Conditions affecting brain function

This questionnaire is for a person with a condition which results in impairment in brain function. It relates to Table 7 of the Impairment Tables in Part 3 of the *Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination (Cth) 2023.*

Treating Doctor (practice and specialisation)

Name: _____

Practice: _____

Specialisation: _____

Signature: _____ **Date:** _____

Name of patient: _____

Condition 1

Diagnosis

Date of diagnosis: / /

Date of onset (if known): / /

Are further tests/investigations planned to determine the diagnosis?

☐ Yes
☐ No

If yes, why are further tests/investigations necessary? (include alternative diagnosis)

Please attach any other reports about the diagnosis of this condition or contact details of relevant treating doctors or psychologists.

Past and current treatment

Provide information about all past and current treatment for this condition (eg surgery, hospitalisation, medication and dosage, counselling, physical therapy, rehabilitation).

Include date treatment commenced and dosage/frequency/duration where relevant.

Treatment	**Date commenced**	**Dosage/frequency/** **End date of treatment**

Compliance with treatment

- ☐ Very compliant
- ☐ Usually compliant
- ☐ Rarely compliant
- ☐ Uncertain

If there are issues with the person's compliance, explain what they are and the reasons, including any issues with access to treatment.

Specialist referrals

Attach reports or provide details of any specialist referrals for this person.

Name	Specialisation	Date of consultation

Future/planned treatment

Is there future/planned treatment which the person has not yet undertaken?

- ☐ No
- ☐ Yes - If yes, please provide the following information:

Planned treatment 1:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Planned treatment 2:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Clinical features

Current symptoms

Describe the current symptoms, including severity, frequency and duration. Symptoms are those which persist despite treatment, aids, equipment or assistive technology.

History

Give details of underlying causes and contributing factors, results and dates of investigations/procedures and specialist consultations such as radiology or pathology.

Impact on ability to function

The following questions are about how this condition and its treatment currently impact on the person's ability to function.

- functional impairment related to neurological or cognitive function
- functional impairment of this kind related to conditions such as acquired brain injury, stroke, dementia, tumour in the brain, neurodegenerative disorders or chronic pain, migraine, chronic fatigue syndrome, ADHD or foetal alcohol spectrum disorder.

This questionnaire is also appropriate for a person with Autism Spectrum Disorder who does not have a low IQ.

It should not be used for a person with low intellectual function, unless there is an additional condition the person has which affects neurological or cognitive function.

For neurological or cognitive conditions that are episodic or fluctuate, the questions below should be answered based on the person's overall functional ability, taking into account the severity, duration and frequency of the episodes or fluctuations

Need for assistance or supervision

Does the person need assistance or supervision with day to day activities?

☐ Yes
☐ No

If yes, please provide the following information:

- how often; and
- with what tasks or activities; and
- whether there is a guardian or delegate who acts on the person's behalf and in what situations.

Memory

Describe the impact of the person's condition on their memory. If there is an impact, include information about:

- how often the person forgets tasks or misplaces items or events; and

- how important the tasks/items/events are in their day to day life, with examples (e.g. routine or regular tasks or not, recent events or not); and

- whether the person gets lost and in what situations (e.g. familiar or unfamiliar places, whether they need accompaniment or not); and

- whether the person uses memory aids and for what tasks or activities.

Attention and concentration

Describe the impact of the person's condition on their attention and concentration including degree of difficulty concentrating, length of time they can concentrate for, complexity or type of tasks they have difficulty with and impacts of environmental stimuli.

Problem solving and cognitive flexibility

Describe the impact of the person's condition on their problem solving and cognitive flexibility (e.g. level of difficulty, type of problems they have difficulty with, need for advice or assistance, ability to adapt to change and prioritise).

Planning

Describe the impact of the person's condition on their ability to plan (e.g. difficulty planning or organising activities, whether those activities are routine daily activities or new/special activities).

Decision making

Describe the impact of the person's condition on their decision making ability, including any difficulty prioritising or making decisions and any examples of poor judgment leading to negative outcomes for the person or others.

Comprehension

Describe the impact of the person's condition on their comprehension (e.g. level of difficulty, complexity of tasks the person finds difficulty, any need for more prompts, instructions or demonstrations than peers to complete tasks).

Visuo-spatial function

Describe any impact on the person's visuo-spatial function (e.g. reading maps, giving directions, judging depth or distance or personal bodily awareness or personal bodily awareness) and any impact or restriction this imposes on day to day activities.

Behavioural regulation

Describe the impact on the person's behavioural regulation (e.g. in what situations, the behaviour resulting from loss of control, need for supervision or self-stimulating behaviour and in what situations). Including information or instances where this has resulted in verbal abuse or threats of physical aggression or refusal to engage and any restrictions on the person's participation in activities or situations outside the home.

Social skills

Describe the impact of the persons condition on their ability to read non-verbal communications (e.g. such as facial expressions and gestures) and interact with others. Include any issues with awareness of social norms and expectations.

Self-awareness

Describe any lack of awareness the person has of their limitations and any resulting problems in social interaction or day to day activities or risks to self or others.

Future impact on ability to function

How long is the impact of this person's condition on their ability to function expected to last for?

- ☐ Less than 3 months
- ☐ 3-12 months
- ☐ 13-24 months
- ☐ More than 24 months

Within the next 2 years the effect of this condition on the person's ability to function is expected to:

- ☐ Resolve
- ☐ Significantly improve
- ☐ Slightly improve
- ☐ Fluctuate

- ☐ Remain unchanged
- ☐ Deteriorate
- ☐ Uncertain

Give details: