Name of Claimant: (text box 1), (text box 2)

A. Date of Birth: (text box)

B. Case No: (text box)

C. RQID: (text box)

D. Adjudicator: (text box)

E. Date and Time of Exam:(text box)

F. Location: (text box)

3. What kind of examination is this? (programming note: the only questions affected are between 98 and 152)

Complex psychological evaluation (HIDE: Prep for Memory Qs, 121-123b, 110, 136-138, 127-129, 133-133b, 142-146b) (SHOW: 98-99, 112-116, 100-102, 200, 135-135a, 125-126, 131-132, 144-145, 147-152, 149, 302, 303-306)

Psychological diagnostic evaluation (HIDE: 98-99, 112-116, 100-102, 200, 135-135a, 125-126, 131-132, 144-145, 149, 302, 303-306) (SHOW: Prep for Memory Qs, 121-123b, 110, 136-138, 127-129, 133-133b, 142-146b, 147-152)

Psychological diagnostic evaluation with memory assessment (HIDE: Prep for Memory Qs, 121-123b, 100-102, 200 135-135a, 125-126, 131-132, 144-145) (SHOW: 98-99, 112-116, 110, 136-138, 127-129, 133-133b, 142-146b, 147-152, 149, 302, 303-306)

Psychological diagnostic evaluation with intelligence assessment (HIDE: 112-116, 110, 136-138, 127-129, 133-133b, 142-146b, 149, 302, 303-306) (SHOW: 98-99, 121-123b, Prep for Memory Qs, 100-102, 200, 135-135a, 125-126, 131-132, 144-145, 147-152)

**IDENTIFICATION**

4. What is the claimant’s age? (text box)

5. What is the claimant’s ethnicity/race?

American Indian

African American

Asian American

Caucasian American

Hispanic American

Native Hawaiian

Pacific Islander

Other (text box)

6. What is the claimant’s birthplace? (text box)

**GENERAL OBSERVATIONS**

8. When did the claimant arrive to the examination?

Early

On time

Late

8a. Was the claimant accompanied by anyone?

no

yes, the claimant was accompanied by (text box)

9. How did the claimant get to the examination?

Drove

DSHS arranged the transportation

Taxi

Public transportation

Driven by (text box)

11. Is the claimant considered a reliable historian?

yes

no (enable 11a)

11a. If no, who is the reliable historian for this interview? (text box)**CHIEF COMPLAINT**

13. What is the claimant’s chief complaint? Select all that apply.

Alzheimer’s Disease

Anorexia

Anxiety

Attention Disorder

Autism Disorders

Bipolar Disorder

Cognitive Disorder NOS

Depression

Dysthymic Disorder

Learning Disability

Mental Retardation

Obsessive Compulsive Disorder

Panic Disorder

Personality Disorder

Postconcussion Syndrome (TBI)

Posttraumatic Stress Disorder

Schizophrenia

Schizoaffective Disorder

Other (text box)

**REVIEW OF RECORDS**

12. (text box)

**HISTORY OF PRESENT ILLNESS**

14. When was the claimant first diagnosed? Please enter in this format: Month Year. (text box)

14a. Who diagnosed the claimant? (text box)

Repeat 14 and 14a for each diagnosis. If possible have the diagnoses from question 13 filter down to this section. It would allow the doctor to specify who diagnosed the claimant and when for each diagnosis.

15. Were there any special circumstances surrounding the onset of this impairment or condition?

no

yes (enable 15a)

15a. If yes, please describe. (text box)

16. What are the claimant’s current symptoms? Select all that apply. **ONLY SHOW OPTIONS THAT LINKS THE SELECTION FROM #13.** (programming note: each diagnosis and corresponding symptoms should be in its own sentence)

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| ***Alzheimer’s Disease***  **The development of multiple cognitive deficits manifested by both:**  Memory Impairment (impaired ability to learn new information of to recall previously learned information)  **One or more of the following cognitive disturbances:**  aphasia (language disturbance)  apraxia (impaired ability to carry our motor activities despite intact motor function)  agnosia (failure to recognize or identify objects despite intact sensory function)  disturbance in executive functioning  The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.  The course is characterized by gradual onset of continuing cognitive decline.  The cognitive deficits in Criteria A1 and A2 are not due to any of the following:  (1) Other central nervous systems, conditions that cause progressive deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson’s disease, Huntington’s disease, subdural hematoma, normal-pressure hydrocephalus, brain tumor).  (2) Systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, neurosyphilis, HIV infection).  (3) Substance-induced conditions.  The deficits do not occur exclusively during the course of a delirium.  The disturbance is not better accounted for by another disorder. |

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| ***Anorexia***  A refusal to maintain body weight at or above a minimally normal weight for age and height.  Intense fear of gaining weight or becoming fat, even though underweight.  Disturbance in the way in which one’s body or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight. |

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| ***Anxiety Disorder***  Excessive anxiety lasting at least 6 months  Difficulty controlling the anxiety  **Select 3 or more of the following 6 items that have been present the majority of the last 6 month:**  Restlessness  Being easily fatigued  Difficulty concentrating  Irritability  Muscle tension  Sleep disturbance  The anxiety is causing significant impairment to person’s functioning |

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| ***Attention Disorder***  **Six (6) or more of the following symptoms of inattention have persisted for at least six (6) months to a degree that is maladaptive and inconsistent with the developmental level.**    Inattention:  Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.  Often has trouble keeping attention on tasks or paly activities.  Often does not seem to listen when spoken to directly.  Often does not follow instructions and failed to finish schoolwork, chores, or duties in the workplace.  Often has trouble organizing activities.  Often avoids, dislikes, or doesn’t want to do things that take a lot of mental effort for a long period of time.  Often loses things needed for tasks and activities.  Is often easily distracted.  Is often forgetful in daily activities.  **Six (6) or more of the following symptoms of hyperactivity-impulsivity have persisted for at least six (6) months to a degree that is disruptive and inappropriate with the developmental level.**    Hyperactivity:  Often fidgets with hands or feet or squirms in seat.  Often gets up from seat when remaining in seat is expected.  Often runs about or climbs when and where it is not appropriate.  Often has trouble playing or enjoying leisure activities quietly.  Is often “on the go” or acts as if “driven by a motor”.  Often talks excessively.    Impulsivity:  Often blurts out answers before questions have been finished.  Often has trouble waiting one’s turn.  Often interrupts or intrudes on others.  Some symptoms that cause impairment were present before age 7. Some impairment from the symptoms is present in two or more settings.  There must be clear evidence of significant impairment in social, school, or work functioning. |

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| ***Autism Disorder***  **Qualitative impairment in social interaction, as manifested by at least two of the following:**   * Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction * Failure to develop peer relationships appropriate to developmental level * A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people   Lack of social or emotional reciprocity  **Qualitative impairments in communication as manifested by at least one of the following**:   * Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime) * In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others * Stereotyped and repetitive use of language or idiosyncratic language   Lack of varied, spontaneous make-believe play  Lack of social imitative play appropriate to developmental level  **Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:**   * Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus * Apparently inflexible adherence to specific, nonfunctional routines or rituals * Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)   Persistent preoccupation with parts of objects  Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play. |

