

Complete the WHODAS

The content of this document is **OFFICIAL**. This Standard Operating Procedure (SOP) will support you to complete the World Health Organisation Disability Assessment Schedule (WHODAS) task in the NDIS Business System (System).

The WHODAS:

- is a series of questions for participants 17 years of age or older about their difficulty completing or undertaking tasks in different areas of their life
- is used to determine the functional impact of the participant's disability
- is completed if there is no evidence of other functional capacity assessments in the participant's record or where the [Standard Operating Procedure – Complete the Update Severity Tools task](#) asks you to use it
- can be used in addition to a disability-specific tool when required. This should not change the typical support package (TSP).

1. Recent updates

Date	What's changed
February 2021	New SOP format to align with Operational Guidelines refresh. SOPs include process information only. Use Operational Guidelines to help you make decisions and refer to Related procedures or resources .

2. Checklist

Topic	Checklist
Pre-requisites	<input type="checkbox"/> The participant is 17 years of age or older. You have: <ul style="list-style-type: none"> <input type="checkbox"/> read and understood Our Guideline – Creating Your Plan <input type="checkbox"/> read and understood Practice Guide – Scheduled Plan Review <input type="checkbox"/> read and understood Practice Guide – Unscheduled Plan Reviews <input type="checkbox"/> read and understood the Standard Operating Procedure – Complete the Update Severity Tools task

Topic	Checklist
	<ul style="list-style-type: none"> <input type="checkbox"/> checked that the participant’s primary disability has been recorded accurately in the System <input type="checkbox"/> determined that you need to complete the WHODAS <input type="checkbox"/> started the planning conversation with the participant.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.1 Explain the WHODAS <input type="checkbox"/> 3.2 Complete the WHODAS <input type="checkbox"/> 3.3 Check the Overall Score has calculated <input type="checkbox"/> 3.4 Next steps

3. Procedure

3.1 Explain the WHODAS

1. Explain why you are doing the WHODAS and what the participant needs to consider when answering the questions. Consider discussing the following:
 - WHODAS questions help the National Disability Insurance Agency (NDIA) understand the level of difficulty you experience doing different activities.
 - Think about how your disability made it easy or difficult to do activities in the last thirty days.
 - difficulty can mean increased effort, slowness or how you need to adapt the way you do the activity
 - If you are **asking for** home modifications or assistive technology in your next plan, but you don’t have them yet, answer questions as if you are doing the task without any equipment.
 - If you already **have** home modifications and assistive technology, answer questions as if you are performing the task using your current equipment.

3.2 Complete the WHODAS

1. In **Pre-Planning – Staff Tasks** select **Complete the WHODAS** task.
2. The **WHODAS 2.0 Form** will display with all sections expanded. To minimise or expand sections click on the arrow beside each section.

3. Support the participant to answer all questions in each section. Consider:
 - Adapting the language so that the participant can understand the question.
 - Providing examples of what this may look like in their life. For example, “Think about how you feel when you are standing up waiting for a bus. How easy or hard is this?”
 - Asking if the participant would like someone they know to support them to answer the questions.
4. Record the level of difficulty the participant has found these tasks in the past 30 days.

Note: A WHODAS score will only generate if you chose “Did not answer (0)” or “Not Applicable (1)” one time or less.

5. Once the form has been completed select **Submit**.

6. A confirmation message appears. Select **Close**.

3.3 Check the Overall Score has calculated

When you use the WHODAS to record severity, the **Overall Score** needs to be successfully calculated to generate funds.

Important: You need to assess and apply reasonable and necessary decision making to any funding generated. In **Pre-Planning – Staff Tasks** select **Complete the WHODAS** task.

1. Go to the **Overall Score** section and check if it has been calculated.
 - A number will be in the **Overall Score** field if the score has successfully calculated. Go to [3.4 Next steps](#).

Overall Score: 19.444444

- If the score has not generated the message **Unable to calculate** will be in the **Overall Score** field. Go to step 3.

Overall Score: Unable to calculate

2. Check you have answered all questions. Record a response to any unanswered questions.
3. Check you did not choose “Did not answer (0)” or “Not Applicable (1)” more than once. You will need to update responses so that WHODAS questions are rated from “None (2)” to “Extreme or Cannot Do (6)”.

