

Functional Impact Statement

(For C&P exams and disability rating increases)

Veteran: _____

VA File #: _____

Describe how your condition affects:

1. Physical Activities:

Walking, standing, sitting, lifting, bending.

2. Work-Related Tasks:

Reliability, productivity, concentration, stamina.

3. Daily Living:

Cooking, cleaning, driving, personal hygiene.

4. Social/Family Interaction:

Communication, relationships, irritability.