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| ***Bipolar Disorder*** |
| ***Manic Episode:***  A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week.    **During the period of mood disturbance, three or more of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:**  Decreased need for sleep  More talkative that usual or pressure to keep talking  Insomnia nearly every day  Hypersomnia nearly every day  Psychomotor agitation nearly every day.  Psychomotor retardation nearly every day.  Flight of ideas or subjective experience that thoughts are racing  Distractibility  Increase in goal-directed activity  Excessive involvement in pleasurable activities that have a high potential for painful consequences.  The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.  The symptoms are not due to the direct physiological effects of a substance or a general medical condition. |
| ***Hypomanic Episode:***  A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood.  **During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:**  Inflated self-esteem or grandiosity.  Decreased need for sleep  More talkative than usual or pressure to keep talking.  Flight of ideas or subjective experience that thoughts are racing.  Distractibility  Increase in goal-directed activity  Psychomotor agitation.  Excessive involvement in pleasurable activities that have a high potential for painful consequences.  The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.  The disturbance in mood and the change in functioning are observable by others.  The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.  The symptoms are not due to the direct physiological effects of a substance or a general medical condition. |
| ***Bipolar II Disorder***  Presence of one or more Major Depressive Episode. (show major depressive episode criteria from above)  Presence of one or more Hypomanic Episode. (show hypomanic episode criteria from above)  There has never been a Manic Episode or Mixed Episode.  The mood symptoms are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder or Psychotic Disorder Not Otherwise Specified.  The symptoms cause clinically significant distress or impairment.  Currently in a Hypomanic Episode  Currently in a Major Depressive Episode  Chronic  With Catatonic features  With Melancholic Features  With Atypical Features  With Postpartum Onset  With Longitudinal Course Specifiers  With Seasonal Pattern  With Rapid Cycling |

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| ***Cognitive Impairment NOS***  **Problems with:**  Memory, attention, concentration, executive functions  Judgment  Social interaction  Orientation  Motor activity (with intact motor and sensory system)  Visual spatial orientation  Communication  Consciousness  **Severity:**  Mild  Moderate  Moderately Severe  Severe  Please write in symptoms.(text box) |

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| ***Depression***  **Select 5 or more of the following symptoms (must select at least 1 of the first 2):**  Depressed mood  Diminished interest or pleasure in activities  Significant weight loss  Significant weight gain  Decrease in appetite  Increase in appetite  Insomnia  Hypersomnia  Psychomotor agitation  Psychomotor retardation  Fatigue  Feelings of worthlessness  Inability to concentrate  Suicidal ideation  The symptoms are causing significant impairment to person’s functioning |

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| ***Dysthymic Disorder***  An overwhelming yet chronic state of depression, exhibited by a depressed mood for most of the days, for more days that not, for at least 2 years.  **The person who suffers from this disorder must not have gone for more than 2 months without experiencing two or more of the following symptoms:**  Poor appetite  Overeating  Insomnia  Hypersomnia  Low energy or fatigue  Low self-esteem  Poor concentration  Difficulty making decisions  Feelings of hopelessness  No Major Depressive Episode has been present during the first two years, and there has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode, and criteria have never been met for Cyclothymic Disorder. |

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| ***Learning Disorders:*** |
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| Reading Disorders:  Reading achievement is substantially below the expected level.  This disturbance significantly interferes with academic achievement or reading centered activities.  If a sensory deficit is present, the reading difficulties are in excess of those usually associated with it.  **Signs of reading difficulty include problems with:**  Letter and word recognition  Understanding words and ideas  Reading speed and fluency  General vocabulary skills  Other: (text box) |
| Mathematic Disorder:  Mathematic ability is substantially below the expected level.  This disturbance significantly interferes with academic achievement or math centered activities.  If a sensory deficit is present, the mathematical difficulties are in excess of those usually associated with it.  **Signs of mathematical difficulty include problems with:**  Memorization and organization of numbers  Memorization and organization of operation signs  Memorization of number facts  Trouble with counting  Trouble telling time  Other: (text box) |
| Disorder of Written Expression:  Written expression is substantially below the expected level.  This disturbance significantly interferes with academic achievement or activities that require writing skills.  If a sensory deficit is present, the writing difficulties are in excess of those usually associated with it.  **Signs of writing difficulty include problems with:**  Neatness and consistency of writing  Accurately copying letters and words  Spelling Consistency  Writing organization and coherence  Other: (text box) |
| Learning disabilities in motor skills:  Problems with movement  Problems with coordination  Problems with activities requiring hand-eye coordination  Other: (text box) |
| Learning disabilities in language:  Problems understanding spoken language  Inability to produce spoken language  Problems organizing thoughts in the brain  Problems with calling upon the right words  Problems with communication  Problems with speech fluency  Inability to understand the meaning of words  Inability to understand parts of speech  Inability to understand directions  Other: (text box) |
| ***Learning Disorder Symptoms by Grade Level*** (use with child template only) |
| **Preschool signs and symptoms of learning disabilities**  Problems pronouncing words  Trouble finding the right word  Difficulty rhyming  Trouble learning the alphabet, numbers, colors, shapes, days of the week  Difficulty following directions or learning routines  Difficulty controlling crayons, pencils, and scissors or coloring within the lines  Trouble with buttons, zippers, snaps, learning to tie shoes |
| **Grades K-4 signs and symptoms of learning disabilities**  Trouble learning the connection between letters and sounds  Unable to blend sounds to make words  Confuses basic words when reading  Consistently misspells words and makes frequent reading errors  Trouble learning basic math concepts  Difficulty telling time and remembering sequences  Slow to learn new skills |
| **Grades 5-8 signs and symptoms of learning disabilities**  Difficulty with reading comprehension or math skills  Trouble with open-ended test questions and word problems  Dislikes reading and writing  Avoids reading aloud  Spells the same word differently in a single document  Poor organizational skills (bedroom, homework, desk is messy and disorganized)  Trouble following classroom discussions  Trouble expressing thoughts aloud  Poor handwriting |

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| ***Mental Retardation***  Significant subaverage intellectual functioning  **Concurrent deficits or impairments in present adaptive functioning in at least two of the following areas:**  Communication  Self-care  Home living  Social/interpersonal skills  Use of community resources  Self-direction  Functional academic skills  Work  Leisure  Health  Safety |

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| ***Obsessive Compulsive Disorder***  **Obsessions defined by all of the following:**  Recurrent and persistent thoughts, impulses, or images that are experienced at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress  The thoughts, impulses, or images are not simply excessive worries about real-life problems  The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action  The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)  **Compulsions defined by the following:**  Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly  The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive  If the person is an adult, the person has recognized that the obsessions or compulsions are excessive or unreasonable.  The obsessions or compulsions caused marked distress, are time consuming, or significantly interfere with the person’s normal routine, occupational/academic functioning, or usual social activities or relationships. |

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| ***Panic Disorder***  **Must select the following criteria:**  Recurrent and unexpected panic attacks  **Diagnostic Criteria for a PANIC ATTACK: Select 4 or more of the following symptoms that develop abruptly and peak within 10 minutes:**  Accelerated heart rate  Sweating  Trembling  Shortness of breath  Feelings of choking  Chest pain  Nausea  Feeling dizzy  Derealization  Fear of losing control  Fear of dying  Paresthesias  Chills  **Must select one of the following criteria:**  **At least one of the attacks is followed by:**  Persistent concern about having additional attacks  Worry about the implications or consequences of the attack  Significant change in behavior related to the attacks    Absence of Agoraphobia (with Agoraphobia)  Presence of Agoraphobia (without Agoraphobia) |