0 - Did not answer
1 - Not Applicable
2 - None
3 - Mild
4 - Moderate
5 - Severe
6 - Extreme or Cannot Do

Standing for long periods such as 30 minutes?: 0 1 2 3 4 5 6

Taking care of your household responsibilities?: 0 1 2 3 4 5 6

4. Select **Submit**.

Form has been saved 12:26 AM Save Submit

5. A confirmation message appears. Select **Close**.

3.4 Next Steps

1. Complete the **Participant Streaming** task using the [Standard Operating Procedure – Update Participant Streaming](#).

4. Related procedures or resources

- [Our Guidelines – Creating your plan](#)
- [Practice Guide – Scheduled Plan Review](#)
- [Practice Guide – Unscheduled Plan Reviews](#)
- [Standard Operating Procedure – Complete the Update Severity Tools task](#)
- [Standard Operating Procedure – Update Participant Streaming](#)
- [WHODAS2 Training Presentation](#)

5. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our [Feedback Form](#).

6. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	CW0032	Content from SOP – Complete the WHODAS v5.0 2020-02-17 moved to new standard operating procedure template as part of the Creating your plan OG refresh Approved	APPROVED	2021-02-10

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Cerebral Palsy Severity Tool: Gross Motor Functional Classification Scale

The content of this document is **OFFICIAL**. To obtain the Gross Motor Functional Classification Scale (GMFCS) score you need to ask the participant a series of questions. From the results of these questions you will work with the participant to read a number of statements to select the GMFCS score.

Participant Name	
Participant NDIS number	
Delegate Name	
Date	

Ask the participant:

Do you ever use a wheelchair?

No – go to [Section One](#)

Yes – go to [Section Two](#)

Section One: I do not use a wheelchair

Tell the participant: “I am going to read you two statements and I want you to choose which of the two statements best describes your mobility.”

Read out statements A and B below. Then ask the participant to choose which statement best describes their mobility. Place an **X** in the last column of the chosen statement.

Statement A	
--------------------	--

- I can walk indoors and outdoors and climb stairs without using hands for support
- I can perform usual activities such as running and jumping
- I have decreased speed, balance and coordination.

Statement B	
--------------------	--

- I have the ability to walk indoors and outdoors and climb stairs with a railing
- I have difficulty with uneven surfaces, inclines or in crowds
- I may use a handheld mobility device. For example, canes, crutches, walking frame
- I only have minimal ability to run or jump.

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Place an **X** in the last column to indicate the **GMFCS severity level** to be entered in to the system.

If the participant chose Statement A their GMFCS is Level One	
If the participant chose Statement B their GMFCS is Level Two	

Section Two: I use a wheelchair

Ask the participant: Do you use it sometimes or all of the time?

Sometimes go to [Part 1](#)

All the time go to [Part 2](#)

Part 1: I use a wheelchair sometimes

Tell the participant: “I’m going to read you two statements and I want you to choose which of these two statements best describes your mobility.”

Read out statements 1A and 1B below. Then ask the participant to choose which statement best describes their mobility. Place an **X** in the last column of the chosen statement.

Statement 1A	
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- I walk with an assistive mobility device indoors and outdoors on level surfaces
- I can climb stairs using a railing
- I can propel a manual wheelchair (may require assistance for long distances or uneven surfaces).

Statement 1B	
---------------------	--

- My walking ability is severely limited even with assistive devices
- I use my wheelchair most of the time and independently manage my own power wheelchair
- I can participate in standing transfers.

Place an **X** in the last column to indicate the **GMFCS severity level** to be entered in to the system.

If the participant chose Statement 1A their GMFCS is Level Three	
If the participant chose Statement 1B their GMFCS is Level Four	

**OFFICIAL****For internal use only****Part 2: I use a wheelchair all the time**

Tell the participant the following: "I'm going to read you two statements and I want you to choose which of these two statements best describes your mobility."

Read out to the participant Statements 2A and 2B below. Then ask the participant to choose which statement best describes their mobility. Place an **X** in the last column of the chosen statement.

Statement 2A	
---------------------	--

- My walking ability is severely limited even with assistive devices
- I use my wheelchair most of the time and independently manage my own power wheelchair
- I can participate in standing transfers.

Statement 2B	
---------------------	--

- I have physical impairments that restrict voluntary control of my movements and my ability to maintain head and neck position against gravity.
- My condition affects all areas of my motor function.

Place an **X** in the last column to indicate the **GMFCS severity level** to be entered in to the system.

If the participant chose Statement 2A their GMFCS is Level Four	
If the participant chose Statement 2B their GMFCS is Level Five	

Feedback

If you have any feedback about this Tool please complete our [Feedback form](#).

Version change control

Version No	Amended by	Brief Description of Change:	Status	Date
2.0	NGW334	Class 1 Annual review and name of document changed to Cerebral Palsy Severity Tool.	APPROVED	2019-10-17
3.0	NAN927	Class 1 Update to Statement B to include handheld mobility devices.	APPROVED	2020-04-03

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Version No	Amended by	Brief Description of Change:	Status	Date
4.0	CS0074	Class 1 APPROVAL Updated for accessibility	APPROVED	2020-06-12

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Hearing Severity Tool: Functional Impact of Hearing Loss

The content of this document is OFFICIAL. To obtain the functional impact of Hearing score you need to ask the participant a series of questions. From the results of these questions you will work with the participant to read a number of statements and then choose which statement best describes the participant's impact of Hearing score.

For participants aged 7 to 16 the PEDI-CAT is the preferred tool. If you are unable to complete the PEDI-CAT, go to section [Participants aged 7 to 16](#). You may also use this tool in addition to the PEDI-CAT.

Participants Aged 17+

Participant Name	
Participant NDIS number	
Delegate Name	
Date	

Ask the participant the following questions and select the most relevant response. Place an **X** in the last column to indicate the participant's response.

Note: Questions 6, 8 and 10 only have two response options.

- Are you confident of being understood when communicating with people you are familiar with?

Group 1	Almost Always	
Group 2	Sometimes	
Group 3	Rarely	

- Are you confident of being understood when communicating with strangers?

Group 1	Almost Always	
Group 2	Sometimes	
Group 3	Rarely	

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3. Were you confident of being understood when you were a child?

Group 1	Almost Always	
Group 2	Sometimes	
Group 3	Rarely	

4. At what level did you finish your education?

Group 1	University qualification or final high school qualification	
Group 2	3-6 years of high school	
Group 3	Less than 3 years of high school	

5. What support did you (do you currently) need at school?

Group 1	No support	
Group 2	Assistance around school. Assistive technology. Transcribing of materials	
Group 3	Teacher's aide assistance	

6. Are you currently working?

Group 1	Yes	
Group 3	No	

7. Are you able to participate in the community and social activities?

Group 1	Almost Always	
Group 2	Sometimes	
Group 3	Rarely	

8. Can you read and understand written material?

Group 1	Yes	
Group 3	No	

9. How much training/support/assistance to access resources to manage your hearing impairment have you had?

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Group 1	A lot	
Group 2	Some	
Group 3	None	

10. Do you use transcription services such as closed captions and TTY equipment?

Group 1	Yes	
Group 3	No	

Evaluation of Results

Note below how many answers for each group, by totalling the responses above by Group.

Group One		Group Two		Group Three	
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As a check, make sure the total count across the three groups adds to 10.

Note the name of each group in order from the highest number of results to the lowest number.

Highest		Middle		Lowest	
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The next step is to select two statements to evaluate which statement best represents the participant’s hearing disability.

- If **Group One** had the highest frequency, read out Group One and Group Two statements.
- If **Group Two** had the highest frequency, read out Group Two and the group with the second highest frequency.
- If **Group Three** had the highest frequency, read out Group Three and Group Two statements.

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Read both statements below with/to the participant and evaluate which is the most appropriate statement.

Select the two statements you evaluate by placing an **X** in the last column.

<p>Group One Statement, Level One</p> <p>Whatever their preferred language, people in this group will usually have received early communication and integration within the home comparable to, or close to, that of hearing peers. They generally have sufficient literacy skills and confidence to operate well with most spoken language texts. They may experience difficulties in accessing education and employment in everyday life, which could limit opportunities for social and economic participation, but do not usually pose an immediate threat to wellbeing.</p>	
<p>Group Two Statement, Level Two</p> <p>People in this group may have had poor communication in the home, but may have acquired sign language from peers, for example, at boarding school. They are likely to have had difficulty finding a job, and/or being promoted and are likely to be underemployed compared to hearing peers with comparable qualifications. Life for this group goes fairly well under normal circumstances, but they typically may miss out on information and support may be required in crisis situations or periods of transition. This may result in a risk to their wellbeing, especially during times of crisis or transition.</p>	
<p>Group Three Statement, Level Three</p> <p>People in this group may face significant barriers in all areas of life including education, employment, family and social life. Their difficulties with access to family and social life, information and services have generally had a major impact on their wellbeing.</p>	

Select the statement that best describes the participant's' level of hearing disability.

Place an **X** in the second column to indicate the severity level to be entered in to the system

Group 1 Statement, Level One	
Group 2 Statement, Level Two	
Group 3 Statement, Level Three	

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Participants aged 7 to 16

Participant Name	
Participant NDIS number	
Delegate Name	
Date	

Ask the participant the following questions and place an **X** in the last column to indicate the participant's response.

Note: Questions 5 and 7 only have two response options.

1. Are you confident of being understood when communicating with people you are familiar with?

Group 1	Almost Always	
Group 2	Sometimes	
Group 3	Rarely	

2. Are you confident of being understood when communicating with strangers?

Group 1	Almost Always	
Group 2	Sometimes	
Group 3	Rarely	

3. What support did you (do you currently) need at school?

Group 1	No support	
Group 2	Assistance around school. Assistive technology. Transcribing of materials	
Group 3	Teacher's aide assistance	

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4. Are you able to participate in the community and social activities?

Group 1	Almost Always	
Group 2	Sometimes	
Group 3	Rarely	

5. Can you read written material?

Group 1	Yes	
Group 3	No	

6. How much training/support/assistance to access resources to manage your hearing impairment have you had?

Group 1	A lot	
Group 2	Some	
Group 3	None	

7. Can you use transcription services such as closed captions and TTY equipment?

Group 1	Yes	
Group 3	No	

Evaluation of Results

Note below how many answers for each group, by totalling the responses above by Group.

Group One		Group Two		Group Three	
-----------	--	-----------	--	-------------	--

As a check, make sure the total count across the three groups adds to 7.

Note the name of each group in order from the highest number of results to the lowest number.

Highest		Middle		Lowest	
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The next step is to select two statements to evaluate which statement best represents the participant’s hearing disability.

- If **Group One** had the highest frequency, read out Group One and Group Two statements.
- If **Group Two** had the highest frequency, read out Group Two and the group with the second highest frequency.

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- If **Group Three** had the highest frequency, read out Group Three and Group Two statements.

Read both statements (see below) with/to the participant and evaluate which is the most appropriate statement.

Select the two statements you evaluate by placing an **X** in the last column.

<p>Group One Statement, Level One</p> <p>Whatever their preferred language, people in this group will usually have received early communication and integration within the home comparable to, or close to, that of hearing peers. They generally have sufficient literacy skills and confidence to operate well with most spoken language texts. They may experience difficulties in accessing education and employment in everyday life, which could limit opportunities for social and economic participation, but do not usually pose an immediate threat to wellbeing</p>	
<p>Group Two Statement, Level Two</p> <p>People in this group may have had poor communication in the home, but may have acquired sign language from peers, for example, at boarding school. They are likely to have had difficulty finding a job, and/or being promoted and are likely to be underemployed compared to hearing peers with comparable qualifications. Life for this group goes fairly well under normal circumstances, but typically they may miss out on information and support may be required in crisis situations or periods of transition. This may result in a risk to their wellbeing, especially during times of crisis or transition.</p>	
<p>Group Three Statement, Level Three</p> <p>People in this group may face significant barriers in all areas of life including education, employment, family and social life. Their difficulties with access to family and social life, information and services have generally had a major impact on their wellbeing</p>	

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Select the statement that best describes the participant's level of hearing disability.

Place an **X** in the second column to indicate the severity level to be entered in to the system.

Group 1 Statement, Level One	
Group 2 Statement, Level Two	
Group 3 Statement, Level Three	

Feedback

If you have any feedback about this Indicator Tool please email [Service Guidance and Practice](#). In your email, remember to include the title of the product you are referring to and to describe your suggestion or issue concisely.

Version change control

Version No	Amended by	Brief Description of Change:	Status	Date
3.0	NGW334	Class 1 Note added PEDI-CAT-cat is the preferred tool to use for participants aged 7 – 16. If you are unable to use the PEDI-CAT complete modified Severity Tool (Hearing)	APPROVED	2019-09-03
4.0	NGQ331	Class 1 Name of document changed to Hearing Severity Tool	APPROVED	2019-10-17
5.0	CS0074	Class 1 APPROVAL Updated to improve accessibility	APPROVED	2020-06-15
6.0	NAN927	Class 1 approval The Tool can be used for participants aged 7-16 in addition to the PEDI-CAT	APPROVED	2020-10-05

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Multiple Sclerosis Severity Tool: Patient Determined Disease Steps

The content of this document is OFFICIAL. To obtain the Patient Determined Disease Steps (PDDS) mobility score you need to ask the participant seven questions. From the results of these questions you will work with the participant to read a number of statements and choose which statement best describes the participant's mobility level.

Participant Name	
Participant NDIS number	
Delegate Name	
Date	

1. What symptoms do you have due to your MS?

Details	
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2. Do your symptoms have any effect on your activity level or lifestyle?

Details	
---------	--

3. If so, what is that level of effect on your lifestyle for example, minor, moderate, severe?

Details	
---------	--

4. After an attack, do you return to normal?

Details	
---------	--

5. Does your MS interfere with your walking?

Details	
---------	--

6. Do you use a mobility aid?

Details	
---------	--

7. If so, what type?

Details	
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Work with the participant to choose one of the below statements that best describes what the participant told you when answering the previous questions. This will involve:

- a) Choosing the statement (or statements) below that describes what the participant told you.
- b) Asking the participant if this statement (or which of two statements) best describes their mobility.
- c) Selecting the most appropriate statement.

Select **one** of the eight options listed below by placing an **X** in the last column.

Statement Options	Selection
<p>0 – Normal</p> <p>I may have some mild symptoms, mostly sensory due to MS but they do not limit my activity. If I do have an attack, I return to normal when the attack has passed.</p>	
<p>1 – Mild Disability</p> <p>I have some noticeable symptoms from my MS but they are minor and have only a small effect on my lifestyle.</p>	
<p>2 – Moderate Disability</p> <p>I don't have any limitations in my walking ability. However, I do have significant problems due to MS that limit daily activities in other ways.</p>	
<p>3 – Gait Disability</p> <p>MS interferes with my activities, especially my walking. I can work a full day, but athletic or physically demanding activities are more difficult than they used to be. I usually don't need a cane or other assistance to walk, but I might need some assistance during an attack.</p>	
<p>4 – Early Cane</p> <p>I use a cane or a single crutch or some other form of support (such as touching a wall or leaning on someone's arm) for walking all the time or part of the time, especially when walking outside. I think I can walk 25 feet in 20 seconds without a cane or crutch. I always need some assistance (cane or crutch) if I want to walk as far as 3 blocks.</p>	
Statement Options	Selection
<p>5 – Late Cane</p>	

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To be able to walk 25 feet, I have to have a cane, crutch or someone to hold onto. I can get around the house or other buildings by holding onto furniture or touching the walls for support. I may use a scooter or wheelchair if I want to go greater distances	
6 – Bilateral Support To be able to walk as far as 25 feet I must have 2 canes or crutches or a walker. I may use a scooter or wheelchair for longer distances	
7 – Wheelchair / Scooter My main form of mobility is a wheelchair. I may be able to stand and/or take one or two steps, but I can't walk 25 feet, even with crutches or a walker	
8 – Bedridden Unable to sit in a wheelchair for more than one hour	

Evaluation of Results

The below table shows the PDDS levels and the corresponding number to be entered into the NDIS Business System (System) (based on the Disease Steps scale).

