in only the "Lifestyle Rating, Option 3" coupon on page 7 and return it to the Department of Veterans' Affairs in your state. The addresses are listed on the back of this page.

We will send you a "Lifestyle Questionnaire" form.

IF YOU NEED HELP

If you wish to discuss your lifestyle with your spouse, other family members or a friend, feel free to do so.

It may be in your interest to talk to an ex-service organisation welfare officer or other qualified person.

If you need more information or have difficulty filling out the appropriate form, please contact the Department on the telephone numbers listed on the back of this page.

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 more information please call the Department of Veterans' Affairs (from anywhere in Australia) on: **1800 VETERAN (1800 838 372)**

The address of the Department of Veterans' Affairs office is:



Brisbane

480 Queen Street

GPO Box 9998

Brisbane QLD 4001



Self assessment helps you to work out how your disabilities affect your life and lets you choose your own lifestyle rating.

There are four parts of equal importance:

- personal relationships;
- mobility;
- recreational and community activities; and
- domestic and employment activities.

Each part has boxes numbered from 0 to 7 (the section headed 'Employment Opportunities' has boxes numbered from 0 to 5). If you choose 0 it means the disabilities have no effect on your lifestyle. As the number increases, the effect on your lifestyle increases.

You should choose only the category that **best** or **most nearly** describes how your accepted disabilities or your newly claimed disabilities, affect your lifestyle. **Tick only one box in each section.**

The Department relies on your honesty when filling in the self assessment. However, we will check a small number of forms and may ask for more information. It is important that you fill in the self assessment carefully.

It is also important that, when assessing your lifestyle, you should take into consideration only the effects of:

- **disabilities that have been accepted by the Department as war or defence caused; and**
- **disabilities you are claiming for in this Disability Compensation Payment claim.**

Rejected disabilities and disabilities that have not been claimed should not be taken into consideration when completing this form.

Personal Relationships

Personal relationships concerns how well you get on with other people.

You should consider how, compared to other people of your age, your accepted disabilities and your newly claimed disabilities, affect your ability to relate to other people.

Tick the box next to the category that **best** or **most nearly** describes the way your disabilities affect your ability to relate to other people.

Tick only one box

- | | |
|--|--|
| <p><input type="checkbox"/> 0 No or negligible effect on personal and social relationships. Relationships are satisfying, with full participation in accustomed social and personal activities.</p> <p><input type="checkbox"/> 1 Personal and social relationships are fairly satisfying. Intermittent disadvantages may inhibit, but not prevent participation in accustomed range of social and personal activities.</p> <p><input type="checkbox"/> 2 Mildly affected personal and social relationships. Social contacts and activities are reduced, veteran's participation in the accustomed range of activities is restricted.</p> | <p><input type="checkbox"/> 3 Moderately affected personal and social relationships. Relationships usually confined to family, close friends, colleagues and neighbours. Unable to relate to casual acquaintances.</p> <p><input type="checkbox"/> 4 Markedly affected relationships. Most relations are unsatisfying, maintenance of usual relations with relatives, friends, neighbours and colleagues is difficult. Much less time is spent socialising than was the case formerly.</p> <p><input type="checkbox"/> 5 Severely affected relationships. Able to relate only to particular, or few people, e.g. spouse or children. These remaining relationships are strained and of low quality.</p> <p><input type="checkbox"/> 6 Extreme difficulty in relating to anyone, for example:
 - difficulties in relating because of psychosis; or
 - social interaction limited to carer(s) due to confinement; or
 - ability to communicate is restricted due to stroke or other effect of accepted conditions.</p> <p><input type="checkbox"/> 7 Unable to relate to anyone. All relationships are prevented.</p> |
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Mobility

Mobility means your ability to move about effectively in carrying out the ordinary activities of life. It allows for your ability to use available forms of transport.

You should assess how your accepted disabilities, or your newly claimed disabilities, affect your ability to move around. **Both physical and psychological impediments to mobility are to be taken into account.**

Tick the box next to the category that **best** or **most nearly** describes how your accepted disabilities and the disabilities you are claiming for, affect your mobility.