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| ***Personality Disorders*** |
| **General symptoms:**  Frequent mood swings  Stormy relationships  Social isolation  Angry outbursts  Suspicion and mistrust of others  Difficulty making friends  A need for instant gratification  Poor impulse control  Alcohol or substance abuse |
| **Cluster A:** These are personality disorders characterized by odd, eccentric thinking or behavior. |
| **Paranoid personality disorder**   * Distrust and suspicion of others * Believing that others are trying to harm you   Emotional detachment   * Hostility |
| **Schizoid personality disorder**  Lack of interest in social relationships  Limited range of emotional expression  Inability to pick up normal social cues  Appearing dull or indifferent to others |
| **Schizotypal personality disorder**  Peculiar dress, thinking, beliefs or behavior  Perceptual alterations, such as those affecting touch  Discomfort in close relationships  Flat emotions or inappropriate emotional responses  Indifference to others  "Magical thinking"  Believing that messages are hidden for you in public speeches or displays |
| **Cluster B:** These are personality disorders characterized by dramatic, overly emotional thinking or behavior. |
| **Antisocial personality disorder**  Disregard for others  Persistent lying or stealing  Recurring difficulties with the law  Repeatedly violating the rights of others  Aggressive, often violent behavior  Disregard for the safety of self or others |
| **Borderline personality disorder**  Impulsive and risky behavior  Volatile relationships  Unstable mood  Suicidal behavior  Fear of being alone |
| **Histrionic personality disorder**  Constantly seeking attention  Excessively emotional  Extreme sensitivity to others' approval  Unstable mood  Excessive concern with physical appearance |
| **Narcissistic personality disorder**  Believing that you're better than others  Fantasizing about power, success and attractiveness  Exaggerating your achievements or talents  Expecting constant praise and admiration  Failing to recognize other people's emotions and feelings |
| **Cluster C:** These are personality disorders characterized by anxious, fearful thinking or behavior. |
| **Avoidant personality disorder**   * Hypersensitivity to criticism or rejection * Feeling inadequate * Social isolation * Extreme shyness in social situations * Timidity |
| **Dependent personality disorder**  Excessive dependence on others  Submissiveness toward others  A desire to be taken care of  Tolerance of poor or abusive treatment  Urgent need to start a new relationship when one has ended |
| **Obsessive-compulsive personality disorder**   * Preoccupation with orderliness and rules * Extreme perfectionism * Desire to be in control of situations * Inability to discard broken or worthless objects   Inflexibility |

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| ***Postconcussion Syndrome***  **Subjective symptoms are:**  intermittent dizziness  headaches severe enough to require a period of rest during the day (often, seldom,)  tinnitus  frequent insomnia  hypersensitivity to light  hypersensitivity to sound  blurred vision  double vision  fatigability  **Neurobehavioral effects are:**  irritability  impulsivity  unpredictability  lack of motivation  verbal aggression  physical aggression  belligerence  apathy  lack of empathy  moodiness  lack of cooperation  inflexibility  impaired awareness of disability  One or more neurobehavioral effects that do not interfere with workplace interaction or social interaction.  One or more neurobehavioral effects that occasionally interfere with workplace interaction, social interaction, or both but do not preclude them.  One or more neurobehavioral effects that frequently interfere with workplace interaction, social interaction, or both but do not preclude them.  One or more neurobehavioral effects that interfere with or preclude workplace interaction, social interaction, or both on most days or that occasionally require supervision for safety of self or others. |

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| ***Post-traumatic Stress Disorder*** |
| Note to evaluator: Be cautious when discussion traumatic events with the claimant. Make sure the claimant does not relive the trauma as a result of the questioning. |
| **The following 2 criteria must be present:**  Experience or witness a life-threatening uncontrollable event  Feelings of intense fear, helplessness, or horror  **The trauma is persistently re-experienced in 1 or more of the following ways:**  Recurrent, intrusive, distressing recollections of the event  Recurrent, distressing dreams of the event  Reliving the experience  Intense psychological distress when exposed to internal or external cues  **Persistent avoidance stimuli associated with the trauma indicate by 3 or more of the following:**  Efforts to avoid thoughts, feelings, or conversations associated with the trauma  Efforts to avoid activities, places, or people that arouse recollections of the trauma  Inability to recall an important aspect of the trauma  Markedly diminished interest or participation in significant activities  Feelings of detachment or estrangement from others  Restricted range of affect  Sense of a foreshortened future  **Persistent symptoms of increased arousal as indicated by 2 or more of the following:**  Difficulty with sleep  Irritability  Difficulty concentrating  Hypervigilance  Exaggerated startle response  The symptoms are causing significant impairment to person’s functioning |
| (16b-16g ONLY NEEDED WITH PSTD AS CHIEF COMPLAINT) Regarding the traumatic event: |
| 16b. Did the traumatic event happen to the claimant?  yes  no  16c. When did the trauma occur? Please enter in this format: Month Year. (text box)  16d. Where did the trauma occur? (text box)  16e. Does the trauma currently impact the claimant’s functioning particularly in work and relationship?  yes (enable 16f)  no  16f. If yes, please provide details. (text box)  16g. How long in the past did the trauma hamper the claimant’s functioning? (text box) |

***Schizoaffective Disorder***

An uninterrupted period of illness during which, at some time, there is either:

a Major Depressive Episode:

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| **Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.** |
| * Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others.   + - 1. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.   1. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), a decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make weight gains.   2. Insomnia or hypersomnia nearly every day   3. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feeling of restlessness or being slowed down)   4. Fatigue or loss of energy nearly every day   5. Feelings of worthlessness or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)   6. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide |

a Manic Episode:

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| A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week. |
| **During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:** |
| * Inflated self-esteem or grandiosity * Decreased need for sleep * More talkative than usual or pressure to keep talking * Flight of ideas, or subjective experience that thoughts are racing * Distractibility * Increase in goal-directed activity * Psychomotor agitation   Excessive involvement in pleasurable activities that have a high potential for painful consequences |

a Mixed Episode:

The criteria are met both for a Manic Episode and for a Major Depressive Episode (except for duration) nearly every day during at least a 1-week period.

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| **Major Depressive Episode Criteria** |
| **Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.** |
| * Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others.   + - 1. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.   1. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), a decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make weight gains.   2. Insomnia or hypersomnia nearly every day   3. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feeling of restlessness or being slowed down)   4. Fatigue or loss of energy nearly every day   5. Feelings of worthlessness or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)   6. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide |

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| **Manic Episode Criteria** |
| A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week. |
| **During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:** |
| * Inflated self-esteem or grandiosity * Decreased need for sleep * More talkative than usual or pressure to keep talking * Flight of ideas, or subjective experience that thoughts are racing * Distractibility * Increase in goal-directed activity * Psychomotor agitation   Excessive involvement in pleasurable activities that have a high potential for painful consequences |

During the same period of illness, there have been delusions or hallucinations for at least 2 weeks in the absence of prominent mood symptoms.

Symptoms that meet criteria for a mood episode are present for a substantial portion of the total duration of the active and residual periods of the illness.

***Schizophrenia***

***Characteristic symptoms:* Two (or more) for the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):**

Delusions

Hallucinations

Disorganized speech

Grossly disorganized or catatonic behavior

Negative symptoms (i.e. affective flattening, alogia, or avolition)

*Social/occupational dysfunction:* For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

Continuous signs of the disturbance persist for at least 6 months.

Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition. If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

SUBTYPES (Schizophrenia)

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| **Paranoid Type**  **A type of Schizophrenia in which the following criteria are met:**  Preoccupation with one or more delusions or frequent auditory hallucinations.  None of the following is prominent: disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect. |
| **Catatonic Type**  **A type of Schizophrenia in which the clinical picture is dominated by at least two of the following:**  motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor  excessive motor activity (that is apparently purposeless and not influenced by external stimuli)  extreme negativism (an apparently motiveless resistance to all instructions or maintenance of a rigid posture against attempts to be moved) or mutism  peculiarities of voluntary movement as evidenced by posturing (voluntary assumption of inappropriate or bizarre postures),  stereotyped movements, prominent mannerisms, or prominent grimacing  echolalia or echopraxia |
| **Disorganized Type**  **A type of Schizophrenia in which the following criteria are met:**  **All of the following are prominent, and the criteria are not met for Catatonic Type:**  disorganized speech  disorganized behavior  flat or inappropriate affect |
| **Undifferentiated Type**  **A type of Schizophrenia in which symptoms that meet Criterion A are present, but the criteria are not met for the Paranoid, Disorganized, or Catatonic Type.** |
| **Residual Type**  **A type of Schizophrenia in which the following criteria are met:**   * Absence of prominent delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior. * There is continuing evidence of the disturbance, as indicated by the presence of negative symptoms or two or more symptoms listed in Criterion A for Schizophrenia, present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences). |

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| ***Other****: Please write in a list of the current symptoms.* (text box) |

16a. Please provide any additional symptoms. (text box)

17. Describe in detail the effect of each impairment on the claimant’s daily functioning. Please focus on relationships and work ability. (text box)

A18. Please provide the date the claimant stopped working due to the inability to perform work duties? (text box)

A18a. Please include any information regarding attempts to return to the workplace. (text box)

19. Is the claimant currently in psychotherapy?

no (enable 179. disable 19a, 20, 20a.)

yes (enable 19a, 20, and 20a. disable 179)

179. If no, is the claimant willing to consider psychotherapy?

yes

no

19a. If yes, with whom?

A counselor

A psychologist

A therapist

20. If yes, does the claimant find psychotherapy helpful?

yes

no

20a. If no, please provide details. (text box)**CURRENT MEDICATIONS**

21. Is the claimant taking any medications?

no (disable the rest this section)

yes (enable 21a, 22, and 22table)

177. If yes, who is writing the prescriptions?

A psychiatrist

A PCP

A nurse practitioner

21a. If yes, did the claimant take any medication today?

yes

no

DELETED #21b.

22. What medication is the claimant taking? Select all that apply.

Note to programmer: medication list used in drop down menu in the table.

|  |  |  |
| --- | --- | --- |
| Abilify (aripiprazole) | Intuniv (guanfacine) | Prozac (fluoxetine) |
| Adderall (amphetamine) | Invega (paliperidone) | Remeron (mirtazapine) |
| Adderall XR (amphetamine- extended release) | Klonopin (clonazepam) | Risperdal (risperidone) |
| Anafranil (clomipramine) | Lamictal (lamotrigine) | Ritalin (methylphenidate) |
| Asendin (amoxapine) | Lexapro (escitalopram) | Ritalin LA (methylphenidate- long acting) |
| Ativan (Lorazepam) | Librium (chlordiazepoxide) | Ritalin SR (methylphenidate- extended release) |
| Aventyl (nortriptyline) | lithium citrate | Sarafem (fluoxetine) |
| BuSpar (buspirone) | Lithobid (lithium carbonate) | Seroquel (quetiapine) |
| Celexa (citalopram) | Loxitane (loxapine) | Sinequan (doxepin) |
| Clozaril (clozapine) | Ludiomil (maprotiline) | Stelazine (olanzapine) |
| Concerta (methylphenidate – long acting) | Luvox (fluvoxamine) | Strattera (atomoxetine) |
| Cymbalta (duloxetine) | Marplan (isocarboxazid) | Surmontil (trimipramine) |
| Daytrana (methylphenidate patch) | Metadate CD (methylphenidate- extended release) | Symbyax (Prozac & Zyprexa- fluoxetine & olanzapine) |
| Depakote (divalproex sodium) | Metadate ER (methylphenidate- extended release) | Tegretol (carbamazepine) |
| Desoxyn (methamphetamine) | Methylin (methylphenidate) | Thioridazine |
| Desyrel (Trazodone) | Moban (molindone) | Thorazine (chlorpromazine) |
| Dexedrine (dextroamphetamine) | Nardil (phenelzine) | Tofranil (imipramine) |
| Dextrostat (dextroamphetamine) | Navane (thiothixene) | Tofranil-PM (imipramine pamoate) |
| Effexor (venlafaxine) | Neurontin (gabapentin) | Topamax (topiramate) |
| Elavil (amitriptyline) | Norpramin (desipramine) | Tranxene (clorazepate) |
| Emsam (selegiline) | Orap (pimozide) | Trileptal (oxcarbazepine) |
| Eskalith (lithium carbonate) | Serax (Oxazepam) | Valium (diazepam) |
| Fanapt (iloperidone) | Pamelor (nortriptyline) | Vivactil (protriptyline) |
| Fluphenazine | Parnate (tranylcypromine) | Vyvanse (lisdexamfetamine dimesylate) |
| Focalin (dexmethylphenidate) | Paxil (paroxetine) | Wellbutrin (bupropion) |
| Focalin XR (dexmethylphenidate- extended release) | Perphenazine | Xanax (alprazolam) |
| Geodon (ziprasidone) | Pexeva (paroxetine-mesylate) | Zoloft (sertraline) |
| Haldol (haloperidol) | Pristiq (desvenlafaxine) | Zyprexa (olanzapine) |
|  |  | Other (text box) |

22table.

|  |  |  |
| --- | --- | --- |
| **Medication** | **Dosage (mg)** | **Usefulness** |
| (medication list in a drop down menu) | (text box) | Option selected |
| (medication list in a drop down menu) | (text box) | Option selected |
| (medication list in a drop down menu) | (text box) | Option selected |

**\* “Add a new medication” button will open a window with the following info:**

Name of Medication: (drop down menu)

Dosage (mg): (text box)

Usefulness:  good  minimal  poor

**PAST PSYCHIATRIC HISTORY**

29. Has the claimant ever been admitted to a psychiatric hospital?

no (disable the rest of this section)

yes (enable 30,31,31a, and 31b)

30. If yes, what was the date of the last admittance? Please enter in this format: Month Year. (text box)

31. What was the reason for the admittance? (text box)

31a. What treatment did the claimant receive while admitted? (text box)

31b. What was the claimant’s response to the treatment? (text box)

**ALCOHOL AND/OR DRUG ABUSE**

A32. Has the claimant ever abused alcohol, tobacco, or illicit substances?

no (disable the rest this section)

yes (enable A33-A36a, A189)

A33. If yes, what is the substance? Select all that apply.

Alcohol

Marijuana

Cocaine

Heroin

Methamphetamines

Tobacco

Other (text box)

A34. On what date did claimant first use the substance? Please enter in this format: Month Year. (text box)

A34a. On what date did the claimant begin to use the substance abusively? Please enter in this format: Month Year.

(text box)

A35. What is the number of days that the claimant used the substance?

(text box) days per week

(text box) days per month

A35a. During the claimant’s worst abusive period, how much of the substance was consumed per day? (text box)

A36. Is the substance abuse still occurring?

no

yes

A36a. If no, how long has the claimant been ‘clean?’

(text box) months

(text box) years

Programmer: Repeat questions 34, 34a, 35, 35a, 36, and 36a for each substance selected in question 33

A189. Did the claimant appear to be under the influence of drugs or alcohol?

yes

no

**PAST MEDICAL HISTORY**

Head Injuries

23. Has the claimant ever sustained a major head injury?

no (disable the rest this section)

yes (enable 24, 25, 26, 26a)

24. If yes, did the claimant experience a lack of consciousness, feel dazed, or see stars?

no

yes

25. What is the date of the injury? Please enter in this format: Month Year. (text box)

26. Was the claimant treated at a hospital?

no

yes

26a. If yes, what is the name of the hospital? (text box)

27. List any previous surgeries. If none, enter “None reported.” (text box)

28. List any medical conditions.

Select any of the following common medical conditions or write-in another option.

Allergies

Arthritis

Asthma

Back Pain

Cancer

Chest Pains

Chronic Pain

Degenerative Disc Disease

Diabetes

Digestive Problems

Fibromyalgia

Headaches

Heart Disease

Hepatitis

High Blood Pressure

Joint Problems

Lung Disease

Muscle Problems

Thyroid Disease

Urinary Tract Problems

Other (text box)

None Reported

**SOCIAL and FAMILY HISTORY**

A37. What is the claimant’s current relationship status?

Single, not in a committed relationship

In a committed relationship (show A38)

Married (show A38)

Divorced

Getting a divorce

Other (text box)

A38. If applicable, how is the relationship?

good

fair

poor

A39. Does the claimant have children?

yes (enable A40)

no

A40. If yes, how old? (text box)

A41. If claimant has deceased children, please provide details. (text box)

42. What is the claimant’s living situation?

Apartment

Home

Trailer

Public Housing

Homeless

42a. Does the claimant live alone?

yes

no, with (text box)

42b. In what city does the claimant currently reside? Include state abbreviation. (text box)

43. Does the family have a history of mental illness?

no

yes (enable 44)

44. If yes, who has the mental illness, and please describe? (text box)

DELETE the following: Note to evaluator: Be cautious when discussion traumatic events with the claimant. Make sure the claimant does not relive the trauma as a result of the questioning.

45. Was there a history of child abuse?

no

yes (enable 46 and 47)

46. If yes, what was the nature of the conflict? (text box)

47. Is the trauma resolved?

no

yes

**EMPLOYMENT HISTORY**

A52. Is the claimant currently employed?

No (enable A53-A56 and A184, A186)

Yes (enable A54-A56, and A186)

The claimant has no employment history. (enable A53 and A184)

A53. If no, is the claimant currently looking for work?

no

yes

A184. How you would describe the claimant’s attitude regarding seeking employment?

positive

negative

A54. If applicable, what was the reason the claimant left the last place of employment? (text box)

A55. Please list all the jobs the claimant has held down.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **End Date** | **Duration** | **Employer** | **Job Title/ Position** | **Reason For Leaving** |
| (text box) | (text box) | (text box) | (text box) | (text box) |
| (text box) | (text box) | (text box) | (text box) | (text box) |

(programmer: allow for additional rows on table if necessary)

A186. What is the claimant’s work history?

good

limited

no reported work history

A56. What are the reasons for the periods of unemployment? (text box)

**EDUCATIONAL HISTORY**

48. What was the last education level completed? (text box)

49. What was the claimant’s academic performance?

Above average

Average

Below average

49a. Please provide any additional relevant information about claimant’s academic performance. (text box)

50. Was the claimant enrolled in special education?

no

yes (enable 51)

51. If yes, what were the subjects? (text box)

**LEGAL/CRIMINAL HISTORY**

A57. Has the claimant ever been arrested?

no (disable the rest of this section)

yes (enable A57a-A60a)

A57a. If yes, what was the arrest for? (text box)

A58. If yes, what was the date of the last arrest? Please enter in this format: Month Year. (text box)

A59. What was the outcome of the arrest? (text box)

A60. Has the claimant ever been incarcerated?

yes

no

A60a. If yes, how long was the incarceration? (text box)

**MILITARY HISTORY**

A61. Has the claimant served in the military?

no (disable the rest of this section)

yes (enable A62-A64)

A62. If yes, what are the dates of service? (text box) to (text box).

A63. What was the claimant’s highest rank? (text box)

A63a. Did the claimant receive any medals and/or ribbons?

yes

no

A63b. Was any disciplinary action (Article 15, Captain’s Mast) taken?

yes

no

A63c. Was the claimant honorably discharged?

yes

no

A64. Was the claimant deployed?

yes

no

**MENTAL STATUS EXAMINATION**

GENERAL APPEARANCE

65. In relation to stated age, how did the claimant appear?

Older

The Same Age

Younger

66. How was the claimant’s hygiene?

Good

Fair

Poor

66a. Was the claimant groomed or unkempt?

Groomed

Unkempt

67. In relation to height, what was the claimant’s build?

Obese

Overweight

Average

Slender

Underweight

Other (text box)

68. How was the claimant’s eye contact?

Good

Fair

Poor

69. With respect to the material’s content, how were the claimant’s facial expressions?

Appropriate

Inappropriate

Nonexistent

70. Were the claimant’s clothes presentable?

yes

no

71. Describe the clothing. (text box)

72. Was the clothing appropriate for the weather?

yes

no

73. Was evidence of psychomotor agitation present?

no (disable 73a)

yes (enable 73a)

73a. If yes, please provide examples. (text box)

73b. Was evidence of psychomotor retardation present?

no (disable 73c)

yes (enable 73c)

73c. If yes, please provide examples. (text box)

**MENTAL STATUS EXAMINATION**

ATTITUDE & BEHAVIOR

10. How was the claimant during the interview?

Cooperative

Difficult

Belligerent

74. Was the claimant’s behavior pleasant?

yes

no

DELETE #75.

76. Describe the claimant’s attitude?

Positive

Negative

77. Was there evidence of malingering or factitious behavior?

yes (enable 77a)

no (disable 77a)

77a. If yes, please describe. (text box)

**MENTAL STATUS EXAMINATION**

MOOD/AFFECT

88. What is claimant’s current mood? (text box)

89. Was the claimant’s affect consistent with stated mood?

yes (disable 90)

no (enable 90)

90. If no, how did the claimant appear? (text box)

91. Regarding sleep, what does the claimant say? Select all that apply.

No problems

Difficulty falling asleep

Difficulty staying asleep

Sleeping too much

Persistent nightmares

Other (text box)

92. Regarding appetite, what does the claimant say? Select all that apply.

No problems

Lack of appetite

Easily forgets meals

Often over eats

Other (text box)

**MENTAL STATUS EXAMINATION**

CONTENT OF THOUGHT

82. Does the claimant have auditory hallucinations?

yes (enable 83)

no (disable 83)

83. If yes, describe hallucinations. (text box)

84. Does the claimant have visual, tactile, or olfactory hallucinations?

yes (enable 85)

no (disable 85)

85. If yes, describe hallucinations. (text box)

86. Does the claimant have suicidal ideations?

yes (enable 86a)

no (disable 86a)

86a. If yes, please provide details. (text box)

86b. Does the claimant have homicidal ideations?

yes (enable 86c)

no (disable 86c)

86c. If yes, please provide details. (text box)

87. Does the claimant have delusions?

yes (enable 87a)

no (disable 87a)

87a. If yes, please provide details. (text box)

**MENTAL STATUS EXAMINATION**

STREAM OF MENTAL ACTIVITY/SPEECH

78. Was the claimant’s speech logical and coherent?

yes (disable 78a)

no (enable 78a)

78a. If no, please describe. (text box)

79. Describe the articulation.

Clear

Distorted

Garbled

80. Describe the speech velocity.

High

Normal

Low

81. Describe the speech volume.

High

Normal

Low

**INTELLECTUAL FUNCTIONING/SENSORIUM**

ORIENTATION

93. How was the claimant orientated?

None

x1 (enable 94-96)

x2 (enable 94-96)

x3

If needed, complete the additional questions to provide more information.