Note: Only the Disease Steps level should be entered into the System.

For example: if a participant identifies as **4 Early Cane** on the PDDS scale, you should enter 3 on the Disease Steps scale in to the System.

Place an **X** in the last column to indicate the Disease Steps severity level to be entered in to the System for this participant.

Patient Determined Disease Steps (PDDS)	Disease Steps Scale (to be entered into the System)	Disease Steps severity level
0	0	
1	1	
2 and 3	2	
4	3	
5	4	
6	5	
7 and 8	6	

Feedback

If you have any feedback about this Tool please complete our [Feedback form](#).

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Version change control

Version No	Amended by	Brief Description of Change:	Status	Date
1.0	ZWECKM	Class 2 Transfer of information to WI format. Added online form functionality. Included detailed steps to add results to the system.	APPROVED	2019-02-12
2.0	NGW334	Class 1 Annual review and name of document change to Multiple Sclerosis Severity Tool.	APPROVED	2019-10-17
3.0	CS0074	Class 1 Approval Reformatted for accessibility. Minor	APPROVED	2020-06-12

Stroke Severity Tool: Modified Rankin Scale

The content of this document is OFFICIAL. The Modified Rankin Scale (mRS) is a seven-point mobility scale that evaluates a participant’s mobility. There are two ways to complete the mRS:

- Online rating tool (preferred method)
- Complete the manual mRS then enter the results in to the online rating tool.

Complete the Online Rating Tool

The online rating tool is a series of nine **yes** or **no** questions to be answered by the participant in partnership with the plan developer.

1. Open the [online rating tool](#)
2. Answer **all** nine questions. If one question is missed the form may clear and you may have to start again.
3. After answering all questions select calculate the mRS.



4. The mRS will be displayed.

The online rating tool also identifies potentially conflicting answers and provides an opportunity for review.

Place an **X** in the second column to indicate the **mRS severity level** to be entered in the system for the participant:

mRS Severity level	Identified level to be entered in the System
0	
1	
2	
3	
4	
5	

Complete the Manual mRS

To generate the mRS-9Q offline, answer the below questions by placing an **X** in the Yes or No column.

mRS-90Q offline questions	Yes	No
1. Do you have any symptoms that are bothering you?		
2. Are you able to do the same work as before?		
3. Are you able to keep up with your hobbies?		
4. Have you maintained your ties to friends and family?		
5. Do you need help making a simple meal, doing household chores or balancing a chequebook?		
6. Do you need help with shopping or traveling close to home?		
7. Do you need another person to help you walk?		
8. Do you need help with eating, going to the toilet or bathing?		
9. Do you stay in bed most of the day and need constant care?		

Evaluation of Results

Note: To generate the most accurate result, it is preferred the manual results are entered in to the online system.

When in doubt between two categories consider the key discriminators of the scale:

- If the participant has remaining symptoms they score at least 1.
- If the participant is unable to undertake previous activities they score at least 2.
- If they are dependent upon others in activities of daily living they score at least 3.
- If they are unable to walk without assistance they score at least 4.
- If the participant spends all their time in bed and requires constant nursing care they score 5.

If there is still some doubt between two alternatives on the scale, the option with a higher level of impaired function should be chosen.

From the answers in [Complete the Manual mRS](#) select one Level of Function from the below list to be entered in to the system for this participant by placing an **X** in the last column;

0 - No symptoms	
1 - No significant disability: Able to carry out all usual activities, despite some symptoms	
2 - Light disability: Able to look after own affairs without assistance, but unable to carry out all previous activities.	
3 - Moderate disability: Requires some help, but able to walk unassisted	
4 - Moderately severe disability: Unable to attend to own bodily needs without assistance, and unable to walk unassisted	
5 - Severe disability: Requires constant nursing care and attention, bedridden, incontinent	

Feedback

If you have any feedback about this Tool please complete our [Feedback form](#).

