Conditions affecting communicative functions

This questionnaire is for a person with a condition which results in functional impairment related to communication. It relates to Table 8 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 (e.g. 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.

- Please answer the questions based on the person's independent communication abilities using any aids or equipment (assistive technology) that they have and usually use and without physical assistance from a support person.
- Examples of conditions associated with communication impairment are stroke, other acquired brain injury, cerebral palsy, neurodegenerative conditions and damage to the speech-related structures of the mouth, vocal cords or larynx.
- A person using recognised sign language or other non-verbal communication method as a result of hearing loss only should be assessed under the questionnaire for hearing and other functions of the ear – Table 11.
- A person whose impairment affecting communication function is due to impairment in intellectual function only, should be assessed under the questionnaire for intellectual function – Table 9.

Use of alternative or augmentative communication

Provide details of any alternative or augmentative communication the person uses (e.g. sign language, technology producing electronic speech, communication symbols, writing or other non-verbal communication methods) and the person's level of reliance on it.

Understanding language

Describe the impact on the person's ability to understand words and sentences. If there is an impact, please address:

- the complexity of words and sentences affected (e.g. complex or day to day, long/complex sentences or simple);

- the degree of difficulty;

- whether the person is affected in familiar or unfamiliar environments or tasks; and

- any need for instructions to be repeated or additional use of gestures, pictures, symbols or physical demonstration.

Producing speech

Describe the impact on the person's ability to produce speech and any difficulty in being understood. If there is an impact, please address:

- reasons for the difficulty (e.g. stutter, stammer, damage to vocal cords or larynx);

- nature of difficulty (e.g. speech is effortful, slow, difficult to understand);

- degree of difficulty (e.g. affects communication with strangers, affects communication with family or those in regular contact with the person);

- any restriction on vocabulary;

- any restriction on content of language used (e.g. frequent echolalia – compulsively repeats words or what the person says; frequent swearing or abusive language as a result of a condition); and

- ability to sustain a normal conversation.

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

Provide details: