



Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2023

I, Amanda Rishworth, Minister for Social Services, make the following determination.

Dated 2023

Amanda Rishworth **[DRAFT ONLY—NOT FOR SIGNATURE]**
Minister for Social Services

DSS 2785.09.22

Contents

Part 1—Preliminary	1
1 Name.....	1
2 Commencement	1
3 Authority.....	1
4 Schedules	1
5 Definitions	1
6 Impairment Tables and the rules for applying the Tables	2
Part 2—Rules for applying the Impairment Tables	3
7 Purpose and design of the Tables.....	3
8 Applying the Tables.....	3
9 Information that must be taken into account in applying the Tables.....	6
10 Information that must not be taken into account in applying the Tables.....	6
11 Use of aids, equipment and assistive technology	7
12 Selecting the applicable Table and assessing impairments	7
13 Assigning an impairment rating.....	8
Part 3—Impairment Tables	10
Table 1 – Functions requiring Physical Exertion and Stamina	10
Table 2 – Upper Limb Function.....	15
Table 3 – Lower Limb Function	18
Table 4 – Spinal Function.....	22
Table 5 – Mental Health Function	26
Table 6 – Brain Function	32
Table 7 – Communication Function.....	42
Table 8 – Intellectual Function	47
Table 9 – Digestive and Reproductive Function.....	50
Table 10 – Hearing and other Functions of the Ear.....	53
Table 11 – Visual Function.....	57
Table 12 – Continence Function	61
Table 13 – Functions of the Skin	66
Table 14 – Functions of Consciousness	71
Schedule 1—Repeals	75
<i>Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011</i>	75

Part 1—Preliminary

1 Name

This instrument is the *Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2023*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 April 2023.	1 April 2023.

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under subsection 26(1) of the *Social Security Act 1991*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

5 Definitions

In this instrument:

Act means the *Social Security Act 1991*.

allied health practitioner includes, but is not limited to, a person who practices chiropractic, exercise physiology, physiotherapy, psychology, occupational therapy, osteopathy, pharmacy, podiatry or rehabilitation counselling.

appropriately qualified medical practitioner means a medical practitioner whose qualifications and practice are relevant to diagnosing a particular condition.

assistance means assistance from another person, that is assessed by an appropriately qualified health professional as being required, rather than any aids, prostheses, equipment or assistive technology the person may use, unless specified otherwise.

condition means a diagnosed medical condition, disability or disorder.

descriptor means the information set out under the column headed “Descriptors” in each Table, describing the level of functional impact resulting from a permanent condition.

health professional means an appropriately qualified medical practitioner and an allied health practitioner.

impairment means a loss of functional capacity affecting a person’s ability to work that results from the person’s condition.

impairment rating is the number in the column in a Table headed “Points” corresponding to a descriptor, which are set out in Part 3 of this instrument.

significant functional improvement is improvement that will enable the person to undertake work in the next 2 years.

Tables means the tables relating to the assessment of work-related impairment for disability support pension which are set out in Part 3 of this instrument.

treating doctor means the medical practitioner who has, or has had, the responsibility for the treatment of a person’s condition.

6 Impairment Tables and the rules for applying the Tables

- (1) Part 2 of this instrument specifies rules for applying the Tables for the purposes of subsection 26(3) of the Act.
- (2) Part 3 of this instrument:
 - (a) sets out tables for the assessment of work-related impairment for disability support pension for the purposes of subsection 26(1) of the Act; and
 - (b) specifies rules, in the introduction to each Table, for applying that Table for the purposes of subsection 26(3) of the Act.

Part 2—Rules for applying the Impairment Tables

7 Purpose and design of the Tables

- (1) In applying the Tables, regard must be had to the principles set out in subsections (2) and (3).

Purpose and general design principles

- (2) The Tables:
- (a) unless otherwise authorised by law, are only to be applied to assess whether a person satisfies the qualification requirement in paragraph 94(1)(b) of the Act;
 - (b) are function based rather than diagnosis based;
 - (c) describe functional activities, abilities, symptoms and limitations; and
 - (d) are designed to assign ratings to determine the level of functional impact of impairment and not to assess conditions.

Note: **impairment** is defined in section 5 to mean a loss of functional capacity affecting a person's ability to work that results from the person's condition.

Scaling system and descriptors

- (3) In the Tables:
- (a) subject to section 13, where a descriptor applies in relation to an impairment, an impairment rating can be assigned to that impairment;

Note: For **impairment rating** and **descriptor** see section 5.

- (b) the first line of each descriptor, which is formatted in italics, describes the level of impact of the impairment to be identified by reference to the particular examples of functional activities, abilities, symptoms and limitations contained in the numbered paragraphs below it, if any; and
- (c) the introduction to each Table sets out further rules with which to apply the Tables and rate an impairment.

8 Applying the Tables

Assessing functional capacity

- (1) The impairment of a person must be assessed on the basis of what the person can, or could do, not on the basis of what the person chooses to do or what others do for the person.

Applying the Tables

- (2) The Tables may only be applied to a person's impairment after the person's medical history, in relation to the condition causing the impairment, has been considered.

Note: For additional information that must be taken into account in applying the Tables see section 9.

Impairment ratings

- (3) An impairment rating can only be assigned to an impairment if:

- (a) the condition has been diagnosed by an appropriately qualified medical practitioner;

Note: For *diagnosed* see subsection 8(4).

- (b) the condition has been reasonably treated;

Note: For *reasonably treated* see subsection 8(5).

- (c) the condition has been stabilised; and

Note: For *stabilised* see subsection 8(6).

- (d) the condition and the resulting impairment is more likely than not, in light of available evidence, to persist for more than 2 years.

Diagnosed

- (4) In determining whether a condition has been diagnosed by an appropriately qualified medical practitioner for the purposes of paragraph 8(3)(a), the following is to be considered:

- (a) whether there is corroborating evidence of the condition.

Reasonably treated

- (5) In determining whether a condition has been reasonably treated for the purposes of paragraph 8(3)(b), the following is to be considered:

- (a) what treatment or rehabilitation has occurred in relation to the condition; and
- (b) whether treatment is continuing or is planned in the next 2 years and is likely to result in significant functional improvement.

Stabilised

- (6) For the purposes of paragraph 8(3)(c) and subsection 13(4) a condition is stabilised if:
- (a) either the person has undertaken reasonable treatment for the condition and any further reasonable treatment is unlikely to result in significant functional improvement to a level enabling the person to undertake work in the next 2 years; or
 - (b) the person has not undertaken reasonable treatment for the condition and:
 - (i) significant functional improvement to a level enabling the person to undertake work in the next 2 years is not expected to result, even if the person undertakes reasonable treatment; or
 - (ii) there is a medical or other compelling reason for the person not to undertake reasonable treatment.

Note 1: For **reasonable treatment** see subsection 8(7).

Note 2: Degenerative conditions that result in progressive and irreversible loss of function, can be considered fully stabilised if reasonable treatment is not expected to result in significant functional improvement within the next 2 years.

Reasonable treatment

- (7) For the purposes of subsection 8(5) and (6), reasonable treatment is treatment that:
- (a) is available at a location reasonably accessible to the person;
 - (b) is at a reasonable cost;
 - (c) can reliably be expected to result in a significant functional improvement;
 - (d) is regularly undertaken or performed;
 - (e) has a high success rate; and
 - (f) carries a low risk to the person.

Assessing functional impact of pain

- (8) There is no Table dealing specifically with pain and when assessing pain the following must be considered:

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- (a) acute pain is a symptom which may result in short term loss of functional capacity in more than one area of the body; and
 - (b) chronic pain is a condition and, where it has been diagnosed, reasonably treated and stabilised for the purposes of subsections 8(4), (5) and (6), any resulting impairment should be assessed using the Table relevant to the area of function affected.

Assessing functional impact of impairment due to excessive use of alcohol, drugs or other substances

- (9) There is no Table dealing exclusively with impairment due to excessive use of alcohol, drugs or other substances. When assessing the level of impairment the following must be considered:
 - (a) functional impacts due to the excessive use of alcohol, drugs or other substances, where the condition causing the impairment has been diagnosed, reasonably treated and stabilised for the purposes of subsections 8(4), (5) and (6), any resulting impairment should be assessed using the Table relevant to the area of function affected.

Example: Consider the functional impacts on physical, cognitive and mental health functioning associated with the condition.

9 Information that must be taken into account in applying the Tables

- (1) Subject to subsection (2), in applying the Tables the following information must be taken into account:
 - (a) the information provided by the health professionals specified in the relevant Table
 - (b) any additional medical or work capacity information that may be available; and
 - (c) any information that is required to be taken into account under the Tables, including as specified in the introduction to each Table.
- (2) A person may be asked to demonstrate abilities described in the Tables.

10 Information that must not be taken into account in applying the Tables

- (1) Symptoms reported by a person in relation to their condition can only be taken into account where there is corroborating evidence.

Note: Examples of the corroborating evidence that may be taken into account are set out in the Introduction of each Table in Part 3 of this instrument.

- (2) Unless required under the Tables, the impact of non-medical factors when assessing a person's impairment must not be taken into account.

Example: unless specifically referred to by a descriptor in a Table, the following must not be taken into account in assessing an impairment: the availability of suitable work in the person's local community; English language competence; age; gender; level of education; numeracy and literacy skills; level of work skills and experience; social or domestic situation; level of personal motivation; or religious or cultural factors.

11 Use of aids, equipment and assistive technology

A person's impairment is to be assessed when the person is using or wearing any aids, equipment or assistive technology that the person has and usually uses, or can reasonably access.

12 Selecting the applicable Table and assessing impairments

Selection steps

- (1) Table selection is to be made by applying the following steps:
 - (a) identify the loss of function; then
 - (b) refer to the Table related to the function affected; then
 - (c) identify the correct impairment rating.
- (2) The Table specific to the impairment being rated must always be applied to that impairment unless the instructions in a Table specify otherwise.
- (3) When identifying the loss of function, consideration should be given to the ongoing side effects of prescribed medication and treatment when the impairment from, or related to, the side effects is not expected to significantly improve.

Single condition causing multiple impairments

- (4) Where a single condition causes multiple impairments, each impairment should be assessed under the relevant Table.

Example: a stroke may affect different functions, thus resulting in multiple impairments which could be assessed under a number of different Tables including: upper and lower limb function (Tables 2 and 3); brain function (Table 6); communication function (Table 7); and visual function (Table 11).

- (5) When using more than one Table to assess multiple impairments resulting from a single condition, impairment ratings for the same impairment must not be assigned under more than one Table.

Multiple conditions causing a common impairment

- (6) Where two or more conditions cause a common or combined impairment, a single rating should be assigned in relation to that common or combined impairment under a single Table.
- (7) Where a common or combined impairment resulting from two or more conditions is assessed in accordance with subsection 12(6), it is inappropriate to assign a separate impairment rating for each condition as this would result in the same impairment being assessed more than once.

Example: the presence of both heart disease and chronic lung disease may each result in breathing difficulties. The overall impact on function requiring physical exertion and stamina would be a combined or common effect. In this case, a single impairment rating should be assigned using Table 1.

