NDIS

Part A: Your Details

|  |  |
| --- | --- |
| Full Name | {{ client\_firstname }} {{ client\_lastname }} |
| Date of Birth | {{ client.birthdate }} |
| Gender | {{ client\_gender }} |
| Are you of Aboriginal or Torres Strait Islander origin? | {{ client\_origin }} |
| Country of Birth | {{ client\_birthcountry }} |
| Are you living in Australia permanently? | {{ client\_permanent }} |
| Are you an Australian citizen? | {{ client\_citizen}} |
| If no, what type of visa do you have? | {%if client\_citizen == ‘No’ %}  {{ client\_noncitizen }}  {% else %}  *Not Applicable*  {% endif %} |
| Current home or residential address | {{ client\_address }} |
| State | {{ client\_state }} |
| Postcode | {{ client\_postcode }} |

Part B: Disability Information

|  |  |
| --- | --- |
| Primary Disability | {{ primary\_disability }} |
| Please list other disabilities (if any) | {{ other\_disability }} |
| Are you seeking support from the NDIS in relation to your disability or injury? | {{ potential\_disability }} |

WHODAS 2.0  
World Health Organization Disability Assessment Schedule 2.0

36-item version, self-administered

**Domain 1 Cognition**

|  |  |  |
| --- | --- | --- |
|  | In the past 30 days, how much difficulty did you have in: | Score |
| D1.1 | Concentrating on doing something for ten minutes? | {{ D1\_1 }} |
| D1.2 | Remembering to do important things? | {{ D1\_2 }} |
| D1.3 | Analysing and finding solutions to problems in day-to-day life? | {{ D1\_3 }} |
| D1.4 | Learning a new task, for example, learning how to get to a new place? | {{ D1\_4 }} |
| D1.5 | Generally understanding what people say? | {{ D1\_5 }} |
| D1.6 | Starting and maintaining a conversation? | {{ D1\_6 }} |

**Domain 2 Mobility**

|  |  |  |
| --- | --- | --- |
|  | In the past 30 days, how much difficulty did you have in: | Score |
| D2.1 | Standing for long periods such as 30 minutes? | {{ D2\_1 }} |
| D2.2 | Standing up from sitting down? | {{ D2\_2 }} |
| D2.3 | Moving around inside your home? | {{ D2\_3 }} |
| D2.4 | Getting out of your home? | {{ D2\_4 }} |
| D2.5 | Walking a long distance such as a kilometre [or equivalent]? | {{ D2\_5 }} |

**Domain 3 Self-Care**

|  |  |  |
| --- | --- | --- |
|  | In the past 30 days, how much difficulty did you have in: | Score |
| D3.1 | Washing your whole body? | {{ D3\_1 }} |
| D3.2 | Getting dressed? | {{ D3\_2 }} |
| D3.3 | Eating? | {{ D3\_3 }} |
| D3.4 | Staying by yourself for a few days? | {{ D3\_4 }} |

**Domain 4 Getting Along with People**

|  |  |  |
| --- | --- | --- |
|  | In the past 30 days, how much difficulty did you have in: | Score |
| D4.1 | Dealing with people you do not know? | {{ D4\_1 }} |
| D4.2 | Maintaining a friendship? | {{ D4\_2 }} |
| D4.3 | Getting along with people who are close to you? | {{ D4\_3 }} |
| D4.4 | Making new friends? | {{ D4\_4 }} |
| D4.5 | Sexual activities? | {{ D4\_5 }} |

**Domain 5(1) Life Activities**

|  |  |  |
| --- | --- | --- |
|  | Because of your health condition, in the past 30 days, how much difficulty did you have in: | Score |
| D5.1 | Taking care of your household responsibilities? | {{ D5\_1 }} |
| D5.2 | Doing your most important household tasks well? | {{ D5\_2 }} |
| D5.3 | Getting all the household work done that you needed to do? | {{ D5\_3 }} |
| D5.4 | Getting your household work done as quickly as needed? | {{ D5\_4 }} |

**Domain 5(2) Work or School Activities**

|  |  |  |
| --- | --- | --- |
|  | Because of your health condition, in the past 30 days, how much difficulty did you have in: | Score |
| D5.5 | Your day-to-day work/school? | {{ D5\_5 }} |
| D5.6 | Doing your most important work/school tasks well? | {{ D5\_6 }} |
| D5.7 | Getting all the work done that you need to do? | {{ D5\_7 }} |
| D5.8 | Getting your work done as quickly as needed? | {{ D5\_8 }} |

**Domain 6 Participation**

|  |  |  |
| --- | --- | --- |
|  | Because of your health condition, in the past 30 days, how much difficulty did you have in: | Score |
| D6.1 | How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? | {{ D6\_1 }} |
| D6.2 | How much of a problem did you have because of barriers or hindrances in the world around you? | {{ D6\_2 }} |
| D6.3 | How much of a problem did you have living with dignity because of the attitudes and actions of others? | {{ D6\_3 }} |
| D6.4 | How much time did you spend on your health condition or its consequences? | {{ D6\_4 }} |
| D6.5 | How much have you been emotionally affected by your health condition? | {{ D6\_5 }} |
| D6.6 | How much has your health been a drain on the financial resources of you or your family? | {{ D6\_6 }} |
| D6.7 | How much of a problem did your family have because of your health problems? | {{ D6\_7 }} |
| D6.8 | How much of a problem did you have in doing things by yourself for relaxation or pleasure? | {{ D6\_8 }} |