



PRELIMINARY INDEPENDENT LIVING (IL) ASSESSMENT

IMPORTANT: A preliminary evaluation of Independent Living (IL) needs is to be conducted with the veteran by the VA case manager. If potential IL needs are identified through a preliminary assessment, then a comprehensive IL evaluation is to be completed. (M28, Part IV, Subpart iv, Ch 9)

READ TO VETERAN: ACTIVITIES OF DAILY LIVING: This questionnaire focuses on Activities of Daily Living. Activities which should be examined during the initial assessment include: Alcohol/Substance Abuse; Housing; Personal/Emotional/Spiritual Needs; and Leisure/Vocational Activities. The veteran's responses to the questions will help determine how much difficulty the veteran may have had in performing these activities during the past month. Difficulty is defined as how hard it was or how much effort it took to complete an activity because of the veteran's disability(ies).

1. FIRST, MIDDLE, LAST NAME	2. VA FILE NUMBER	3. SOCIAL SECURITY NO.	4. DATE
-----------------------------	-------------------	------------------------	---------

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). Check the box 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	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6	MOVING IN AND OUT OF A BED OR CHAIR	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7	WALKING SEVERAL BLOCKS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8	WALKING ONE BLOCK, OR CLIMBING ONE FLIGHT OF STAIRS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9	WALKING INDOORS, SUCH AS AROUND YOUR HOME	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10	DOING WORK AROUND THE HOUSE SUCH AS CLEANING, LIGHT YARD WORK, OR LAUNDRY	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11	DOING ERRANDS, SUCH AS SHOPPING	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12	DRIVING A CAR, OR USING PUBLIC TRANSPORTATION	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13	VISITING WITH RELATIVES OR FRIENDS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14	PARTICIPATING IN COMMUNITY ACTIVITIES, SUCH AS RELIGIOUS SERVICES, SOCIAL ACTIVITIES, OR VOLUNTEER WORK	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15	TAKING CARE OF OTHER PEOPLE SUCH AS FAMILY MEMBERS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 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	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
17	WRITING USING PEN OR PENCIL	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
18	BENDING, STOOPING, LIFTING	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
19	SLEEPING	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
20	TAKING OWN MEDICATIONS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
21	USING TELEPHONE	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
22	HANDLING OWN MONEY	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
23	PREPARING OWN MEALS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
24	USING TOILET	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
25	PARTICIPATING IN VIGOROUS ACTIVITIES	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
26	MEMORY AND CONCENTRATION	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
27	GETTING IN AND OUT OF RESIDENCE	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
28	CONTROLLING ENVIRONMENT, SUCH AS OPERATING A FAN, THERMOSTAT, OR TV	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
29	COMMUNICATING WITH FAMILY OR FRIENDS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

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

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?

- | | |
|--|--|
| <input type="checkbox"/> PRIVATE HOME | <input type="checkbox"/> HALF-WAY HOUSE |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT | <input type="checkbox"/> VA DOMICILIARY |
| <input type="checkbox"/> APARTMENT | <input type="checkbox"/> HOMELESS SHELTER |
| | <input type="checkbox"/> OTHER <i>(Please explain)</i> |

37. WHO LIVES WITH YOU?

- | | |
|--|--|
| <input type="checkbox"/> LIVE ALONE | <input type="checkbox"/> RELATIVES |
| <input type="checkbox"/> LIVE WITH SPOUSE | <input type="checkbox"/> FRIENDS |
| <input type="checkbox"/> LIVE WITH SIGNIFICANT OTHER | <input type="checkbox"/> OTHER <i>(Please explain)</i> |

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 SPIRITUAL 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?

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. 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

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for the purpose of educational and vocational planning and to help you make the best use of your rehabilitation benefits. This information will not be released outside VA unless you authorize its release in writing or the disclosure is authorized under the Privacy Act, including the routine use identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

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.