13 Assigning an impairment rating

- (1) In assigning an impairment rating:
 - (a) an impairment rating can only be assigned in accordance with the rating points in each Table;
 - (b) a rating cannot be assigned between consecutive impairment ratings;

Example: a rating of 15 cannot be assigned between 10 and 20.

- (c) if an impairment is considered as falling between 2 impairment ratings, the lower of the 2 ratings is to be assigned and the higher rating must not be assigned unless all the descriptors for that level of impairment are satisfied; and
 - (d) a rating cannot be assigned in excess of the maximum rating specified in each Table.
- (2) In deciding whether an impairment has no or minimal, mild, moderate, severe or extreme functional impact upon a person, the relative descriptors for each impairment rating in a Table should be compared to determine which impairment rating is to be applied.

Descriptors involving performing activities

- (3) When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can complete or sustain the activity when they would be expected to do so and not only once or rarely.

Example: If, under Table 2, a person is being assessed as to whether they can unscrew a lid of a soft drink bottle, the relevant impairment rating can only be assigned where the person is generally able to do that activity whenever they attempt it.

Episodic and fluctuating impairments and conditions

- (4) When assessing episodic and fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.

No impairment resulting from a condition

- (5) The presence of a diagnosed condition does not necessarily mean that there will be an impairment to which an impairment rating may be assigned. To avoid doubt, where a person's diagnosed condition results in no impairment, the impairment should be assessed as having no functional impact and a zero rating must be assigned.

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Part 3—Impairment Tables

Table 1 – Functions requiring Physical Exertion and Stamina

Introduction to Table 1

- Table 1 is to be used to assess the functional impact of a diagnosed condition when performing activities requiring physical exertion or stamina.
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - a report from a medical specialist confirming diagnosis of conditions commonly associated with cardiac or respiratory impairment (such as cardiac failure, cardiomyopathy, ischaemic heart disease, chronic obstructive airways/pulmonary disease, asbestosis, mesothelioma, or lung cancer);
 - a report from a medical specialist confirming the diagnosis of conditions commonly associated with extreme fatigue or exhaustion (such as diabetes mellitus, renal failure, end stage organ failure, widespread/metastatic cancer, chronic pain, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), lymphoedema and fibromyalgia), and providing details of treatment, functional impact and prognosis;
 - results of exercise, cardiac stress, treadmill testing or actimetry linked blood pressure and heart rate monitoring.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions (such as severe migraines or transient ischaemic attacks), a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.
- Assistance means assistance from another person rather than any aids or equipment the person may use, unless specified otherwise.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on activities requiring physical exertion or stamina.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) is able to undertake exercise appropriate to their age for at least 30 minutes at a time; (b) has no difficulty completing physically active tasks around their home and community; and (c) can undertake personal care activities such as showering or bathing and undertake a full range of activities in the same day.
5	<p><i>There is a mild functional impact on activities requiring physical exertion or stamina, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) experiences occasional symptoms such as mild shortness of breath, fatigue, pain, or mild post-exertional malaise, when performing physically demanding activities and, due to these symptoms, the person has occasional difficulty: <ul style="list-style-type: none"> (i) walking (or mobilising in a wheelchair or other equivalent assistive technology) to local facilities without stopping to rest; <p><i>Example:</i> going to local shops or supermarket, larger workplace, education or training campus.</p> (ii) performing physically active tasks or heavier household activities; or <p><i>Example 1:</i> climbing a flight of stairs or mobilising up a long, sloping pathway or ramp if in a wheelchair.</p> <p><i>Example 2:</i> vacuuming floors, changing the sheets on a bed or mowing the lawn.</p> (iii) performing personal care activities; such as showering or brushing hair; and (b) is able to perform most work-related tasks, other than tasks involving heavy manual labour. <p><i>Example:</i> the person has some difficulty digging, carrying or moving heavy objects, concreting, bricklaying, or laying pavers.</p>

10	<p><i>There is a moderate functional impact on activities requiring physical exertion or stamina, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person:</p> <p>(a) experiences frequent symptoms such as moderate shortness of breath, fatigue, pain, or post-exertional malaise, when performing day-to-day activities around the home and community and, due to these symptoms, the person:</p> <p>(i) is unable to walk (or mobilise in a wheelchair or other equivalent assistive technology) far outside the home and needs to drive or get other transport to local facilities;</p> <p><i>Example:</i> Going to local shops or supermarket, workplace, education or training campus.</p> <p>(ii) has difficulty performing day-to-day household activities; or</p> <p><i>Example:</i> making beds, washing and putting away dishes or sweeping paths.</p> <p>(iii) has moderate difficulty performing personal care activities such as showering or bathing which requires the use aids such as a shower stool, and experiences moderate post-exertional-malaise as a consequence. May need to plan and schedule showering/bathing around other activities to ensure they are not doing too much in any one day; and</p> <p>(b) is able to:</p> <p>(i) use public transport and walk (or mobilise in a wheelchair) around local facilities such as local shops, workplaces, or a supermarket; and</p> <p>(ii) perform work-related tasks of a clerical, sedentary or stationary nature (i.e. tasks not requiring a high level of physical exertion).</p>
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20	<p><i>There is a severe functional impact on activities requiring physical exertion or stamina, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person:</p> <p>(a) usually experiences symptoms such as severe shortness of breath, fatigue, post-exertional malaise, or pain when performing light physical activities and, due to these symptoms, the person is unable to:</p> <p>(i) walk (or mobilise in a wheelchair or other equivalent assistive technology) from the carpark, into and around local facilities without assistance;</p> <p><i>Example:</i> going to local shops or supermarket, workplace, education or training campus.</p> <p>(ii) use public transport without assistance;</p> <p>(iii) perform light day-to-day household activities without requiring a long recovery period afterwards; or</p> <p><i>Example:</i> preparing a simple meal, dusting, folding and putting away laundry or light gardening.</p> <p>(iv) perform personal care activities without the use of aids such as a shower stool, or the need for assistance from a carer; and</p> <p><i>Example:</i> the activity will cause moderate to severe fatigue and the person needs to rest before and after showering/bathing, and can undertake minimal to no other activities for the rest of that day).</p> <p>(b) has or is likely to have difficulty sustaining work-related tasks of a clerical, sedentary or stationary nature for a shift of at least 3 hours.</p>
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30	<p><i>There is an extreme functional impact on activities requiring physical exertion or stamina, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none">(a) is completely unable to perform activities requiring physical exertion or stamina;(b) experiences symptoms such as extreme shortness of breath, extreme fatigue or pain; when performing any activities requiring physical exertion or stamina and, due to these symptoms, the person is unable to move around inside the home without assistance;(c) is unable to undertake personal care activities and needs assistance to use the bathroom or is reliant on bed baths or using wet wipes. Such activities result in severe fatigue; or(d) is bedbound. <p><i>Note:</i> this impairment rating level includes people who have been medically assessed as requiring Oxygen treatment.</p> <p><i>Example:</i> requiring the use of an Oxygen concentrator during the day or to move around.</p>
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Table 2 – Upper Limb Function

Introduction to Table 2

- Table 2 is to be used to assess the functional impact of a diagnosed condition when performing activities requiring the use of upper limbs.
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - a report from a medical specialist confirming diagnosis of conditions associated with upper limb impairment (such as arthritis or other condition affecting upper limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury, cerebral palsy or other condition affecting upper limb coordination, inflammation or injury of the muscles or tendons of the upper limbs, chronic pain affecting the upper limbs, amputation or absence of whole or part of upper limb, lymphoedema, or peripheral neuropathy);
 - a report from an allied health practitioner (such as physiotherapist, occupational therapist or exercise physiologist) confirming the functional impact;
 - results of diagnostic tests (such as X-Rays or other imagery);
 - results of physical tests or assessments.
- For the purposes of this Table, upper limbs extend from the shoulder to the fingers.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- Assistance means assistance from another person rather than any aids or equipment the person may use, unless specified otherwise.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on activities using upper limbs</i></p> <p>(1) The person can pick up, handle, manipulate and use most objects encountered on a daily basis without difficulty.</p>
5	<p><i>There is a mild functional impact on activities using upper limbs, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person can manage most daily activities requiring the use of the upper limbs, but has some difficulty with at least 3 of the following:</p> <p>(a) picking up heavier objects;</p> <p><i>Example:</i> picking up and using large bulky tools such as a leaf blower, or picking up and pouring a full kettle.</p> <p>(b) handling very small objects;</p> <p><i>Example:</i> picking up coins or picking up and using paper clips or pins.</p> <p>(c) doing up buttons, brushing teeth or hair;</p> <p>(d) reaching up or out to pick up objects.</p> <p><i>Example:</i> reaching overhead to retrieve a kitchen appliance, stocking deep or high shelves, hanging heavy washing overhead or changing a ceiling light bulb.</p>
10	<p><i>There is a moderate functional impact on activities using upper limbs, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person struggles to carry out at least 4 of the following:</p> <p>(a) picking up a 1 litre carton full of liquid;</p> <p>(b) picking up a light but bulky object requiring the use of 2 hands together;</p> <p><i>Example:</i> a cardboard box.</p> <p>(c) holding and using a pen or pencil;</p> <p>(d) doing up buttons or tying shoelaces;</p> <p>(e) raising arms to dress or brush teeth or hair;</p> <p><i>Example:</i> wearing clothing that goes on over the head to avoid doing up buttons.</p> <p>(f) using a standard computer keyboard, mouse or phone functions;</p> <p>(g) carrying out a function such as grip and twist, that requires use of upper limbs.</p> <p><i>Example 1:</i> unscrewing the lid on a bottle or jar.</p> <p><i>Example 2:</i> turning a tap</p>

20	<p><i>There is a severe functional impact on activities using upper limbs, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) At least 4 of the following apply to the person:</p> <ul style="list-style-type: none"> (a) the person has limited movement or coordination in upper limbs, has an amputation or nerve damage rendering an upper limb non-functional; (b) the person has severe difficulty handling, moving or carrying most objects even when using or wearing any prosthesis or assistive device that they have and usually use; (c) the person has a significant impairment to their dominant upper limb and has significant difficulty adapting to the loss of the use of their dominant upper limb; (d) the person has difficulty using everyday items despite appropriate adaptations; <i>Example:</i> a computer keyboard, computer mouse, mobile phone or other electronic communication device). (e) the person has severe difficulty using a small object; <i>Example:</i> holding and using a fork or spoon, holding and using a pen or pencil. (f) the person has severe difficulty turning the pages of a book without assistance; (g) the person is unable to undertake any activity that involves reaching overhead. <i>Example:</i> accessing items above shoulder height, brushing hair
30	<p><i>There is an extreme functional impact on activities using upper limbs, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person has no function in either both of their upper limbs or the person has no upper limbs.</p>

Table 3 – Lower Limb Function

Introduction to Table 3

- Table 3 is to be used to assess the functional impact of a diagnosed condition when performing activities requiring the use of lower limbs.
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - a report from a medical specialist confirming diagnosis of conditions associated with lower limb impairment (such as arthritis or other condition affecting lower limb joints, paralysis or loss of strength or sensation resulting from stroke or other brain or nerve injury, cerebral palsy or other condition affecting lower limb coordination, inflammation or injury of the muscles or tendons of the lower limbs, chronic pain affecting the lower limbs, amputation or absence of whole or part of lower limb, lymphoedema, or peripheral neuropathy);
 - a report from an allied health practitioner (such as physiotherapist, occupational therapist or exercise physiologist) confirming the functional impairment;
 - results of diagnostic tests (such as X-Rays or other imagery);
 - results of physical tests or assessments showing impaired function of the lower limbs.
- For the purposes of this Table lower limbs extend from the hips to the toes.
- The functional impact on lower limbs resulting from lumbar spine conditions, such as nerve pain or weakness in the lower limbs, is to be assessed under Table 3.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

- Assistance means assistance from another person rather than any aids or equipment the person may use, unless specified otherwise.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on activities requiring use of the lower limbs.</i></p> <p>(1) The person has no or minimal difficulty performing activities involving standing, squatting or kneeling and rising to a standing position, negotiating stairs and walking around their home and in the community.</p>
5	<p><i>There is a mild functional impact on activities using lower limbs, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) the person has difficulty walking on slopes or uneven ground; <i>Example:</i> walking to local facilities such as local shops, workplaces, a supermarket, or bus-stop where there is uneven terrain.</p> <p>(b) the person has difficulty walking on level ground without a rest; <i>Example:</i> walking around local facilities such as local shops or a supermarket without a rest.</p> <p>(c) the person has difficulty negotiating stairs; and <i>Example:</i> is likely to require the use of the hand rail to negotiate a flight of stairs.</p> <p>(2) At least one of the following applies:</p> <p>(a) the person has difficulty standing independently; <i>Example:</i> waiting in a slow moving queue or standing still.</p> <p>(b) the person has difficulty squatting or kneeling, but does not require support to stand up again; <i>Example:</i> kneeling to tie a shoe and does not require support to stand again.</p> <p>(c) the person can mobilise effectively but needs to use a lower limb prosthesis or a medically recommended walking aid to assist with walking or balance issues due to cerebellar function affecting balance. <i>Example:</i> tripping due to neurological conditions such as Multiple Sclerosis or Parkinson's Disease.</p>

10	<p><i>There is a moderate functional impact on activities using lower limbs, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) the person is unable to walk on slopes or uneven ground; <i>Example:</i> unable to walk far outside their home on uneven terrain and needs to drive or get other transport to local facilities such as a local shop, workplace or supermarket.</p> <p>(b) the person is unable to use stairs or steps without assistance;</p> <p>(c) the person is unable to stand independently with or without the use of a medically recommended walking aid such as a walking stick; <i>Example:</i> the person uses a mobility aid for balance issues.</p> <p>(d) the person has difficulty kneeling or squatting and requires support of a stable object to stand again; and <i>Example:</i> the person supports themselves on a stable piece of furniture to stand from a kneeling or squatting position.</p> <p>(2) The person is able to use public transport or a motor vehicle and walk on level ground. <i>Example:</i> is able to catch a bus and walk around in a shopping centre or supermarket.</p> <p><i>Note 1:</i> this impairment rating level includes a person who can:</p> <p>(a) move around independently using a wheelchair and can independently transfer to and from a wheelchair; <i>Example:</i> the person can use a wheelchair accessible toilet independently.</p> <p>or</p> <p>(b) move around independently using medically recommended walking aids such as a quad stick, crutches or walking frame.</p> <p><i>Note 2:</i> the person may require additional time and effort to move around a workplace, may need to use accessible entries, lifts and toilets, and may not be able to access some areas of a workplace or training facility.</p>
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20	<p><i>There is a severe functional impact on activities using lower limbs, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person:</p> <p>(a) is unable to do any of the following:</p> <p>(i) walk around their home and in the community;</p> <p><i>Example:</i> the person is unable to walk from the carpark into local facilities and walk around local facilities such as shop or supermarket without assistance.</p> <p>(ii) stand independently;</p> <p>(iii) has significant difficulty standing up from a sitting position in a standard chair without assistance; and</p> <p><i>Example:</i> the person has difficulty standing after being seated in a dining chair.</p> <p>(b) requires assistance to use public transport.</p> <p><i>Note:</i> this impairment rating level includes a person who requires assistance to:</p> <p>(a) move around in, or transfer to and from a wheelchair;</p> <p><i>Example:</i> the person needs personal care assistance to use a toilet; or</p> <p>(b) move around using medically recommended walking aids such as a quad stick, crutches or walking frame such as the person requires assistance from another person to walk on some surfaces and could not move independently around a workplace or training facility, even when using a walking aid.</p> <p><i>Example:</i> the person is at significant risk of, or has frequent falls due to balance or other issues.</p>
30	<p><i>There is an extreme functional impact on activities using lower limbs, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person is unable to mobilise independently.</p>

Table 4 – Spinal Function

Introduction to Table 4

- Table 4 is to be used to assess the functional impact of a diagnosed condition when performing activities involving spinal function, that is, bending or turning the back, trunk or neck.
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purpose of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - a report from a medical specialist confirming diagnosis of conditions commonly associated with spinal function impairment (such as spinal cord injury, spinal stenosis, cervical spondylosis, lumbar radiculopathy, herniated or ruptured disc, spinal cord tumours, arthritis or osteoporosis involving the spine, or chronic pain affecting the spine);
 - a report from an allied health practitioner (such as a physiotherapist, or occupational therapist), confirming loss of range of movement in the spine or other effects of spinal disease or injury.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.
- Assistance means assistance from another person rather than any aids or equipment the person may use, unless specified otherwise.
- Restrictions on overhead tasks resulting from shoulder conditions should be rated under Table 2.
- Restrictions resulting from hip conditions should be rated under Table 3.
- Restrictions on lower limbs resulting from lumbar spine conditions, such as nerve pain and lower limb weakness, should be rated under Table 3.

- Upper or lower limb impairment resulting from a spinal condition (such as nerve root compromise) can be additionally assessed under Table 2 or Table 3 if the Table 4 rating does not fully account for the overall level of impairment.
- Where a person has nerve damage in an upper or lower limb or an impingement in the neck affecting the upper limbs, an additional rating on Table 2 or 3 can be considered.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on activities involving spinal function.</i></p> <p>(1) The person can:</p> <ul style="list-style-type: none"> (a) bend down to pick a light object off the floor (such as a piece of paper); (b) turn their trunk from side to side; and (c) turn their head to look to the sides or upwards.
5	<p><i>There is a mild functional impact on activities involving spinal function, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person has some difficulty in:</p> <ul style="list-style-type: none"> (a) activities over head height such as activities requiring the person to look upwards; (b) bending to knee level and straightening up again without difficulty; or <p><i>Example:</i> the person cannot bend down from a standing position to put on socks or shoes.</p> <ul style="list-style-type: none"> (c) turning their trunk or moving their head such as looking to the sides or upwards.

10	<p><i>There is a moderate functional impact on activities involving spinal function, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person is able to sit in or drive a car for at least 30 minutes, and at least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person has significant difficulty sustaining overhead activities such as accessing items above head height; (b) the person has significant difficulty moving their head to look in all directions such as turning their head to look over their shoulder; (c) the person has significant difficulty bending forward to pick up a light object placed at knee height; (d) the person needs assistance to get up out of a standard chair (if not independently mobile in a wheelchair). <p><i>Note 1:</i> this impairment rating level includes a person who can:</p> <ul style="list-style-type: none"> (a) move around independently using a wheelchair and can independently transfer to and from a wheelchair; or <p style="padding-left: 40px;"><i>Example:</i> the person can use a wheelchair accessible toilet independently.</p> <ul style="list-style-type: none"> (b) move around independently using medically recommended walking aids such as a quad stick, crutches or walking frame. <p><i>Note 2:</i> the person may require additional time and effort to move around a workplace, may need to use accessible entries, lifts and toilets, and may not be able to access some areas of a workplace or training facility.</p>
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20	<p><i>There is a severe functional impact on activities involving spinal function, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person is unable to:</p> <ul style="list-style-type: none"> (a) perform any overhead activities; (b) either turn their head, or bend their neck at all, without moving their trunk; (c) bend forward to hip height; or <p><i>Example:</i> the person cannot bend down to wipe a table or pick up a light object weighing less than 1kg from hip height.</p> <ul style="list-style-type: none"> (d) remain seated for at least 10 minutes. <p><i>Example:</i> the person frequently changes positions between sitting and standing or frequently shifts weight in a chair when seated.</p> <p><i>Note:</i> this impairment rating level includes a person who requires assistance to:</p> <ul style="list-style-type: none"> (a) move around in, or transfer to and from a wheelchair; or <p><i>Example:</i> the person needs personal care assistance to use a toilet; or</p> <ul style="list-style-type: none"> (b) move around using medically recommended walking aids such as a quad stick, crutches or walking frame such as the person requires assistance from another person to walk on some surfaces and could not move independently around a workplace or training facility, even when using a walking aid. <p><i>Example:</i> the person is at significant risk of, or has frequent falls due to balance or other issues.</p>
30	<p><i>There is an extreme functional impact on activities involving spinal function, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person is completely unable to perform activities involving spinal function.</p>

Table 5 – Mental Health Function

Introduction to Table 5

- Table 5 is to be used to assess the functional impact of a diagnosed condition related to a mental health condition (including recurring episodes of mental health impairment and impairment due to excessive use of alcohol, drugs or other substances or the misuse of prescription drugs).
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner (this includes a psychiatrist) with evidence from a registered psychologist (if the diagnosis has not been made by a psychiatrist).
- Diagnosis and evidence should make appropriate reference to the diagnostic tool used, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Disability (ICD).
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - supporting letters, reports or assessments relating to the person’s mental health or psychiatric illness;
 - a report from a medical specialist (such as addiction medicine specialist or a health professional working as part of a drug and alcohol service) confirming diagnosis of substance use disorder and resulting impairment of other body systems or functions;
 - interviews with the person and those providing care or support to the person.
- In using Table 5 evidence from a range of sources should be considered in determining which rating applies to the person being assessed.
- The person may not have sufficient self-awareness of their mental health impairment or may not be able to accurately describe its effects. This is to be kept in mind when discussing issues with the person and reading supporting evidence.
- The signs and symptoms of mental health impairment may vary over time. The person’s presentation on the day of the assessment should not solely be relied upon.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments,

taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.

- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.
- A person with attention deficit hyperactivity disorder or autism spectrum disorder who does not have a low IQ may be assessed under this Table.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on activities involving mental health function.</i></p> <p>(1) The person has no difficulties with at least 4 of the following:</p> <p>(a) self-care and independent living;</p> <p><i>Example:</i> the person lives independently and attends to all self-care needs without support.</p> <p>(b) social/recreational activities and interpersonal relationships;</p> <p><i>Example 1:</i> the person goes out regularly to social and recreational events without support.</p> <p><i>Example 2:</i> the person has no difficulty forming and sustaining relationships.</p> <p>(c) travel and accessing the community;</p> <p><i>Example 1:</i> the person is able to travel to and from unfamiliar environments independently.</p> <p><i>Example 2:</i> the person is able to utilise community facilities, such as local shops or other familiar venues.</p> <p>(d) concentration and task completion;</p> <p><i>Example 1:</i> the person has no difficulties concentrating on most tasks.</p> <p><i>Example 2:</i> the person is able to complete a training or educational course or qualification in the normal timeframe.</p> <p>(e) behaviour, planning and decision-making;</p> <p><i>Example:</i> there is no evidence of significant difficulties in behaviour, planning or decision-making.</p> <p>(f) work/training capacity.</p> <p><i>Example 1:</i> the person is able to cope with the normal demands of a job that is consistent with their education and training.</p> <p><i>Example 2:</i> the person is able to perform workplace tasks without posing a risk to the safety of themselves or co-workers due to ongoing mental illness or the effects of substance misuse.</p>

5	<p><i>There is a mild functional impact on activities involving mental health function.</i></p> <p>(1) The person has mild difficulties with at least 4 of the following:</p> <p>(a) self-care and independent living;</p> <p><i>Example:</i> the person lives independently but may sometimes neglect self-care, grooming or meals.</p> <p>(b) social/recreational activities and interpersonal relationships;</p> <p><i>Example 1:</i> the person is not actively involved when attending social or recreational activities.</p> <p><i>Example 2:</i> the person has interpersonal relationships that are strained, with occasional tension or arguments.</p> <p>(c) travel and accessing the community;</p> <p><i>Example 1:</i> the person sometimes is reluctant to travel alone to unfamiliar environments.</p> <p><i>Example 2:</i> the person sometimes is reluctant to utilise community facilities such as local shops or other familiar venues.</p> <p>(d) concentration and task completion;</p> <p><i>Example 1:</i> the person has difficulty focusing on complex tasks for more than 1 hour.</p> <p><i>Example 2:</i> the person has some difficulties completing education or training.</p> <p>(e) behaviour, planning and decision-making;</p> <p><i>Example 1:</i> the person has unusual behaviours that may disturb other people or attract negative attention and may sometimes be more effusive, demanding or obsessive than is appropriate to the situation.</p> <p><i>Example 2:</i> the person has slight difficulties in planning and organising more complex activities.</p> <p>(f) work/training capacity.</p> <p><i>Example:</i> the person has occasional interpersonal conflicts or poses some risk to the safety of themselves or co-workers due to ongoing mental illness or the effects of substance misuse at work, education or training that requires intervention by a supervisor, manager or teacher or changes in placement or groupings.</p>
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There is a **moderate** functional impact on activities involving mental health function.

(1) The person has moderate difficulties with at least 4 of the following:

(a) self-care and independent living;

Example: the person has been assessed as requiring some support (that is, an occasional visit by or assistance from a family member or support worker) to live independently and maintain adequate hygiene and nutrition.

(b) social/recreational activities and interpersonal relationships;

Example 1: the person goes out alone infrequently and is not actively involved in social events.

Example 2: the person has difficulty making and keeping friends or sustaining relationships.

(c) travel and accessing the community;

Example 1: the person will often avoid travelling alone to unfamiliar environments.

Example 2: the person will often avoid utilising community facilities such as local shops or other familiar venues.

(d) concentration and task completion;

Example 1: the person finds it very difficult to concentrate on longer tasks, and follow along with the task, for more than 30 minutes (such as reading an article, watching a television program or playing a video game).

Example 2: the person finds it difficult to follow complex instructions (such as from an operating manual, recipe or assembly instructions).

(e) behaviour, planning and decision-making;

Example 1: the person has difficulty coping with situations involving stress, pressure or performance demands.

Example 2: the person has occasional behavioural or mood difficulties (such as temper outbursts, depression, withdrawal or poor judgement).

Example 3: the person's activity levels are noticeably increased or reduced.

(f) work/training capacity.

Example: the person often has interpersonal conflicts or poses a risk to themselves or co-workers due to ongoing mental illness or the effects of substance misuse at work, education or training that requires intervention by supervisors, managers or teachers or changes in placement or groupings.

20	<p><i>There is a severe functional impact on activities involving mental health function.</i></p> <p>(1) The person has severe difficulties with at least 4 of the following:</p> <p>(a) self-care and independent living;</p> <p><i>Example:</i> the person has been assessed as requiring regular support to live independently, that is, needs visits or assistance at least twice a week from a family member, friend, health worker or support worker</p> <p>(b) social/recreational activities and interpersonal relationships;</p> <p><i>Example 1:</i> the person has very limited social contacts and involvement unless these are organised for the person.</p> <p><i>Example 2:</i> the person often has difficulty interacting with other people and usually needs assistance or support from a companion to engage in social interactions.</p> <p>(c) travel and accessing the community;</p> <p><i>Example 1:</i> the person travels alone only in familiar areas (such as the local shops or other familiar venues).</p> <p><i>Example 2:</i> the person usually avoids utilising community facilities such as local shops, or unfamiliar environments</p> <p>(d) concentration and task completion;</p> <p><i>Example 1:</i> the person has difficulty concentrating on or following along with any task or conversation for more than 10 minutes.</p> <p><i>Example 2:</i> The person has slowed movements or reaction time due to psychiatric illness or treatment effects.</p> <p>(e) behaviour, planning and decision-making;</p> <p><i>Example:</i> the person's behaviour, thoughts and conversation are significantly and frequently disturbed.</p> <p>(f) work/training capacity.</p> <p><i>Example:</i> the person is unable to attend work, education or training on a regular basis over a lengthy period due to ongoing mental illness or effects of substance misuse.</p>
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There is an **extreme** functional impact on activities involving mental health function.

(1) The person has extreme difficulties with at least 4 of the following:

(a) self-care and independent living;

Example 1: the person has been assessed as requiring continual support with daily activities and self-care.

Example 2: the person is unable to live on their own and lives with family or in a supported residential facility or similar, or in a secure facility.

(b) social/recreational activities and interpersonal relationships;

Example 1: the person has extreme difficulty interacting with other people and is socially isolated.

(c) travel and accessing the community;

Example: the person is unable to travel away from their own residence without a support person.

(d) concentration and task completion;

Example 1: the person has extreme difficulty in concentrating on or following along with any productive task for more than a few minutes.

Example 2: the person has extreme difficulty in completing tasks or following instructions.

(e) behaviour, planning and decision-making;

Example 1: the person has severely disturbed behaviour which may include self-harm, suicide attempts, unprovoked aggression towards others or manic excitement.

Example 2: the person's judgement, decision-making, planning and organisation functions are severely disturbed.

(f) work/training capacity.

Example: the person is unable to attend work, education or training sessions other than for short periods of time due to ongoing mental illness or effects of substance misuse.

Table 6 – Brain Function

Introduction to Table 6

- Table 6 is to be used to assess the functional impact of a diagnosed condition related to neurological or cognitive function, including impairment resulting from excessive use of alcohol, drugs or other substances or the misuse of prescription drugs.
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - a report from a specialist health practitioner supporting the diagnosis of conditions associated with neurological or cognitive impairment such as an acquired brain injury, stroke (cerebrovascular accident (CVA)), conditions resulting in dementia, tumour in the brain, some neurodegenerative disorders, chronic pain, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) or autism spectrum disorder (ASD);
 - results of diagnostic tests (such as Magnetic Resonance Imagery (MRI), Computerised (Axial) Tomography (CT) scans, Electroencephalograph (EEG));
 - results of cognitive function assessments;
 - a report from a medical specialist (such as addiction medicine specialist or a health professional working as part of a drug and alcohol service) confirming diagnosis of substance use disorder and resulting impairment of other body systems or functions;
 - interviews with the person and those providing care or support to the person.
- The person may not have sufficient self-awareness of their cognitive function or may not be able to accurately describe its effects. This is to be kept in mind when discussing issues with the person and reading supporting evidence.
- The signs and symptoms of neurological or cognitive impairment may vary over time. The person’s presentation on the day of the assessment cannot solely be relied upon.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments,

taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.

- Assistance means assistance from another person rather than any aids or equipment the person may use, unless specified otherwise.
- A person with autism spectrum disorder (ASD) or fetal alcohol syndrome (FAS) or fetal alcohol spectrum disorder (FASD) who does not have a meaningful intelligence quotient (IQ) (between 70-85), can be assessed under this Table.
- Table 6 cannot be used when a person has an impairment of intellectual function already assessed under Table 8, unless the person has an additional condition affecting neurological or cognitive function. As an example, if the person has a meaningful IQ between 70-85 the person should be assessed under Table 8, as it is likely their condition originated before they turned 18 years of age.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal functional impact resulting from a neurological or cognitive condition.</i></p> <p>(1) The person has no significant problems with memory, attention, concentration, problem solving, visuo-spatial function, planning, decision-making, comprehension, self-awareness, social skills or behavioural regulation.</p>

5	<p><i>There is a mild functional impact resulting from a neurological or cognitive condition.</i></p> <p>(1) The person is able to complete most activities of daily living without assistance and has mild difficulties in at least 2 of the following:</p> <p>(a) memory;</p> <p><i>Example:</i> the person occasionally forgets to complete a regular task or sometimes misplaces important items.</p> <p>(b) attention and concentration;</p> <p><i>Example 1:</i> the person has some difficulty concentrating on complex tasks for more than 1 hour.</p> <p><i>Example 2:</i> the person has some difficulty focusing on a task if there are other activities occurring nearby.</p> <p><i>Example 3:</i> the person has some difficulty with concentration due to sensitivity to noise, light or crowds</p> <p>(c) problem solving;</p> <p><i>Example 1:</i> the person has difficulty solving complex problems that may involve multiple factors or abstract concepts.</p> <p><i>Example 2:</i> the person shows a lack of awareness of problems in some situations.</p> <p>(d) planning;</p> <p><i>Example:</i> the person has some difficulty planning and organising complex activities (such as arranging travel and accommodation for an interstate or overseas holiday).</p> <p>(e) decision making;</p> <p><i>Example:</i> the person has some difficulty in prioritising and complex decision making when there are several options to choose from.</p> <p>(f) comprehension;</p> <p><i>Example:</i> the person has some difficulty in understanding complex instructions involving multiple steps.</p> <p>(g) visuo-spatial function;</p> <p><i>Example:</i> the person has difficulty with more complex visuo-spatial functions (such as distance and depth perception when driving and parking a car).</p> <p>(h) behavioural regulation;</p> <p><i>Example 1:</i> the person occasionally exhibits temper outbursts, withdrawal or effusiveness without significant adverse consequences.</p> <p><i>Example 2:</i> the person occasionally demonstrates behavioural dysregulation, such as ineffective engagement, disruptive behaviours, or a preference for highly ordered environments.</p> <p>(i) social skills;</p>
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	<p><i>Example:</i> the person has some difficulty reading non-verbal communication (such as gestures or facial expressions), has difficulty interacting with others and shows a lack of awareness of social norms and expectations.</p> <p>(j) self-awareness.</p> <p><i>Example 1:</i> the person has difficulty in recognising and responding to social cues and the person appears less engaged or inappropriately engaged.</p> <p><i>Example 2:</i> the person exhibits disinhibited behaviour resulting in awkwardness with social interactions.</p>
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10	<p><i>There is a moderate functional impact resulting from a neurological or cognitive condition.</i></p> <p>(1) The person requires occasional (less than once a day) interactive assistance with activities of daily living has moderate difficulties in at least 2 of the following:</p> <p>(a) memory;</p> <p><i>Example 1:</i> the person often forgets to complete regular tasks of minor consequence such as putting the bin out on rubbish night.</p> <p><i>Example 2:</i> the person often misplaces items.</p> <p><i>Example 3:</i> the person requires memory aids (such as shopping lists) to remember any more than 3 or 4 items.</p> <p>(b) attention and concentration;</p> <p><i>Example 1:</i> the person has difficulty concentrating on complex tasks for more than 30 minutes.</p> <p><i>Example 2:</i> the person experiences sensitivity to noise, light or crowds and has significant difficulty focusing on a task if there are other activities occurring nearby.</p> <p>(c) problem solving;</p> <p><i>Example:</i> the person has difficulty solving some day-to-day problems or problems not previously encountered and may require assistance or advice from time to time.</p> <p>(d) planning;</p> <p><i>Example:</i> the person has difficulty planning and organising new or special activities (such as planning and organising a large birthday party).</p> <p>(e) decision making;</p> <p><i>Example:</i> the person has some difficulty in prioritising and decision-making and displays poor judgement at times, resulting in negative outcomes for self or others.</p> <p>(f) comprehension;</p> <p><i>Example:</i> the person has difficulty understanding complex instructions involving multiple steps and may require more prompts, written instructions or repeated demonstrations than peers to complete tasks.</p> <p>(g) visuo-spatial function;</p> <p><i>Example:</i> the person has some difficulty with visuo-spatial functions (such as difficulty reading maps, giving directions or judging distance or depth) but this does not result in major limitations in activities of daily living.</p> <p>(h) behavioural regulation;</p> <p><i>Example:</i> the person occasionally (less than once a week) has difficulty controlling behaviour in routine situations (such as showing frustration or anger or losing temper for minor reasons but displays no physical aggression).</p>
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	<p>(i) social skills;</p> <p><i>Example:</i> the person has difficulty reading non-verbal communication (such as gestures or facial expressions), has difficulty interacting with others and shows a lack of awareness of social norms and expectations.</p> <p>(j) self-awareness.</p> <p><i>Example:</i> the person lacks awareness of own limitations, resulting in mild difficulties in social interactions or problems arising in activities of daily living.</p>
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*There is a **severe** functional impact resulting from a neurological or cognitive condition.*

(1) The person requires frequent (at least once a day) interactive assistance and supervision and has severe difficulties in at least 2 of the following:

(a) **memory;**

Example 1: the person is unable to remember routines, regular tasks and instructions.

Example 2: the person has difficulty recalling events of the past few days.

Example 3: the person gets easily lost in unfamiliar places.

(b) **attention and concentration;**

Example 1: the person is unable to concentrate on any task, even a task that interests the person, for more than 10 minutes.

Example 2: the person experiences sensitivity to noise, light or crowds and is easily distracted from any task.

(c) **problem solving;**

Example: The person is unable to solve routine day-to-day problems (such as what to do if a household appliance breaks down) and needs regular assistance and advice.

(d) **planning;**

Example: the person is unable to plan and organise routine daily activities (such as an outing to the movies or a supermarket shopping trip).

(e) **decision making;**

Example: the person is unable to prioritise and make simple decisions and often displays poor judgement, resulting in negative outcomes for self or others.

(f) **comprehension;**

Example: the person is unable to understand basic instructions and needs regular prompts to complete tasks.

(g) **visuo-spatial function;**

Example: the person is unable to perform many visuo-spatial functions (such as following or giving simple directions (including to the person's house) or judging distance or depth (resulting in stumbling on steps or bumping into objects)).

(h) **behavioural regulation;**

Example: the person is often (more than once a week) unable to control behaviour even in routine, day-to-day situations and may be verbally abusive to others or threaten physical aggression.

(i) **social skills;**

Example: the person has substantial difficulty reading non-verbal communication (such as gestures or facial expressions), has difficulty interacting with others and shows a lack of awareness of social norms and expectations.

	<p>(j) self-awareness.</p> <p><i>Example:</i> the person lacks awareness of own limitations, resulting in significant difficulties in social interactions or problems arising in activities of daily living.</p>
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There is an **extreme** functional impact resulting from a neurological or cognitive condition.

(1) The person requires continual interactive assistance and supervision and has extreme difficulties in at least 2 of the following:

(a) memory;

Example 1: the person requires constant prompts and reminders to remember routine tasks, familiar people and places and may get lost even in familiar places if not accompanied.

Example 2: the person has difficulties remembering events that happened earlier in the day (such as what the person ate for breakfast).

(b) attention and concentration;

Example: the person is unable to concentrate on any task for more than a few minutes which may be due to sensitivity to noise, light or crowds.

(c) problem solving;

Example: the person is unable to solve even the most basic problems (such as what to do if the kettle is empty) and needs complete assistance with problem solving.

(d) planning;

Example: the person is unable to plan and organise daily activities and needs complete assistance to organise daily routine.

(e) decision making;

Example: the person is unable to prioritise and make simple decisions and needs substantial support from a guardian or other delegate to make decisions or give consent on the person's behalf.

(f) comprehension;

Example: the person is unable to understand even simple, single step instructions and needs assistance to complete most tasks.

(g) visuo-spatial function;

Example 1: the person is unable to perform even basic visuo-spatial functions, is unable to follow spatial directions (such as 'turn left at the corner'), or is unable to judge distance or depth which severely limits mobility.

Example 2: the person has left or right-sided neglect, that is, they are not aware of objects, people or body parts in the left or right field of vision. This means that even though the person's eyes can see an object, the person's brain does not register its presence.

(h) behavioural regulation;

Example: the person is frequently (every day) unable to control behaviour in a range of day-to-day situations and this interferes with participation in activities outside the home and requires supervision and possibly restriction to a home or institutional environment.

	<p>(i) social skills</p> <p><i>Example:</i> the person is unable to read non-verbal communication (such as gestures or facial expressions), has difficulty interacting with others and shows a lack of awareness of social norms and expectations.</p> <p>(j) self-awareness.</p> <p><i>Example:</i> the person has very poor or no awareness of own limitations resulting in frequent and serious risks to self or others.</p>
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Table 7 – Communication Function

Introduction to Table 7

- Table 7 is to be used to assess the functional impact of a diagnosed condition affecting communication functions.
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner.
- In this Table, communication may be verbal or in conjunction with alternative or augmentative communication systems (such as sign language, which may be a recognised sign language such as Auslan, electronic speech, communication symbols, writing or other non-verbal communication methods).
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - a specialist assessment by a speech pathologist, neurologist or psychologist;
 - a report from a medical specialist confirming diagnosis of conditions associated with communication impairment (such as stroke (cerebrovascular accident (CVA)), other acquired brain injury, head, neck or throat cancer, cerebral palsy, neurodegenerative conditions, or damage to the speech-related structures of the mouth, vocal cords or larynx);
 - results of diagnostic tests (such as X-Rays or other imagery);
 - results of functional assessments.
- If the person uses recognised sign language or other non-verbal communication method as a result of hearing loss only, the person’s hearing and communication function should be assessed using Table 10.
- If the impairment affecting communication function is due to impairment in intellectual function, only Table 8 must be used.
- In this Table, **main language** means the language that the person most commonly uses.
- In this Table, **communication** or **communication functions** means receptive communication (understanding language) or expressive communication (producing speech).
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments,

taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.

- Assistance means assistance from another person rather than any aids or equipment the person may use, unless specified otherwise.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on communication in the person's main language.</i></p> <p>(1) The person's speech is usually understood by those who speak the same language and has no difficulty understanding or engaging in meaningful conversation.</p>
5	<p><i>There is a mild functional impact on communication in the person's main language.</i></p> <p>(1) At least one of the following applies:</p> <ul style="list-style-type: none">(a) the person has some difficulty understanding complex words and long sentences such as a complex newspaper article; or(b) the person has mild difficulty in producing speech and has minor difficulty with being understood due to content or speech production arising from a stutter or stammer, or vocal cord, larynx damage.

10	<p><i>There is a moderate functional impact on communication in the person's main language.</i></p> <p>(1) At least one of the following applies:</p> <ul style="list-style-type: none">(a) the person;<ul style="list-style-type: none">(i) has some difficulty understanding day-to-day language, particularly where a sentence or instruction includes multiple steps or concepts such as 'Please take this book out to Jane at the front desk and ask her to give you some paper clips and bring them back in here'; or(ii) may need instructions repeated or broken down into shorter sentences;(b) the person has moderate difficulty in producing speech, difficulty coordinating speech movements or damage to speech structures arising from a stutter or stammer, or vocal cord, larynx damage, which makes speech effortful, slow or sometimes difficult for unfamiliar people to understand;(c) the person uses alternative or augmentative communication such as sign language, technology that produces electronic speech, use of symbols to communicate and is unable to speak clearly and may be partially reliant on a recognised sign language such as Auslan or signed English or other non-verbal communication methods.
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*There is a **severe** functional impact on communication in the person's main language.*

- (1) Either:
- (a) the person has severe difficulty understanding day-to-day language in unfamiliar environments or relating to non-routine tasks, even where a sentence or instruction includes only a single step such as 'put the book next to the pencils' and needs instructions repeated or gestures or physical demonstration in order to understand; or
 - (b) at least one of the following applies:
 - (i) the person has severe difficulty in producing speech, difficulty coordinating speech movements or damage to speech structures arising from a stutter or stammer, or vocal cord, larynx damage which makes speech very effortful or very slow;
 - (ii) the person's speech is difficult for strangers to understand;
 - (iii) the person uses a limited vocabulary of words in speech;
Example: fewer than 50 words;
 - (iv) the person's speech is clear but is not used appropriately, such as frequent echolalia - compulsively repeats words or what the other person says, frequently swears or uses abusive language as a result of a condition such as Tourette syndrome and is unable to sustain a normal conversation for even a few minutes; or
- (2) The person uses alternative or augmentative communication such as sign language, technology that produces electronic speech, use of symbols to communicate, use of a note taker to assist in communication; and
- (a) the person is unable to speak clearly and is completely reliant on a recognised sign language such as Auslan or signed English;
 - (b) the person needs to use an electronic communication device to communicate with others in places such as shops, workplace, education or training facility and is unable to be understood without this device;
 - (c) the person is unable to speak and uses handwriting or typing to communicate; or
 - (d) the person is unable to speak and uses the assistance of a note taker to communicate.

