



PRELIMINARY INDEPENDENT LIVING (IL) ASSESSMENT

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Respondent Burden: We need this information to evaluate your independent living needs. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. FIRST, MIDDLE, LAST NAME	2. VA FILE NUMBER	3. SOCIAL SECURITY NO.	4. DATE
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PART I - ACTIVITIES OF DAILY LIVING

This questionnaire focuses on types of activities related to independent living. Your responses to the questions will help determine how much difficulty you may have had in performing these activities during the past month. By difficulty, we mean how hard was it or how much effort did it take to do the activity because of your disability(ies). Circle the number in the column that most closely identifies your response.

ITEM NO.	DURING THE PAST MONTH, HOW MUCH DIFFICULTY DID YOU HAVE DOING THE FOLLOWING TASKS?	USUALLY DID WITH NO DIFFICULTY	USUALLY DID WITH SOME DIFFICULTY	USUALLY DID WITH HELP OR ASSISTIVE DEVICE	USUALLY DID NOT DO BECAUSE OF DISABILITIES	USUALLY DID NOT DO FOR OTHER REASONS
5	TAKING CARE OF SELF, INCLUDING EATING, DRESSING, OR BATHING	4	3	2	1	0
6	MOVING IN AND OUT OF A BED OR CHAIR	4	3	2	1	0
7	WALKING SEVERAL BLOCKS	4	3	2	1	0
8	WALKING ONE BLOCK, OR CLIMBING ONE FLIGHT OF STAIRS	4	3	2	1	0
9	WALKING INDOORS, SUCH AS AROUND YOUR HOME	4	3	2	1	0
10	DOING WORK AROUND THE HOUSE SUCH AS CLEANING, LIGHT YARD WORK, OR LAUNDRY	4	3	2	1	0
11	DOING ERRANDS, SUCH AS SHOPPING	4	3	2	1	0
12	DRIVING A CAR, OR USING PUBLIC TRANSPORTATION	4	3	2	1	0
13	VISITING WITH RELATIVES OR FRIENDS	4	3	2	1	0
14	PARTICIPATING IN COMMUNITY ACTIVITIES, SUCH AS RELIGIOUS SERVICES, SOCIAL ACTIVITIES, OR VOLUNTEER WORK	4	3	2	1	0
15	TAKING CARE OF OTHER PEOPLE SUCH AS FAMILY MEMBERS	4	3	2	1	0

PART I - ACTIVITIES OF DAILY LIVING (Continued)

ITEM NO.	DURING THE PAST MONTH, HOW MUCH DIFFICULTY DID YOU HAVE DOING THE FOLLOWING TASKS?	USUALLY DID WITH NO DIFFICULTY	USUALLY DID WITH SOME DIFFICULTY	USUALLY DID WITH HELP OR ASSISTIVE DEVICE	USUALLY DID NOT DO BECAUSE OF DISABILITIES	USUALLY DID NOT DO FOR OTHER REASONS
16	PARTICIPATING IN MODERATE RECREATIONAL ACTIVITIES, SUCH AS PLAYING GOLF	4	3	2	1	0
17	WRITING USING PEN OR PENCIL	4	3	2	1	0
18	BENDING, STOOPING, LIFTING	4	3	2	1	0
19	SLEEPING	4	3	2	1	0
20	TAKING OWN MEDICATIONS	4	3	2	1	0
21	USING TELEPHONE	4	3	2	1	0
22	HANDLING OWN MONEY	4	3	2	1	0
23	PREPARING OWN MEALS	4	3	2	1	0
24	USING TOILET	4	3	2	1	0
25	PARTICIPATING IN VIGOROUS ACTIVITIES	4	3	2	1	0
26	MEMORY AND CONCENTRATION	4	3	2	1	0
27	GETTING IN AND OUT OF RESIDENCE	4	3	2	1	0
28	CONTROLLING ENVIRONMENT, SUCH AS OPERATING A FAN, THERMOSTAT, OR TV	4	3	2	1	0
29	COMMUNICATING ELECTRONICALLY WITH FAMILY OR FRIENDS	4	3	2	1	0
COLUMN SCORE <i>(Add circled responses)</i> ▶						
TOTAL SCORE FOR THIS ASSESSMENT <i>(Add totals in "Column Score")</i> ▶						

30. FOR ANY ACTIVITY WHICH YOU MARKED 3 OR LOWER, PLEASE EXPLAIN

PART I - ACTIVITIES OF DAILY LIVING (Continued)

31. IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL LEVEL OF INDEPENDENCE?

VERY HIGH HIGH MODERATE LOW VERY LOW

32. DO YOU HAVE A PERSONAL CARE ATTENDANT?

YES NO

PART II - ALCOHOL/SUBSTANCE ABUSE

33. DO YOU NOW, OR HAVE YOU EVER HAD A PROBLEM WITH ALCOHOL OR DRUG ABUSE?

YES NO

34. ARE YOU NOW ABSTINENT?

YES NO (If "No," complete Item 35)

35. HOW MUCH, HOW OFTEN, AND WHAT SUBSTANCE (ALCOHOL AND/OR DRUGS) DO YOU USE?

PART III - HOUSING

36. WHERE DO YOU CURRENTLY LIVE?

PRIVATE HOME		HALF-WAY HOUSE
OWN	RENT	VA DOMICILIARY
APARTMENT		HOMELESS SHELTER
		OTHER (Please explain)

37. WHO LIVES WITH YOU?

LIVE ALONE	RELATIVES
LIVE WITH SPOUSE	FRIENDS
LIVE WITH SIGNIFICANT OTHER	OTHER (Please explain)

38. ARE YOU HAVING ANY PROBLEMS IN YOUR CURRENT HOUSING OR LIVING ARRANGEMENTS?

YES NO (If "Yes," please explain)

39. DO YOU FEEL SAFE AT HOME AND ON THE STREET?

YES NO (If "No," please explain)

PART IV - PERSONAL, EMOTIONAL, AND SPERITUAL NEEDS

40. HOW MUCH CONTROL DO YOU FEEL THAT YOU HAVE IN YOUR LIFE AND THE CHOICES THAT MATTER TO YOU?

41. IN GENERAL, HOW DO YOU FEEL ABOUT YOURSELF AND YOUR LIFE?

42. HOW MUCH SUPPORT DOES YOUR FAMILY PROVIDE FOR YOU?

PART IV - PERSONAL, EMOTIONAL, AND SPIRITUAL NEEDS (Continued)

43. DO YOU HAVE ANY PROBLEMS GETTING ALONG WITH OTHER PEOPLE?

YES NO (If "Yes," please explain)

44. DO YOU HAVE SPIRITUAL NEEDS THAT ARE NOT BEING MET?

YES NO (If "Yes," please explain)

PART V - LEISURE/AVOCATIONAL ACTIVITIES

45. HOBBIES

ITEM NO.	A. LIST YOUR CURRENT HOBBIES	B. AMOUNT OF TIME SPENT ON EACH HOBBY PER MONTH
1		
2		
3		
4		

46. ARE THERE ANY HOBBIES THAT YOU CAN NO LONGER DO?

YES NO (If "Yes," please explain)

PART VI - ADDITIONAL COMMENTS