OPTIONAL: Only complete if needed for clarification

94. Was the claimant orientated to person?

yes

no, (text box)

95. Was the claimant orientated to place?

yes

no, (text box)

96. Was the claimant orientated to time?

yes

no, (text box)

**INTELLECTUAL FUNCTIONING/SENSORIUM**

PSYCHOLOGICAL TESTING

98. Which tests did the claimant take? Select all that apply.

Intellectual Ability (98a)

Wechsler Adult Intelligence Scale (WAIS-IV)

Woodcock Johnson III

Test of Nonverbal Intelligence (TONI-III)

Leiter International Performance Scale- Revised (Leiter-R)

Stanford Binet Intelligence Test

Raven Progressive Matrices

Leiter International Scale

DELETE THIS OPTION-  Wechsler Intelligence Scale for Children (WISC-IV)

Memory Functioning (98b)

Wechsler Memory Scale (WMS-IV)

Rey 15 Item Recognition Test

Neuropsychological Tests (98c)

Trail Making A and B

Halstead-Reitan

Luria-Nebraska

99. Describe the claimant’s testing behaviors. (text box)

**INTELLECTUAL FUNCTIONING/SENSORIUM**

PREPARATIONS FOR MEMORY QUESTIONS

\* Please repeat these objects \*

**LAMP, WATCH, and PEN**

\* Remember them! \*

Check the box below to begin a 5-minute timer.

Timer (5 minutes)

(Programmer: Please show question 122 at the end of the allotted time)

**INTELLECTUAL FUNCTIONING/SENSORIUM**

MEMORY

INDEX SCORES

112. Please paste table of index scores from memory testing. (text box)

SUBTEST SCORES

113. Please paste table of subtest scores from memory testing. (text box)

114. Comments regarding this claimant’s performance on the memory testing. (text box)

DELETE 115 (renamed to 200)

116. Regarding the claimant’s Delayed and Immediate Memory scores, please rate abilities. Please select all that apply.

very superior

superior

high average

average

low average

borderline

extremely low

consistent

inconsistent

***If using Interview Questions:***

REMOTE MEMORY

121. Did the claimant remember autobiographical history and past events?

yes

no

RECENT MEMORY

122. How many objects did the claimant remember after 5-minutes?

0

1

2

3

IMMEDIATE MEMORY

123. How many digits did the claimant remember forward and backward?

Record the last level completed **correctly** by checking the item in the column “Last level completed?”

|  |  |  |  |
| --- | --- | --- | --- |
| **Digits Forward** | **Last level completed?** | **Digits Backward** | **Last level completed?** |
| Unable to complete |  | Unable to complete |  |
| 3-8-4-9 |  | 7-9-2 |  |
| 6-7-4-3-1 |  | 6-5-1-3 |  |
| 2-4-8-5-9-3 |  | 1-8-5-7-9 |  |
| 4-7-9-3-1-2-8 |  | 2-4-8-1-3-7 |  |

123b. Given the claimant’s performance on these tasks, please rate their overall memory functions.

poor

fair

good

limited

DELETE consistent and inconsistent.

**INTELLECTUAL FUNCTIONING/SENSORIUM**

INTELLECTUAL FUNCTIONING

INDEX SCORES

100. Please paste table of index scores from intellectual testing. (text box)

SUBTEST SCORES

101. Please paste table of subtest scores from intellectual testing. (text box)

102. Comments regarding this claimant’s performance on the intellectual testing. (text box)

200. What level is the claimant’s verbal comprehension skills (VCI)?

very superior

superior

high average

average

low average

borderline

extremely low

110. What is the claimant’s level of intellectual functioning?

Above average

Average

Below average

**INTELLECTUAL FUNCTIONING/SENSORIUM**

CONCENTRATION

135. What level is the claimant’s working memory as indicated by the intelligence assessment?

very superior

superior

high average

average

low average

borderline

extremely low

135a. What is the index score for this assessment section? (text box)

INSTRUCTIONS: Three-step commands

Ask **“**Which hand is your dominant hand?”

Then state: *Before you touch the top of your head with your dominant hand; first touch your left knee and then clap three times.*”

**If they fail that prompt then use:** *“After you touch your left knee and clap three times, touch the top of your head.”*

**Note how many repetitions, if any.**

**If you use the second one, note that claimant needed “2 repetitions and modification of instructions.”**

136. Was the claimant able to complete 3-step commands?

yes, with no repetitions

yes, with one repetition

yes, with two repetitions

yes, with two repetitions and modification of the instructions

no even after several repetitions

SPELLING

137. Was the claimant able to spell **WORLD** forward?

yes

no

138. Was the claimant able to spell **WORLD** backward?

yes

no

**INTELLECTUAL FUNCTIONING/SENSORIUM**

FUND OF KNOWLEDGE/INFORMATION

125. What level is the claimant’s fund of knowledge as seen in the subtest Information?

very superior

superior

high average

average

low average

borderline

extremely low

126. What is the core test’s scaled score? (text box)

127. Is the claimant’s fund of knowledge consistent with education level and background?

yes

no

128. Is the claimant aware of current events?

yes

limited

no

129. Please ask and record the answers the following current event questions.

|  |  |
| --- | --- |
| What is the current president of the United State of America? | Correct Answer |
| What is the capital of this state? | Correct Answer |
| Who is the governor of this state? | Correct Answer |
| Which states border this state? | Correct Answer |
| How many eggs are in one dozen? | Correct Answer |
| Why do we put food in the refrigerator? | Correct Answer |

**INTELLECTUAL FUNCTIONING/SENSORIUM**

CALCULATIONS

131. What level is the claimant’s ability to solve basic mathematical problems?

very superior

superior

high average

average

low average

borderline

extremely low

132. What is this core test’s scaled score? (text box)

133. Please ask the following questions and check the Correct Answer box if answered correctly.

|  |  |
| --- | --- |
| $9 + $7 = | Correct Answer: $16 |
| $23 – $10 = | Correct Answer: $13 |
| $11 x 10 = | Correct Answer: $110 |
| $9 ÷ 3 = | Correct Answer: $3 |
| 47c + 10c = | Correct Answer: 57c |

(This insert is generated using the number of Correct Answer boxes checked in the above table.)

SERIALS

Begin at 100 and subtract 7, and keep going until I say stop.

|  |  |
| --- | --- |
| Serial 7’s | Correct Answer: 100-93-86-79-72-65-58-51-44-37-30-23-16-9-2 |
| Serial 3’s | Correct Answer: 100-97-94-91-88-85-82 -79-76-73-70… |

133a. Was the claimant able to execute serial-7’s?

yes

yes, but made a few errors

no, the claimant completed serial-3’s accurately

no, the claimant was unable to execute serial-7s or serial-3

WORD PROBLEMS

|  |  |
| --- | --- |
| T-shirts are generally priced $5 each, but today, they are on sale. T-shirts are priced 2 for $9, how much would 6 t-shirts cost? **(** | Correct Answer: $27 |
| A pack of chewing gum cost 99 cents. There are 25 pieces of chewing gum in a pack. How many pieces of gum are in six packs? | Correct Answer: 150 |

133b. Was the claimant able to correctly answer word problems?

yes

no

**INTELLECTUAL FUNCTIONING/SENSORIUM**

ABSTRACT THINKING & SIMILARITIES/DIFFERENCES **Error! Bookmark not defined.**

144. What level is the claimant’s ability to think abstractly (Similarities)?

very superior

superior

high average

average

low average

borderline

extremely low

145. What is the scaled score for this test? (text box)

**For the next four questions, the correct answer is provided; however, score similar responses appropriately.**

142. What does the proverb, “*Time is golden,”* mean?

Correct Answer: Precious.

142a. What does the proverb, “*Rome was not built in a day,”* mean?

Correct Answer: Major growth takes time.

146.What are the similarities and differences of “*a boat and a car* “?

Correct Answer: Both are transportation, but one is for water and the other land.

146a.What are the similarities and differences of “*a pen and a pencil*”?

Correct Answer: Both are writing instruments, but one has ink and the other graphite or lead.

146b. Automatically generated.

**INTELLECTUAL FUNCTIONING/SENSORIUM**

JUDGMENT/INSIGHT

147. What is the claimant’s insight into own condition?

Good

Fair

Limited

Impaired

**For the next two questions, the correct answer is provided; however, score similar responses appropriately.**

150. What would the claimant do if the claimant smelled smoke in a crowded movie theater?

Correct Answer: Alert local authorities.

Incorrect Answer

151. What would the claimant do if the claimant found a lost purse in a store?

Correct Answer: Turn in the purse to a store manager.

Incorrect Answer

152. Automatically generated.

**INTELLECTUAL FUNCTIONING/SENSORIUM**

NEUROPSYCHOLOGICAL TESTS

149. Trail Making Tests

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TRAIL MAKING TESTS** | | | | |
| **Trails** | **Seconds** | **Errors** | **Percentile Range** | **Functioning** |
| TRAIL A | (text box) | (text box) | (text box) | (text box) |
| TRAIL B | (text box) | (text box) | (text box) | (text box) |

The following is a chart containing the norms for this Trail making A & B test. Please use the data to fill in the rows on the table for questions 149. (THIS IS NOT A FILL-IN CHART. IT IS A REFERENCE FOR THE PROVIDER)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Percent. | **Ages 20-39** | | **Ages 40-49** | | **Ages 50-59** | | **Ages 60-69** | | **Ages 70-79** | |
| Trails | **A** | **B** | **A** | **B** | **A** | **B** | **A** | **B** | **A** | **B** |
| **90** | 21 | 45 | 22 | 49 | 25 | 55 | 29 | 64 | 38 | 79 |
| **75** | 26 | 55 | 28 | 57 | 29 | 75 | 35 | 89 | 54 | 132 |
| **50** | 32 | 69 | 34 | 78 | 38 | 98 | 48 | 119 | 80 | 196 |
| **25** | 42 | 94 | 45 | 100 | 49 | 135 | 67 | 172 | 105 | 292 |
| **10** | 50 | 129 | 59 | 151 | 67 | 177 | 104 | 282 | 168 | 450 |

The numbers listed are in seconds.

302. Please discuss the findings of any neuropsychological testing administered. (text box)

**INTELLECTUAL FUNCTIONING/SENSORIUM**

ADDITIONAL PSYCHOLOGICAL ASSESSMENTS

303. Please select any additional testing that was requested an administered. Select all that apply.

Personality and Behavior Assessments

Vineland Adaptive Behavior Scale

MMPI-2-RF

Rorschach

MCMI

304. If a test is selected, please discuss the result here. (text box)

305. Please select any additional testing that was requested an administered. Select all that apply.

Malingering Measures

Test of Malingering Memory (TOMM)

Structured Interview of Malingering Symptoms (SIMS)

Miller Forensic Assessment of Symptoms Test (M-FAST)

Portland Digit Symbol Test

Validity Indicator Profile (VIP)

306. If a test is selected, please discuss the result here. (text box)

**CURRENT LEVEL OF FUNCTIONING**

ACTIVITIES OF DAILY LIVING

*DELETE (If claimant does not take care of the cooking etc, ask who does it.)*

153. What is the claimant’s typical day like? (text box)

A154. Which tasks does the claimant do alone? Select all that apply.

Cooking

Grocery shop

Self-care

Laundry

None

A155. Which tasks do the claimant require help to do? Select all that apply.

Cooking

Grocery shop

Self-care

Laundry

None

A155a. Who helps with these tasks? (text box)

156. Is the claimant able to complete ADLs efficiently?

yes

no, (text box)

A156a. Is the claimant able to handle personal funds?

yes

no (show A156a)

A156b. If no, who handles this for the claimant? (text box)

**CURRENT LEVEL OF FUNCTIONING**

SOCIAL FUNCTIONING

A157. Does the claimant have social friends?

no (enable A157a)

yes, the number of social friends is (text box) (enable A157b)

A157a. If no, is the claimant isolated from people?

yes

no

A157b. If yes, please add detail. (text box)

158. Is the claimant a member of an organized group?

no

yes

159. Does the claimant participate in recreational activities?

yes

no

159a. Is a house of worship regularly attended?

yes

no

160. Does the claimant have a history of violence?

yes (enable 160a)

no

160a. If yes, please describe? (text box)

181. How is the claimant’s support system?

Good

Fair

Limited

Poor

181a. Who is included in the support system? (text box)

299. How are the claimant’s social and interpersonal relationships?

good

fair

poor

300. Did the claimant act appropriately with the provider and office staff?

yes

no (enable 301)

301. Please explain any inappropriate behavior. (text box)

**CURRENT LEVEL OF FUNCTIONING**

CONCENTRATION, PERSISTANCE & PACE

A161. Please provide the length of time (in minutes) the claimant participates in the following activities per day. Also, enter one of the claimant’s hobbies and the length of time the claimant can sustain the activity. If duration is listed, please provide a unit of time.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Remarks** | **Activity** | **Remarks** |
| Reading | (text box) | Watch TV | (text box) |
| Walking | (text box) | Driving | (text box) |
| Standing | (text box) | Cooking | (text box) |
| Computer | (text box) | Laundry | (text box) |
| Hobby | (text box) | Grocery shopping | (text box) |

**CURRENT LEVEL OF FUNCTIONING**

DECOMPENSATION & DETERIORATION

167. Is there evidence of deterioration and decompensation in the work place? For children, this would read “in school?”

yes (enable 168)

no (disable 168)

168. *If yes, where is the deterioration and decompensation seen or evidenced by?*

Voluntary psychiatric commitment

Difficulty getting along with coworkers

Taking a leave of absence to manage mental illness

Frequent involvement with law enforcement

Behavioral disturbances

Other (text box)

169. Has the claimant’s ability to work been impacted by physical and mental limitations?

yes

no

170. What are the new difficulties reported by claimant? Select all that apply.

Sustaining concentration and attention

Remembering information

Making good judgments at work

Following multi-step directions

Socializing with friends

Motivation

Fatigue

Apathy

Behavioral problems

Insomnia

Poor appetite

Inability to complete ADLS in a timely manner

Suicidal ideations

Hallucinations

Delusions

Blurred vision

Lower back pain

Other (text box)

**DSM-IV DIAGNOSIS**

162. What is the claimant’s Axis I diagnosis? Select all that apply.

DELETE-  Bipolar I Disorder

|  |
| --- |
| 290.10 Dementia of the Alzheimer's Type, With Early Onset, Uncomplicated  290.11 Dementia of the Alzheimer's Type, With Early Onset, With Delirium  290.12 Dementia of the Alzheimer's Type, With Early Onset, With Delusions  290.13 Dementia of the Alzheimer's Type, With Early Onset, With Depressed Mood  290.20 Dementia of the Alzheimer's Type, With Late Onset, With Delusions  290.21 Dementia of the Alzheimer's Type, With Late Onset, With Depressed Mood  290.3 Dementia of the Alzheimer's Type, With Late Onset, With Delirium |