Version change control

Version No	Amended by	Brief Description of Change:	Status	Date
1.0	ZWECKM	Class 2 Transfer of information to WI format. Added online form functionality. Included detailed steps to add results to the system.	APPROVED	2019-02-12
2.0	NGW334	Class 1 Annual Review and name of document changed to Stroke Severity Tool.	APPROVED	2019-10-17
3.0	CS0074	Class 1 Approval Updated for accessibility purposes	APPROVED	2020-06-12

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Vision Severity Tool: Functional Impact of Vision Loss

The content of this document is OFFICIAL. To obtain the functional impact of Vision score you need to ask the participant a series of questions. From the results of these questions you will work with the participant to read a number of statements and then choose which statement best describes the participant's impact of Vision score.

For participants aged 7 to 16 go to section [Participants Aged 7 to 16](#)

Participants Aged 17+

Participant Name	
Participant NDIS number	
Delegate Name	
Date	

Ask the participant the following questions. Choose one response per question by placing an **X** in the last column to indicate the participant's response.

1. What type of daily activities do you do independently?

Group 1	Community Activities for example Shopping	
Group 2	Domestic chores at home only	
Group 3	Self care at home only or less	

2. How do you access and record information – electronic, audio or Braille?

Group 1	Recording and Braille writing	
Group 2	Auditory recording or needs help from others	
Group 3	Do not access or record information without help from others	

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3. What support did you need at school (or do you currently need)?

Group 1	None	
Group 2	Transcribe teaching materials. Assistance around the school physically	
Group 3	Teacher's aide assistance	

4. Have you ever worked?

Group 1	Yes	
Group 3	No	

5. How confident are you about moving around your community?

Group 1	Very confident	
Group 2	Confident	
Group 3	Not confident	

6. How confident are you moving around an unfamiliar environment?

Group 1	Confident	
Group 2	Not very confident	
Group 3	Not at all confident	

7. How independent do you feel you are in managing mobility?

Group 1	Independent	
Group 2	Sometimes need assistance from a person	
Group 3	Dependent on a person	



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8. How independent do you feel you are in managing public transport?

Group 1	Independent	
Group 2	Sometimes need assistance of a person	
Group 3	Always need assistance of a person or does not use	

9. How does your vision impairment affect your relationships with your family and friends?

Group 1	Not at all or not very much	
Group 2	Somewhat	
Group 3	A lot	

10. How does your vision impairment affect your participation with other people in the community?

Group 1	Not at all or not very much	
Group 2	Somewhat	
Group 3	A lot	

11. How much training, support or assistance to access resources to manage your vision have you had?

Group 1	A lot	
Group 2	Some	
Group 3	None	

Note: Question 4 only has two response options.

Evaluation of Results

Note below how many answers for each group, by totalling the responses above by Group.

Group One		Group Two		Group Three	
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As a check, make sure the total count across the three groups adds to 11.



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Note the name of each group in order from the highest number of results to the lowest number.

Highest		Middle		Lowest	
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The next step is to select two statements below which best represent the participant’s vision disability.

- If **Group One** had the highest frequency, read out Group One and Group Two statements.
- If **Group Two** had the highest frequency, read out Group Two and the group with the second highest frequency.
- If **Group Three** had the highest frequency, read out Group Three and Group Two statements.

Read both statements with the participant and evaluate which is the most appropriate statement.

Select the **two** statements you evaluate by placing an **X** in the last column.

<p>Group One Statement</p> <p>A person with a vision impairment who may have experienced life as a fully-sighted person and has a good understanding of the physical and social environment</p>	
<p>Group Two Statement</p> <p>A person with a vision impairment who has experienced life as a vision impaired person, and who has developed an understanding of their physical and social environment from their immediate family and friends, home and local community</p>	
<p>Group Three Statement</p> <p>A person with a vision impairment who has experienced life as a vision impaired person, but has had limited experiences to develop skills for full independence. Their understanding of the world is based on their experience of their immediate physical and social environment</p>	

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Select the statement that best describes the participant's level of vision disability.

Place an **X** in the second column for the **severity level to be entered in to the system**.