Tick only one box

- 0** No or minimal restrictions of mobility, i.e. full mobility.
- 1** Intermittent or periodic effects on mobility:
- mobility affected only when impairment, e.g. migraine, angina, sciatica, or panic attack, is present. Between attacks there are no restrictions;
 - if there is permanent impairment, e.g. night blindness, the effect is only sporadically limiting.
- 2** Mild effects on mobility, e.g. slowing of pace in some circumstances, or need for a walking stick.
- 3** Moderately reduced mobility:
- mobility curtailed or diminished because of frailty, lack of confidence, or moderate agoraphobia;
 - travel as a passenger, in private and public transport, possible in most circumstances without undue difficulty;
 - dependent on a walking stick or similar device. Independent in leaving home and reaching destination, but has some difficulty.
- 4** Markedly reduced mobility:
- assistance is needed to cope with public or private transport;
 - there is considerable difficulty in travelling from home to destination;
 - restricted in the use of at least two forms of public transport.

- 5** Major impediments to mobility:
- dependent upon others, or mechanical devices such as wheelchairs;
 - unable to use most forms of public transport;
 - able to drive a car only in a situation of emergency and then only for a short distance.
- 6** Severe impediments to mobility:
- restricted to home and immediate vicinity, unless door to door transport and assistance from others are provided;
 - unable to drive a car in any circumstances whatsoever.
- 7** Restricted to a room or chair:
- severe agoraphobia permanently confines veteran to home;
 - dependent upon others, or hoists or similar appliances, for getting in and out of bed.

Recreation and Community Activities

This concerns your ability to take part in social activities.

You should look at how you have had to modify your recreational and community activities because of your disabilities.

Tick the box next to the category that **best** or **most nearly** describes the way your accepted disabilities and your newly claimed disabilities, affect your recreational and community activities.

Tick only one box

- 0** Able to undertake the full range of usual recreational pursuits and community activities.
- 1** Intermittent interference with recreational pursuits and community activities. Between episodes, is able to continue with the range of accustomed recreational pursuits and community activities.
- 2** Mild but constant interference with accustomed recreational pursuits and community activities, but is able to continue with them - even if less frequently - or enjoy alternatives.
- 3** Unable to continue some accustomed recreational pursuits and community activities, for example:
- competition sporting activities (golf, tennis, bowls, etc.) but is still able to enjoy most other activities (camping out, hobbies, going visiting, watching sport, etc.);
 - unable to perform some community or voluntary activities involving physical activity (e.g. working bees) but is still able to participate in most other activities including welfare work, fund raising work, etc.
- 4** Unable to take part in formerly favoured recreational pursuits, leisure and community activities, but less physical activities are possible, for example:
- restricted to generally non-active interests (e.g. music, art, stamp or coin collecting, attending clubs, etc.); and
 - unable to participate in accustomed activities (e.g. camping, going for long walks, fishing, voluntary activities such as meals on wheels).

- 5** Greater reduction in the number and kind of recreational activities which can be undertaken; some assistance is needed to undertake those which are still possible, for example:
- can only visit or go out if taken to and from destination;
 - finds doing a hobby or relaxing (for example, stamp collecting, art and crafts, playing or listening to music, playing cards, etc.) difficult to enjoy due to pain, suffering or loss of dexterity.
- 6** Able to engage in only a very few satisfying recreational activities. Restricted to a few passive activities such as watching TV, listening to radio, reading or receiving visitors.
- 7** Unable to take part in any recreational activities.

Domestic and Employment Activities

There are two sections to consider for this part:

- Domestic activities; and
- Employment activities (*if you are not employed you do not have to complete this section*).

Domestic Activities

This concerns your ability to sustain effective routines in a domestic environment.

Tick the box next to the category that **best** or **most nearly** describes the way your accepted disabilities and your newly claimed disabilities, affect your ability to carry out household tasks.