*There is **extreme** functional impact on communication in the person's main language.*

- (1) Either:
- (a) the person:
 - (i) has extreme difficulty understanding even simple day-to-day language in familiar environments;
 - (ii) may understand only a few single words or simple phrases that are used on a regular basis such as 'drink', 'toilet', 'bed-time', 'go in the car'; or
 - (iii) needs additional gestures, pictures, symbols or physical demonstration in order to understand what is said; or
 - (b) at least one of the following applies;
 - (i) the person has extreme difficulty in producing any clear speech or is unable to speak at all;
 - (ii) the person's speech is difficult to understand even for family members and others who have regular contact with the person;
 - (iii) the person uses a limited vocabulary of words in speech (e.g. fewer than 20 words);
 - (iv) the person is only able to indicate yes or no, pleasure or displeasure through facial expressions, head movements or hand or body gestures; or
- (2) The person uses alternative or augmentative communication such as sign language, technology that produces electronic speech, use of symbols to communicate, use of a note taker to communicate; and
- (a) the person uses a limited number of symbols such as Compics or pictures or photos to communicate basic needs and feelings;
 - (b) the person needs to use an electronic communication device to communicate with others but has difficulty using this and is very slow in preparing communications; or
 - (c) the person is unable to speak or use an electronic communication device and uses a note taker to communicate with others.

Table 8 – Intellectual Function

Introduction to Table 8
<ul style="list-style-type: none">• Table 8 is to be used to assess the functional impact of a diagnosed condition resulting in low intellectual function (a meaningful intellectual quotient (IQ) score of 70 to 85), which originated before the person turned 18 years of age.• An assessment of the condition causing the impairment must be made by an appropriately qualified psychologist.• An assessment of intellectual function is to be undertaken in the form of a Wechsler Adult Intelligence Scale (WAIS-IV) or equivalent contemporary, culturally appropriate assessment. This assessment should be conducted after the person turns 16 years of age. A Wechsler Intelligence Scale for Children (WISC-V) assessment completed between the ages of 12 and 16 years is also acceptable for people aged 18 years or under at the time of assessment.• An assessment of adaptive behaviour is to be undertaken in the form of either the Adaptive Behaviour Assessment System (ABAS-3), the Scales for Independent Behaviour – Revised (SIB-R), the Vineland Adaptive Behaviour Scales (Vineland-3), or any other standardised assessment of adaptive behaviour that is culturally appropriate in nature and:<ul style="list-style-type: none">○ provides robust standardised scores across the domains of adaptive behaviour;○ has current norms developed on a representative sample of the general population;○ demonstrates test validity and reliability and provides a percentile ranking.• Consideration of the adaptation of recognised assessments of intellectual function for use with Aboriginal and Torres Strait Islander peoples is required.• There must be corroborating evidence of the person’s impairment.• Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:<ul style="list-style-type: none">○ a report from the person’s treating doctor;○ supporting letters, reports or assessments relating to the person’s development, intellectual function, adaptive behaviour or participation in programs;○ interviews with the person and those providing care, support or treatment to the person.• A person with autism spectrum disorder (ASD), or fetal alcohol spectrum disorder (FASD) who also has a meaningful IQ score ranging from 70-85 should be assessed under this Table.• The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal impact on adaptive functioning.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) The person is assessed as having a score of adaptive behaviour of 90 or above, on an adaptive behaviour scale;</p> <p><i>Example:</i> the person has been assessed using the current versions of either the Adaptive Behaviour Assessment System (ABAS-3), the Scales for Independent Behaviour – Revised (SIB-R) or the Vineland Adaptive Behaviour Scales (Vineland-3).</p> <p>(b) The person is assessed as being within the percentile rank of 24 or above on a standardised assessment of adaptive behaviour.</p>
5	<p><i>There is mild impact on adaptive functioning.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) The person is assessed as having a score of adaptive behaviour between 80 to 89, on an adaptive behaviour scale;</p> <p><i>Example:</i> the person has been assessed using the current version of either the Adaptive Behaviour Assessment System (ABAS-3), the Scales for Independent Behaviour - Revised (SIB-R) or the Vineland Adaptive Behaviour Scales (Vineland-3).</p> <p>(b) The person is assessed as being within the percentile rank of 9 to 23 on a standardised assessment of adaptive behaviour.</p>
10	<p><i>There is moderate impact on adaptive functioning.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) The person is assessed as having a score of adaptive behaviour between 71 to 79, on an adaptive behaviour scale;</p> <p><i>Example:</i> the person has been assessed using the current version of either the Adaptive Behaviour Assessment System (ABAS-3), the Scales for Independent Behaviour - Revised (SIB-R) or the Vineland Adaptive Behaviour Scales (Vineland-3).</p> <p>(b) The person is assessed as being within the percentile rank of 3 to 8 on a standardised assessment of adaptive behaviour.</p>
20	<p><i>There is severe impact on adaptive functioning.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) The person is assessed as having a score of adaptive behaviour of between 51 to 70 on an adaptive behaviour scale;</p> <p><i>Example:</i> the person has been assessed using the current version of either the Adaptive Behaviour Assessment System (ABAS-3), the Scales for Independent Behaviour - Revised (SIB-R) or the Vineland Adaptive Behaviour Scales (Vineland-3).</p> <p>(b) The person is assessed as being within the percentile rank of 0.1 to 2 on a standardised assessment of adaptive behaviour.</p>

30	<p><i>There is an extreme impact on adaptive functioning.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) The person is assessed as having a score of adaptive behaviour of 50 or less on an adaptive behaviour scale;</p> <p><i>Example:</i> the person has been assessed using the current version of either the Adaptive Behaviour Assessment System (ABAS), the Scales for Independent Behaviour – Revised (SIB-R) or the Vineland Adaptive Behaviour Scales.</p> <p>(b) The person is assessed as being within the percentile rank of less than 0.1 on a standardised assessment of adaptive behaviour.</p>
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Table 9 – Digestive and Reproductive Function

Introduction to Table 9

- Table 9 is to be used to assess the functional impairment of a diagnosed condition related to digestive or reproductive system functions.
- Digestive conditions may include cancer and other diseases that affect the mouth, salivary glands, oesophagus, stomach, intestines (small or large intestine), pancreas, liver, gall bladder, bile ducts, rectum or anus.
- Reproductive system conditions may include gynaecological diseases (such as severe and intractable endometriosis, ovarian cancer, cervical cancer, endometrial cancers) and conditions of the male reproductive system (such as prostate cancer).
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - a report from a medical specialist (such as a gastroenterologist, a gynaecologist, an urologist or an oncologist) confirming diagnosis of a digestive or reproductive system condition;
 - results of investigations (such as X-Rays or other imagery, endoscopy or colonoscopy).
- Personal care needs associated with digestive conditions include, but are not limited to, the need to take medications when symptoms occur, care of special feeding equipment (such as Percutaneous Endoscopic Gastrostomy (PEG) button or special feeding tube), special diets or feeding solutions, strategies to relieve chronic pain, additional toileting and personal hygiene needs.
- Personal care needs associated with reproductive system conditions include, but are not limited to, strategies to relieve chronic pain or more frequent menstrual care.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) The person is not usually interrupted at work or other activity by symptoms or personal care needs associated with a digestive or reproductive system condition.</p>
5	<p><i>There is a mild functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) At least one of the following applies:</p> <p>(a) the person's attention and concentration at a task are sometimes (on most days) interrupted or reduced by chronic pain or other symptoms or personal care needs associated with the digestive or reproductive system condition;</p> <p>(b) the person is sometimes (less than once per month) absent from work, education or training activities due to the digestive or reproductive system condition.</p>
10	<p><i>There is a moderate functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) At least 2 of the following apply to the person:</p> <p>(a) the person's attention and concentration on a task are often (at least once a day but not every hour) interrupted or reduced by chronic pain or other symptoms or personal care needs associated with the digestive or reproductive system condition;</p> <p>(b) the person is unable to sustain work activity or other tasks for more than 2 hours without a break due to symptoms of the digestive or reproductive system condition;</p> <p>(c) the person is often (once per month) absent from work, education or training activities due to the digestive or reproductive system condition.</p>

20	<p><i>There is a severe functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) At least 2 of the following apply to the person:</p> <ul style="list-style-type: none"> (a) the person’s attention and concentration at a task is frequently (at least once every hour) interrupted or reduced by chronic pain or other symptoms or personal care needs associated with the digestive or reproductive system condition; (b) the person is unable to sustain work activity or other tasks for a total of more than 3 hours a day, even with regular breaks, due to symptoms of the digestive or reproductive system condition; (c) the person’s condition may affect their comfort in a workplace environment or draw attention of co-workers; (d) the person is frequently (twice or more per month) absent from work, education or training activities due to the digestive or reproductive system condition.
30	<p><i>There is an extreme functional impact on work-related or daily activities due to symptoms or personal care needs associated with a digestive or reproductive system condition.</i></p> <p>(1) At least 2 of the following apply to the person:</p> <ul style="list-style-type: none"> (a) the person’s attention and concentration at a task are continually interrupted or reduced by chronic pain or other symptoms or care needs associated with the digestive or reproductive system condition (such that pain or other symptoms are present all or most of the time); (b) the person is unable to sustain work activity or other task for more than one hour without a break due to symptoms of the digestive or reproductive system condition; (c) the nature of the person’s condition is likely to affect their comfort in a workplace or their co-workers adversely; (d) the person is rarely able to attend work, education or training activities due to the digestive or reproductive system condition.

Table 10 – Hearing and other Functions of the Ear

Introduction to Table 10

- Table 10 is to be used to assess the functional impact of a diagnosed condition when performing activities involving hearing function or other functions of the ear (such as balance).
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner with corroborating evidence from an audiologist, neurosurgeon, neurologist or Ear, Nose and Throat (ENT) specialist.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - a report from a medical specialist (such as an ENT specialist neurologist or neurosurgeon) confirming diagnosis of conditions associated with hearing impairment or other impaired function of the ear (such as congenital deafness, presbycusis, acoustic neuroma, head or neck cancer, side-effects of medication including chemotherapy, Meniere’s disease or neurological conditions);
 - results of audiological assessment undertaken by a fully qualified audiologist, audiometrist or ENT specialist.
- Table 10 should be applied with the person using any prescribed hearing aid, cochlear implant or other assistive listening device that they usually use.
- If the person uses recognised sign language or other non-verbal communication method as a result of hearing loss only, the person’s hearing and communication function should be assessed using Table 10.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would normally be expected to do so and not only once, or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on activities involving hearing function or other functions of the ear.</i></p> <p>(1) The person:</p> <p>(a) can hear a conversation at average volume in a room with an average level of background noise (such as other people talking quietly in the background); and</p> <p>(b) does not have difficulty with balance, dizziness or ringing in the ears.</p>
5	<p><i>There is mild functional impact on activities involving hearing function or other functions of the ear.</i></p> <p>(1) The person:</p> <p>(a) has some difficulty hearing a conversation at an average volume in a room with background noise (such as other people talking quietly in the background); and</p> <p>(b) has difficulty hearing conversations when using a standard telephone, particularly in a room with background noise;</p> <p>or</p> <p>(2) The person has occasional difficulty with balance (such as occasional dizziness) or ringing in the ears, which occasionally interferes with communication ability or routine activities due to a medically diagnosed disorder of the inner ear (such as Meniere's disease).</p>