Group 1 Statement	
Group 2 Statement	
Group 3 Statement	

Participants Aged 7 to 16

Participant Name	
Participant NDIS number	
Delegate Name	
Date	

Ask the participant the following questions. Choose one response per question by placing an **X** in the last column to indicate the participant's response.

1. What type of daily activities do you do independently?

Group 1	Community Activities for example Shopping	
Group 2	Domestic chores at home only	
Group 3	Self care at home only or less	

2. How do you access and record information – electronic, audio or Braille?

Group 1	Recording and Braille writing	
Group 2	Auditory recording or needs help from others	
Group 3	Do not access or record information without help from others	

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3. What support did you need at school (or do you currently need)?

Group 1	None	
Group 2	Transcribe teaching materials. Assistance around the school physically	
Group 3	Teachers aid assistance	

4. How confident are you about moving around your community?

Group 1	Very confident	
Group 2	Confident	
Group 3	Not confident	

5. How confident are you moving around an unfamiliar environment?

Group 1	Confident	
Group 2	Not very confident	
Group 3	Not at all confident	

6. How independent do you feel you are in managing mobility?

Group 1	Independent	
Group 2	Sometimes need assistance from a person	
Group 3	Dependent on a person	

7. How independent do you feel you are in managing public transport?

Group 1	Independent	
Group 2	Sometimes need assistance of a person	
Group 3	Always need assistance of a person or does not use	

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8. How does your vision impairment affect your relationships with your family and friends?

Group 1	Not at all or not very much	
Group 2	Somewhat	
Group 3	A lot	

9. How does your vision impairment affect your participation with other people in the community?

Group 1	Not at all or not very much	
Group 2	Somewhat	
Group 3	A lot	

10. How much training, support or assistance to access resources to manage your vision have you had?

Group 1	A lot	
Group 2	Some	
Group 3	None	

Evaluation of Results

Note below how many answers for each group, by totalling the responses above by Group.

Group One		Group Two		Group Three	
-----------	--	-----------	--	-------------	--

As a check, make sure the total count across the three groups adds to 10.

Note the name of each group in order from the highest number of results to the lowest number.

Highest		Middle		Lowest	
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The next step is to select two statements below which best represent the participant’s vision disability.

- If **Group One** had the highest frequency, read out Group One and Group Two statements.
- If **Group Two** had the highest frequency, read out Group Two and the group with the second highest frequency.
- If **Group Three** had the highest frequency, read out Group Three and Group Two statements.

Read both statements with the participant and evaluate which is the most appropriate statement.

Select the **two** statements you evaluate by placing an **X** in the last column.

<p>Group One Statement</p> <p>A person with a vision impairment who may have experienced life as a fully-sighted person and has a good understanding of the physical and social environment</p>	
<p>Group Two Statement</p> <p>A person with a vision impairment who has experienced life as a vision impaired person, and who has developed an understanding of their physical and social environment from their immediate family and friends, home and local community</p>	
<p>Group Three Statement</p> <p>A person with a vision impairment who has experienced life as a vision impaired person, but has had limited experiences to develop skills for full independence. Their understanding of the world is based on their experience of their immediate physical and social environment</p>	

Select the statement that best describes the participant’s level of vision disability.

Place an **X** in the second column to indicate the **severity level to be entered in to the system.**

Group 1 Statement	
Group 2 Statement	
Group 3 Statement	

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Feedback

If you have any feedback about this Tool please complete our [Feedback form](#).

Version change control

Version No	Amended by	Brief Description of Change:	Status	Date
1.0	ZWECKM	Class 2 Transfer of information to WI format. Added online form functionality. Included detailed steps to add results to the system.	APPROVED	2019-02-12
2.0	SMQ398	Wording Update Hearing to Vision	APPROVED	2019-03-05
3.0	NGW334	Class 1 Changed participant age from 7 - 14 on page 1 and 3 to 7 - 16 as per recommendation from JT0034, OSA.	APPROVED	2019-03-21
4.0	NGW334	Class 1 Name of document changed to Vision Severity Tool.	APPROVED	2019-10-17
5.0	CS0074	Class 1 Approval Updated for accessibility purposes	APPROVED	2020-06-12