Tick only one box

- 0** Able to sustain any usual activities.
- 1** Intermittent effects of accepted disablement on usual activity.
- 2** Able to carry out accustomed tasks, but has difficulty with some heavier tasks, for example:
- difficulty with heavy gardening activities such as digging, pruning trees etc.
- 3** Unable to perform heavy activities, but able to carry out lighter household tasks, taking breaks during sustained activity, for example:
- mowing the lawn;
 - washing the car;
 - performing light maintenance or gardening activities if working at own pace, taking breaks as necessary.
- 4** Unable to carry out a full range of normal household activities, particularly some moderate tasks which require exertion. Needs assistance with some activities, for example:
- vacuuming carpets, cleaning floors or mowing lawns;
 - home repairs and maintenance, etc.
- 5** Limitation of household activity to a small range of light tasks, for example:
- watering the garden but has difficulty in weeding or pruning;
 - able to do some light household activities but has difficulty bending to make beds, or in putting out the rubbish bin;
 - requires assistance with grocery shopping.

- 6** Able to carry out only very limited domestic activities, usually a restricted range of indoor activities. May require supervision in carrying out such activities, for example:
- able to do very light tidying, dusting but unable to cook or prepare meals;
 - has difficulty standing to set table or wash dishes.
- 7** Total dependency upon others for domestic tasks.

Employment Activities - (*only complete if you are currently employed*)

This concerns your ability to work. An employment rating is based on the effects of the accepted conditions on the ability to work for remuneration.

You should look at any changes you have needed to make to the type of work you do and/or your workplace.

Tick the box next to the category that **best** or **most nearly** describes the way your accepted disabilities and the disabilities you are claiming for affect your ability to work.

Tick only one box

Note: There are only five categories in this section.

- 0** Able to engage in usual employment.
- 1** Able to carry out usual employment that is affected intermittently.
- 2** Able to follow accustomed employment but difficulty is experienced in carrying out full range of occupational activities.
- 3** Unable to follow accustomed employment without modification to workplace, provision of aids or restructuring of tasks.
- 4** Either unable to work full time in normal occupation, or has had to change occupation or number of hours worked, or both, because of the accepted conditions.
- 5** Unable to work.

Now complete the form for Option 1 on the next page



Note: Remove and return this part of the form only to the Department if you have completed the Lifestyle Rating Self Assessment (pages 3 to 6). **You do not need to return the Lifestyle Rating Self Assessment.** You should keep it for future reference and appeal purposes.

The information you provide on this form will assist in determining your rate of pension. The information will be treated in a confidential manner. It may, however, be disclosed to:

- your Local Medical Officer to provide assistance to you; or
- the Veterans Review Board, the Administrative Review Tribunal, or the Federal Court in the event of an appeal against a decision.

To determine your overall lifestyle effects rating, please write the number you have selected in each part of the self assessment in the appropriate box below.

Add these figures together and divide the total by 4. Round to the nearest whole number (round up from .5 e.g. 3.25 = 3 and 3.5 = 4).

Personal Relationships	<input type="text"/>
Mobility	<input type="text"/>
Recreational and Community Activities	<input type="text"/>
Domestic and Employment Activities <i>(Write either the domestic or employment number, whichever is higher.)</i>	<input type="text"/>
Total	<input type="text"/>
Divided by 4 =	<input type="text"/>

The final number is your lifestyle effects rating. This will be used in conjunction with the medical impairment rating to arrive at your rate of Disability Compensation Payment.

Veterans' Affairs file no.
or your service no.

Name

Postal address

If someone helped you to complete this form, please provide the following details:

Name of helper

Organisation

Telephone ()

I declare that the information I have given on this form is complete and correct. I am aware that there are penalties for deliberately making a false or misleading statement.

Signature / /

Lifestyle Rating Option 2

Note: Remove and return this part of the form only if you wish the Department of Veterans' Affairs to allocate an average lifestyle rating based on your medical impairment rating.

Veterans' Affairs file no.
or your service no.

Name

Postal address

I would prefer the Department of Veterans' Affairs to calculate a Lifestyle Rating based on my medical impairment rating.

Signature / /

Lifestyle Rating Option 3

Note: Remove and return this part of the form only if you wish the Department of Veterans' Affairs to assess your lifestyle effects rating and you wish to complete a Lifestyle Questionnaire.

Veterans' Affairs file no.
or your service no.

Name

Postal address

Please send me a Lifestyle Questionnaire.

Signature / /