Australian Government

Department of Veterans' Affairs

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.

It is **important** to remember that, when assessing your lifestyle, you should only claim for effects of disabilities that:
- **are war and/or defence caused;** and
- **have been accepted by the Department;** or
- **you are claiming for in this disability claim.**

Any disabilities that are **not** war and/or defence caused will **not** be considered when assessing your lifestyle rating.

The form has four parts of equal importance:
- **personal relationships;**
- **mobility;**
- **recreational and community activities;** and
- **domestic and employment activities.**

The information you provide on this form will assist in determining your rate of pension. The information will be treated in a confidential manner. In certain circumstances, however, it may be disclosed to:
- your Local Medical Officer to provide assistance to you; or
- the Veterans' Review Board, the Administrative Appeals Tribunal, or the Federal Court in the event of an appeal against a decision.

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.

If you need help

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. If you need more information or have difficulty filling out the appropriate form, please contact the Department of Veterans' Affairs in your State on the numbers on the following page.

When completed please return this form to the Department of Veterans' Affairs in your State.

For more information please call the Department of Veterans' Affairs (from anywhere in Australia) on:

133 254

Callers from regional Australia can call:

1800 555 254

To contact your local Veterans' Affairs Network (VAN) Office please call:

1300 55 1918

If you wish to call DVA in another State please call:

1300 13 1945

The addresses of the Department of Veterans' Affairs offices are:

State Offices:

Sydney
Centennial Plaza Tower B
280 Elizabeth Street
GPO Box 3994
Sydney NSW 2001

Adelaide
Blackburn House
199 Grenfell Street
GPO Box 1652
Adelaide SA 5001

Melbourne
300 Latrobe Street
GPO Box 87A
Melbourne VIC 3001

Perth
AMP Building
140 St Georges Terrace
GPO Box F352
Perth WA 6001

Brisbane
Bank of Queensland Centre
259 Queen Street
GPO Box 651
Brisbane QLD 4001

Hobart
21 Kirksway Place
Cnr Gladstone Street
GPO Box 481
Hobart TAS 7001

Personal Details

Your surname

Given names

Date of birth

/ /

Veterans' Affairs file no. or your service no.

Your signature

/ /

Personal Relationships

This concerns how well you get on with other people.

1. 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 from 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.

2. How do you believe that your disabilities cause the above problems?

3. Do your disabilities affect your life with your family?

No ☐ Yes ☐ - please describe in what way

4. Do your disabilities affect your social life ?

No ☐ Yes ☐ - please describe in what way

5. 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

6. ***This question is optional.***
Do your disabilities affect your sexual feelings or abilities?

No ☐ Sometimes ☐

Yes ☐ Affected by medication and/or treatment ☐

You may describe if you wish

7. Does your medication affect your family or social life?

No ☐ Yes ☐ - please describe in what way

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.

8. 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 of 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 of 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 of 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 of 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 of the time ☐ Some of the time ☐ Most of the time ☐ Hardly ever ☐ Depends on what I do and how fast I do it ☐

9. 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 ☐

10. Do you need fittings in your house to assist mobility ?

No ☐ Yes ☐ - please describe in what way

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

No ☐ Yes ☐ - what type of help do you need?

12. Are there restrictions on your ability to sit in, or drive a car?

No ☐ Yes ☐ - please describe the restrictions

13. 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 ☐

Recreation and Community Activities

This concerns your ability to take part in social activities.

14. 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)	☐	☐	☐	☐	☐	☐

15. Do you have difficulty doing any other activities because of your disabilities? No ☐ Yes ☐ - please describe the difficulties

16. Are there any activities you have given up because of your disabilities ? No ☐ Yes ☐ - what are the activities?

Domestic and Employment Activities

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

Domestic Activities

17. 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	☐	☐	☐	☐	☐	☐	☐

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

No ☐ Yes ☐ - what are the activities?

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

No ☐ Yes ☐ - describe the difficulties

20. Does someone do things for you that you used to do?

No ☐ Yes ☐ - please describe these things

Employment Activities

21. Are you employed?

No ☐ - go to Question **31**

Yes ☐ - go to Question **22**

22. What is your occupation?

23. Is your employment full-time, part-time or casual?

24. How many hours per week do you normally work?

25. Have you changed jobs in the last 5 years?

No ☐ Yes ☐ - why did you change jobs?

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

No ☐ Yes ☐ - what things can't you do?

Why are unable to do them?

27. 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?

28. Have you changed the hours you normally work?

No ☐ Yes ☐ - why did you change the hours?

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

No ☐ Yes ☐ - how much time have you lost?

30. In your opinion, have your disabilities affected your future or career?

No ☐ - go to **Summary**

Yes ☐ - please describe in what way

Now go to **Summary**

For those who have stopped working

31. What year did you stop working?

32. Why did you stop working?

Age ☐

Ill-health ☐

Other ☐ - please give reasons

33. Did your disabilities stop you working in any way?

No ☐ Yes ☐ - please describe in what way

34. Have you sought or do you intend to seek employment?

No ☐ - go to **Summary**

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.

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

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

When you have completed this form please return it to the Department of Veterans' Affairs. The addresses are on page two of this form.