10	<p><i>There is a moderate functional impact on activities involving hearing function or other functions of the ear even when using a hearing aid, cochlear implant or other assistive listening device; or sign language interpreting is required.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has difficulty hearing a conversation at average volume in a room with no background noise; (b) the person has occasional difficulty with some words; and (c) is partially reliant on lip-reading or a recognised sign language (such as Auslan), that is, the person needs to lip-read or watch a sign language interpreter in some situations where background noise is present or needs to have parts of conversations clarified or repeated using lip-reading or recognised sign language; or <p>(2) The person has more frequent difficulty with balance (such as having dizziness or having to sit down or hold on to a solid object) or ringing in the ears which interferes with communication ability or routine activities, due to a medically diagnosed disorder of the inner ear (such as Meniere’s disease).</p>
20	<p><i>There is a severe functional impact on activities involving hearing function or other functions of the ear even when using a hearing aid, cochlear implant or other assistive listening device or technology or sign language interpreting.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has severe difficulty hearing any conversation even at raised volume in a room with no background noise such as someone speaking to them in a loud voice shouting a warning (such as ‘Look out!’); (b) is unable to hear sounds needed for personal or workplace safety (such as a smoke alarm, fire evacuation siren, or car or truck horn); (c) is reliant on captions to follow a television program or movie; and (d) is completely reliant in all situations on a recognised sign language (such as Auslan), lip reading, other non-verbal communication method (such as note taking) to converse with others; or <p>(2) The person has continual difficulty with balance (such as having continual dizziness or having to sit down or hold on to a solid object) or continual ringing in the ears that interferes with hearing, due to a medically diagnosed disorder of the inner ear (such as Meniere’s disease).</p>

30	<p><i>There is an extreme functional impact on activities involving hearing function or other functions of the ear even when using a hearing aid, cochlear implant or other assistive listening device.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none">(a) is unable to hear anything at all;(b) has limited or no ability to understand a recognised sign language (such as Auslan), lip reading, or other non-verbal communication methods (such as written notes); and(c) is unable to sustain an upright posture due to extreme difficulty with balance.
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Table 11 – Visual Function

Introduction to Table 11

- Table 11 is to be used to assess the functional impact of a diagnosed condition when performing activities involving visual function.
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner with corroborating evidence from an ophthalmologist, optometrist, neurosurgeon or neurologist.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person's impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person's treating doctor;
 - a report from a medical specialist (such as ophthalmologist, ophthalmic surgeon) confirming diagnosis of conditions associated with vision impairment (such as diabetic retinopathy, brain tumours, glaucoma, retinitis pigmentosa, macular degeneration, cataracts, congenital visual impairment);
 - results of vision assessments (such as assessments done by an optometrist).
- Table 11 should be applied with the person using any visual aids the person usually uses (such as spectacles or contact lenses).
- Where severe or extreme loss of visual function is evident or suspected, it is to be recommended that assessment by a qualified ophthalmologist occur to determine if the person meets the criteria for permanent blindness.
- Assistance means assistance from another person, rather than any aids, prostheses, equipment or assistive technology the person may use, unless specified otherwise.
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on activities involving visual function.</i></p> <p>(1) The person has no difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn and all of the following apply:</p> <ul style="list-style-type: none"> (a) the person has no difficulties seeing the print in a newspaper or magazine; (b) the person has no difficulties seeing road signs, street signs or bus numbers; (c) the person has a full field of vision, that is, they do not have any problems with peripheral vision (being aware of objects or movement to the sides, above or below, when looking straight ahead) and no patches or areas of lost vision; (d) the person can usually perform all day-to-day functions involving the eyes without discomfort (such as no watering of the eyes, difficulty opening the eyes, or difficulty moving the eyes) and is able to tolerate normal light levels.
5	<p><i>There is a mild functional impact on activities involving visual function.</i></p> <p>(1) The person can perform most day-to-day activities involving vision and has mild difficulties seeing things at a distance or close up when wearing glasses or contact lenses (if these are usually worn), and at least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person has some difficulty seeing the fine print in newspapers or magazines (such as having to hold the print further away or use brighter light); (b) the person has some difficulty seeing road signs, street signs or bus numbers or has some difficulty reading road signs at night but can still travel around the community and use public transport without assistance; (c) when looking straight ahead, the person has some difficulty seeing objects to the side or in the centre of their field of vision; (d) the person experiences some discomfort when performing day-to-day activities involving the eyes (such as mild occasional watering of the eyes, mild difficulty opening the eyes, or mild difficulty moving or coordinating the eyes, or difficulty tolerating bright lights and sunlight, or mild discomfort when using a computer screen); (e) the person has functional vision in only one eye, or only has one eye, but has good vision in the remaining eye.

10	<p><i>There is a moderate functional impact on activities involving visual function.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has moderate difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn or the person has very limited vision to the sides when looking straight ahead or the person has other significant loss in their field of vision (such as patches where they can see nothing or very little); (b) needs to use vision aids or assistive devices other than spectacles and contact lenses for some tasks; (c) has difficulty performing some day-to-day activities involving vision (such as difficulty seeing the print letters, signs or route numbers on approaching buses or at train stations); and (d) has at least one of the following: <ul style="list-style-type: none"> (i) some difficulty seeing routine workplace, educational or training information (such as signs, safety information, or manuals) and may need to use alternative formats (such as large print), assistive devices or technology for vision in work, training or educational settings; (ii) moderate discomfort when performing day-to-day activities involving the eyes (such as frequent watering of the eyes, frequent difficulty opening the eyes, or moderate difficulty moving or coordinating the eyes, or unable to tolerate normal levels of light indoors or outdoors, or moderate discomfort when using a computer screen); (iii) only one eye or functional vision in only one eye and has mild problems with the vision in their only functioning eye; and <p>(2) The person:</p> <ul style="list-style-type: none"> (a) is able to function independently in familiar environments (that is, without regular assistance from other people); and (b) is able to travel independently using public transport when using any assistive devices that they have and usually use.
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20	<p><i>There is a severe functional impact on activities involving visual function.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has severe difficulties seeing things at a distance or close up when wearing glasses or contact lenses if these are usually worn; (b) needs to use vision aids or assistive devices other than spectacles and contact lenses for many tasks; (c) has severe difficulty performing many day-to-day activities involving vision (such as difficulty distinguishing between different types of food in tins or packets, seeing the level of fluid in a cup or reading aisle signs in the supermarket even when standing close to these); and (d) either: <ul style="list-style-type: none"> (i) is unable to see routine workplace, educational or training information (such as signs, safety information, or manuals) even when using any assistive devices or technology that they have; (ii) needs assistance to use public or other means of transport to travel to work, educational or community facilities even when using any assistive devices that they have; and (e) is unable to move around independently in unfamiliar environments without assistance.
30	<p><i>There is an extreme functional impact on activities involving visual function.</i></p> <p>(1) The person is not considered permanently blind and, due to extreme functional impact on vision, the person:</p> <ul style="list-style-type: none"> (a) needs assistance to move around even in familiar environments; and (b) needs assistance to perform most day-to-day activities.

Table 12 – Contenance Function

Introduction to Table 12

- Table 12 is to be used to assess the functional impact of a diagnosed related to incontinence of the bladder or bowel.
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner.
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person’s impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person’s treating doctor;
 - a report from a medical specialist, particularly in cases of moderate or severe incontinence, (such as urogynaecologist, gynaecologist, urologist, gastroenterologist) confirming diagnosis of conditions associated with incontinence (such as some gynaecological conditions, prostate enlargement or malignancy, gastrointestinal conditions or malignancy, incontinence resulting from paraplegia, spina bifida, or neurodegenerative conditions);
 - assessments and reports from practitioners specialising in the treatment and management of incontinence (such as urologists, urogynaecologists, continence nurse, continence physiotherapists).
- To avoid doubt, for descriptors in this Table relating to a person’s symptoms affecting co-workers, a descriptor can apply even if the person does not work (that is, where the descriptor is likely to apply if the person did work).
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- Assistance means assistance from a person rather than any aids or equipment a person may use, unless specified otherwise.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is no or minimal functional impact on maintaining continence of the bladder and bowel.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) is always continent of the bladder and bowel; and (b) does not have a stoma (such as colostomy, ileostomy) or use a catheter or other collection device to manage continence.
5	<p><i>There is a mild functional impact on maintaining continence of the bladder or bowel.</i></p> <p>(1) At least one of the following ((a), (b), (c), (d), (e) or (f)) applies:</p> <p><i>Bladder</i></p> <ul style="list-style-type: none"> (a) the person has minor leakage from the bladder (such as a small amount of urine when coughing or sneezing) at least once a day but not every hour; (b) the person has urgency (such as having to get to a toilet very quickly and has difficulty ‘holding on’ to urine) or has occasional (at least weekly) loss of control of the bladder; (c) the person has difficulty passing urine (such as having to strain or has restricted flow of urine or has difficulty emptying the bladder); <p><i>Bowel</i></p> <ul style="list-style-type: none"> (d) the person has minor leakage from the bowel (such as enough faecal matter to soil underwear but not outer clothes) more than once a week but not every day; (e) the person has urgency or occasional (at least monthly) loss of control of bowel; <p><i>Continence aids</i></p> <ul style="list-style-type: none"> (f) the person has a stoma, or uses a catheter or other collection device to manage their continence independently without any difficulties and does not need any assistance.

10	<p><i>There is a moderate functional impact on maintaining continence of the bladder or bowel.</i></p> <p>(1) At least (2), (3) or (4) applies.</p> <p><i>Bladder</i></p> <p>(2) The person:</p> <p>(a) has minor leakage from the bladder (such as a small amount of urine when coughing or sneezing) several times each day; and</p> <p>(b) in respect of continence of the bladder has difficulties that result in interruption to tasks, work or training on most days.</p> <p><i>Bowel</i></p> <p>(3) The person:</p> <p>(a) has major leakage from the bowel (such as enough faecal matter to fully soil underwear and stain outer clothes if a continence pad is not worn) in most weeks; and</p> <p>(b) in respect of continence of the bowel has difficulties that result in interruption to tasks, work or training on most days.</p> <p><i>Continence aids</i></p> <p>(4) The person:</p> <p>(a) has a stoma, or uses a catheter or other collection device to manage their continence independently but requires frequent bag or catheter changes, or has frequent equipment failure; and</p> <p>(b) in respect of continence aids has difficulties that result in interruption to tasks, work or training on most days.</p>
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20	<p><i>There is a severe functional impact on maintaining continence of the bladder or bowel.</i></p> <p>(1) At least (2), (3) or (4) applies.</p> <p><i>Bladder</i></p> <p>(2) In respect of continence of the bladder:</p> <p>(a) the person’s condition may affect their comfort in a workplace environment or draw attention of co-workers;</p> <p>(b) the person has continual dribbling of urine throughout the day; or</p> <p>(c) the person has major leakage from the bladder (such as a large amount of urine – enough to soak through a prescribed continence pad and clothes) at least every day but not every hour.</p> <p><i>Bowel</i></p> <p>(3) In respect of continence of the bowel:</p> <p>(a) the person’s condition may affect their comfort in a workplace environment or draw attention of co-workers;</p> <p>(b) the person has minor leakage from the bowel (such as enough faecal matter to soil underwear or continence pad but not outer clothes) every day; or</p> <p>(c) the person has major leakage from the bowel (such as enough faecal matter to fully soil underwear or a continence pad) at least weekly.</p> <p><i>Continence aids</i></p> <p>(4) In respect of continence aids:</p> <p>(a) the person’s condition may affect their comfort in a workplace environment or draw attention of co-workers;</p> <p>(b) the person has a stoma, or uses a catheter or other collection device to manage their continence and needs some assistance from another person to manage the continence aid; or</p> <p>(c) the person wears continence pads and needs some assistance to change these during the day.</p>
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30	<p><i>There is an extreme functional impact. The person is completely unable to maintain continence of the bladder or bowel.</i></p> <p>(1) The nature of the person’s condition is likely to affect their comfort in a workplace or their co-workers adversely and at least (2), (3) or (4) applies.</p> <p><i>Bladder</i></p> <p>(2) In respect of continence of the bladder the person has no control of bladder emptying and is always incontinent of urine.</p> <p><i>Bowel</i></p> <p>(3) In respect of continence of the bowel the person has no control of bowel emptying and is always incontinent of faeces.</p> <p><i>Continence aids</i></p> <p>(4) In respect of continence aids at least one of the following applies:</p> <p>(a) the person has a stoma, or uses a catheter or other collection device to manage their continence and needs complete assistance from another person to manage this; or</p> <p>(b) the person wears continence pads and needs complete assistance to change these during the day.</p>
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Table 13 – Functions of the Skin

Introduction to Table 13	
<ul style="list-style-type: none"> • Table 13 is to be used to assess the functional impact of a diagnosed condition related to disorders of, or injury to, the skin. • The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner. • Self-report of symptoms alone is insufficient. • There must be corroborating evidence of the person’s impairment. • Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following: <ul style="list-style-type: none"> ○ a report from the person’s treating doctor; ○ a report from a medical specialist (such as dermatologist, burns specialist or oncologist) confirming diagnosis of dermatological conditions burns, or cancer (such as melanoma, graft versus host disease); ○ assessments or reports from practitioners specialising in the treatment and management of these conditions (such as dermatologists, burn specialists, registered nurses, physiotherapists, pain management specialists and occupational therapists). • When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely. • When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate. • Assistance means assistance from another person rather than any aids or equipment the person may use, unless specified otherwise. • The examples used in descriptors are not an exhaustive list and are to be used only as a guide. 	
Points	Descriptors
0	<p><i>There is no or minimal functional impact on activities involving functions of the skin.</i></p> <p>(1) The person is able to perform normal daily activities (such as washing dishes, shampooing hair, household cleaning and participating in outdoor activities) with no difficulty.</p>

5	<p><i>There is a mild functional impact on activities involving functions of the skin, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) Regarding the minor adaptations to some daily activities that the person has to make, at least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person has minor difficulties performing activities involving use of their hands due to minor skin lesions, dermatitis, skin allergies, scarring, skin ulcerations or chronic pain (such as mild allodynia) and may need to wear protective gloves for some tasks, apply protective cream to the hands, or limit repetitive tasks involving use of the hands; (b) the person has minor difficulties performing activities involving use of other parts of the body due to minor skin lesions, dermatitis, skin allergies, scarring, skin ulcerations or chronic pain (such as mild allodynia) and may need to apply protective cream to the body, or limit repetitive tasks; (c) the person has minor difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (such as impacts of certain medications or past history of skin cancers) and needs to take higher than normal precautions to limit exposure to sunlight.
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10	<p><i>There is a moderate functional impact on activities involving functions of the skin, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) Regarding the adaptations to several daily activities that the person has to make, at least one of the following applies:</p> <ul style="list-style-type: none"> (a) the person has moderate difficulties performing activities involving use of their hands due to minor skin lesions, dermatitis, skin allergies, scarring, skin ulcerations or chronic pain (such as moderate allodynia) and needs to wear protective gloves for most tasks, avoid contact with all detergents and soaps, or avoid repetitive tasks involving use of the hands; (b) the person has moderate difficulties performing daily activities due to scarring from burns which restricts movement of limbs or other parts of the body (such as they may require additional time to perform some tasks, or some tasks may need to be modified); (c) the person has moderate difficulties performing daily activities due to lesions on skin which require creams or dressings and limit movement and comfort (such as they may require additional time to perform some tasks, or some tasks may need to be modified); (d) the person has moderate difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (such as the impacts of certain medications, past history of skin cancers, albinism, or other genetic condition) and needs to take higher than normal precautions to avoid exposure to sunlight (such as having to wear sunscreen at all times, wear hat and other protective clothing at all times outside and has to limit time spent outside in sunlight).
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20	<p><i>There is a severe functional impact on activities involving functions of the skin, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) Regarding the person’s significant modifications to, or inability to perform, daily activities, at least 2 of the following apply:</p> <ul style="list-style-type: none"> (a) the person has severe difficulties performing activities involving use of their hands due to major skin lesions, dermatitis, skin allergies, scarring, skin ulcerations or chronic pain (such as severe allodynia) and is unable to perform some tasks involving use of the hands; (b) the person has severe difficulties performing daily activities due to scarring from burns which restricts movement of limbs or other parts of the body (such as they may not be able to perform some tasks, requires additional time to perform some tasks, or some tasks need to be modified); (c) the person has severe difficulties performing daily activities due to extensive or severe lesions on skin which require creams or dressings and limit movement and comfort (such as they may not be able to perform some tasks, requires additional time to perform some tasks, or some tasks need to be modified); (d) the person has severe difficulties performing activities involving exposure to sunlight due to heightened sensitivity to sunlight (such as the impact of certain medications, past history of skin cancers, albinism, or other genetic condition) and can spend only a brief period of time in sunlight each day even when wearing sunscreen and protective clothing; (e) the person is not able to wear clothing or footwear likely to be required in their workplace, including items of personal protective equipment (such as protective glasses, ear defenders, safety jacket, gloves, safety boots, safe shoes or hard hat).
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30	<p><i>There is an extreme functional impact on activities involving functions of the skin, which may be due to, or include, an exacerbation of chronic pain.</i></p> <p>(1) The person has to make major modifications to most daily activities or is unable to perform most daily activities, requires repeated assistance throughout the day and could not attend a work, education or training session for a continuous period of at least 3 hours as at least one of the following applies:</p> <ul style="list-style-type: none">(a) the person has such extensive damage or scarring of their skin that they are unable to perform most daily activities without significant difficulty or discomfort;(b) the person requires continual application or wearing of medically prescribed creams or dressings to most or all of the skin on the body;(c) the person has severe reactions to normal exposure to sunlight or skin contact with routine substances found in most households, requiring repeated urgent medical treatment and frequent hospitalisation.
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Table 14 – Functions of Consciousness

Introduction to Table 14	
<ul style="list-style-type: none"> • Table 14 is to be used to assess the functional impact of a diagnosed condition due to involuntary loss of consciousness or altered state of consciousness, (such as epilepsy, some forms of migraine, transient ischaemic attacks, or brain tumours). • The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner. • Self-report of symptoms alone is insufficient. • There must be corroborating evidence of the person’s impairment. • Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following: <ul style="list-style-type: none"> ○ a report from the person’s treating doctor; ○ a report from a medical specialist (such as neurologist, endocrinologist or physician) confirming diagnosis of conditions associated with episodes of loss of or altered state of consciousness (such as epilepsy, transient ischaemic attacks, some forms of migraine, brain tumours, narcolepsy, or cardiac or other forms of syncope); ○ assessments or reports from practitioners specialising in the treatment and management of these conditions (such as neurologists, endocrinologists, or registered nurses). • When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely. • When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate. • The examples used in descriptors are not an exhaustive list and are to be used only as a guide. 	

Points	Descriptors
0	<p><i>There is no or minimal functional impact from loss of consciousness or altered state of consciousness.</i></p> <p>(1) The person does not experience loss of consciousness or an altered state of consciousness during waking hours when occupied with a task or activity.</p>

5	<p><i>There is a mild functional impact from loss of consciousness or altered state of consciousness.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) has infrequent episodes of involuntary loss of consciousness or episodes of altered state of consciousness, which: <ul style="list-style-type: none"> (i) occur no more than twice per year; and (ii) do not usually require hospitalisation; (b) is able to perform most of their usual activities of daily living between episodes; and (c) may have restrictions on a driver's licence due to the medical condition.
10	<p><i>There is a moderate functional impact from loss of consciousness or altered state of consciousness.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> (a) either: <ul style="list-style-type: none"> (i) has episodes of involuntary loss of consciousness: <ul style="list-style-type: none"> (A) which occur more than twice each year but not every month; and (B) which may require the person to receive first aid measures and occasionally emergency medication or hospitalisation; or (ii) has episodes of involuntary altered state of consciousness: <ul style="list-style-type: none"> (A) which occur at least once per month; and (B) during which the person's functional abilities are affected (e.g. the person remains standing or sitting but is unaware of their surroundings or actions during the episode); (b) is able to perform many of their usual activities of daily living between episodes; (c) is unlikely to be granted a driver's licence and may have other safety-related restrictions on activities; and (d) is not able to attend work, education or training activities on a fulltime basis and is restricted due to safety issues in the work-related activities that they can undertake.

20	<p><i>There is a severe functional impact from loss of consciousness or altered state of consciousness.</i></p> <p>(1) The person:</p> <p>(a) either:</p> <p>(i) has episodes of involuntary loss of consciousness:</p> <p>(A) which occur at least once each month; and</p> <p>(B) which may require the person to receive first aid measures and may require emergency medication or hospitalisation;</p> <p>or</p> <p>(ii) has episodes of altered state of consciousness:</p> <p>(A) which occur at least once per week; and</p> <p>(B) during which the person's functional abilities are affected during these episodes (e.g. the person remains standing or sitting but is unaware of their surroundings or actions during the episode);</p> <p>(b) is unable to perform many of their usual activities of daily living between episodes;</p> <p>(c) cannot obtain a driver's licence or has significant restrictions on medical grounds and has other safety-related restrictions on activities; and</p> <p>(d) is unable to attend work, education or training activities, for at least 15 hours per week.</p>
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30	<p><i>There is an extreme functional impact from loss of consciousness or altered state of consciousness.</i></p> <p>(1) The person:</p> <p>(a) either:</p> <p>(i) has frequent episodes of involuntary loss of consciousness:</p> <p>(A) which occur at least once each week; and</p> <p>(B) which may require the person to receive first aid measures emergency medication or hospitalisation;</p> <p>or</p> <p>(ii) has frequent episodes of altered state of consciousness:</p> <p>(A) which occur most days; and</p> <p>(B) during which the person's functional abilities are affected during these episodes (such as the person remains standing or sitting but is unaware of their surroundings or actions during the episode);</p> <p>(b) is unable to perform most of their usual activities of daily living between episodes;</p> <p>(c) cannot obtain a driver's licence on medical grounds and has other safety-related restrictions on activities; and</p> <p>(d) is not able to attend work, education or training activities at all.</p>
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Schedule 1—Repeals

Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011

1 The whole of the instrument

Repeal the instrument.

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