296.80 Bipolar Disorder NOS

296.56 Bipolar I Disorder, most recent episode depressed, in full remission

296.55 Bipolar I Disorder, most recent episode depressed, in partial remission

296.51 Bipolar I Disorder, most recent episode depressed, mild

296.52 Bipolar I Disorder, most recent episode depressed, moderate

296.53 Bipolar I Disorder, most recent episode depressed, severe without psychotic features

296.54 Bipolar I Disorder, most recent episode depressed, severe with psychotic features

296.50 Bipolar I Disorder, most recent episode depressed, unspecified

296.40 Bipolar I Disorder, most recent episode hypomanic

296.46 Bipolar I Disorder, most recent episode manic, in full remission

296.45 Bipolar I Disorder, most recent episode manic, in partial remission

296.41 Bipolar I Disorder, most recent episode manic, mild

296.42 Bipolar I Disorder, most recent episode manic, moderate

296.43 Bipolar I Disorder, most recent episode manic, severe without psychotic features

296.44 Bipolar I Disorder, most recent episode manic, severe with psychotic features

296.40 Bipolar I Disorder, most recent episode manic, unspecified

296.66 Bipolar I Disorder, most recent episode mixed, in full remission

296.65 Bipolar I Disorder, most recent episode mixed, in partial remission

296.61 Bipolar I Disorder, most recent episode mixed, mild

296.62 Bipolar I Disorder, most recent episode mixed, moderate

296.63 Bipolar I Disorder, most recent episode mixed, severe without psychotic features

296.64 Bipolar I Disorder, most recent episode mixed, severe with psychotic features

296.60 Bipolar I Disorder, most recent episode mixed, unspecified

296.7 Bipolar I Disorder, most recent episode unspecified

296.06 Bipolar I Disorder, single manic episode, in full remission

296.05 Bipolar I Disorder, single manic episode, in partial remission

296.01 Bipolar I Disorder, single manic episode, mild

296.02 Bipolar I Disorder, single manic episode, moderate

296.03 Bipolar I Disorder, single manic episode, severe without psychotic features

296.04 Bipolar I Disorder, single manic episode, severe with psychotic features

296.00 Bipolar I Disorder, single manic episode, unspecified

294.9 Cognitive Disorder NOS

295.20 Schizophrenia, Catatonic Type

295.10 Schizophrenia, Disorganized Type

295.30 Schizophrenia, Paranoid Type

295.60 Schizophrenia, Residual Type

295.90 Schizophrenia, Undifferentiated Type

295.70 Schizoaffective Disorder

296.20 Major Depressive Disorder, Single Episode, unspecified

296.21 Major Depressive Disorder, Single Episode, Mild

296.22 Major Depressive Disorder, Single Episode, Moderate

296.23 Major Depressive Disorder, Single Episode, Severe without psychotic features

296.24 Major Depressive Disorder, Single Episode, Severe with psychotic features

296.25 Major Depressive Disorder, Single Episode, in partial remission

296.26 Major Depressive Disorder, Single Episode, in full remission

296.30 Major Depressive Disorder, Recurrent, unspecified

296.31 Major Depressive Disorder, Recurrent, Mild

296.32 Major Depressive Disorder, Recurrent, Moderate

296.33 Major Depressive Disorder Recurrent, Severe without psychotic features

296.34 Major Depressive Disorder, Recurrent, Severe with psychotic features

296.35 Major Depressive Disorder, Recurrent, in partial remission

296.36 Major Depressive Disorder, Recurrent, in full remission

296.89 Bipolar II Disorder

299.00 Autistic Disorder

300.01 Panic Disorder without Agoraphobia

300.02 Generalized Anxiety Disorder

300.21 Panic Disorder with Agoraphobia

300.3 Obsessive-compulsive Disorder

300.4 Dysthymic Disorder

307.1 Anorexia nervosa

309.81 Posttraumatic Stress Disorder

310.2 Postconcussion Syndrome

314.00 Attention Deficit/Hyperactivity Disorder, Predominantly Inattentive Type

314.01 Attention Deficit/Hyperactivity Disorder, Combined Type

314.01 Attention Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type

314.9 Attention Deficit/Hyperactivity Disorder NOS

315.00 Reading Disorder

315.1 Mathematics Disorder

315.2 Disorder of Written Expression

315.9 Learning Disorder NOS

Other (text box)

163. Axis II: Please select from the following choices.

No diagnosis

301.0 Paranoid Personality Disorder

301.20 Schizoid Personality Disorder

301.22 Schizotypal Personality Disorder

301.7 Antisocial Personality Disorder

301.83 Borderline Personality Disorder

301.50 Histrionic Personality Disorder

301.81 Narcissistic Personality Disorder

301.82 Avoidant Personality Disorder

301.6 Dependent Personality Disorder

301.4 Obsessive-compulsive Personality Disorder

301.9 Personality Disorder NOS

317 Mild Mental Retardation

318.0 Moderate Mental Retardation

318.1 Severe Mental Retardation

318.2 Profound Mental Retardation

319 Mental retardation, severity unspecified

V62.89 Borderline Intellectual Functioning

Other (text box)

Deferred

164. Axis III: Medical conditions are insert from previous question.

165. Axis IV: Please select any stressors from the following list that may contribute to an Axis IV diagnosis. Select all that apply.

PROBLEMS WITH PRIMARY SUPPORT GROUP

Death of a family member

Health problems in family

Disruption of family by separation

Disruption of family by divorce

Disruption of family by estrangement

Removal from the home

Remarriage of parent

Sexual abuse

Physical abuse

Parental overprotection

Neglect of child

Inadequate discipline

Discord with siblings

Birth of a sibling

PROBLEMS RELATED TO THE SOCIAL ENVIRONMENT

Death or loss of friend

Inadequate social support

Living alone

Difficulty with acculturation

Discrimination

Adjustment to life-cycle transition

EDUCATIONAL PROBLEMS

Illiteracy

Academic problems

Discord with teachers

Discord with classmates

Inadequate school environment

OCCUPATIONAL PROBLEMS

Unemployment

Threat of job loss

Stressful work schedule

Difficult work conditions

Job dissatisfaction

Job change

Discord with boss

Discord with co-workers

HOUSING PROBLEMS

Homelessness

Inadequate housing

Unsafe neighborhood

Discord with neighbors

Discord with landlord

ECONOMIC PROBLEMS

Extreme poverty

Inadequate finances

Insufficient welfare support

PROBLEMS WITH ACCESS TO HEALTH CARE SERVICES

Inadequate health care services

Transportation to health care facilities unavailable

Inadequate health insurance

PROBLEMS RELATED TO INTERACTION WITH THE LEGAL SYSTEM

Arrest

Incarceration

Litigation

Victim of a crime

OTHER PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS

Exposure to disasters

Exposure to war

Discord with non-family caregivers

Discord with physician

Unavailability of social services agencies

165a. Provide any additional information as needed. (text box)

166. Axis V: Please record the claimant’s current GAF. (text box)

**DISCUSSION/PROGNOSIS**

171. Did the claimant respond in an open and honest manner?

yes

no

172. Was there any exaggeration in the claimant’s responses?

yes (show 172a)

no

172a. If yes, please describe. (text box)

173. Were there any inconsistencies?

yes (show 174)

no

174. If yes, please provide examples. (text box)

175. As evidenced by the claimant’s current and past compliance with treatment, is the claimant willing to receive treatment (psychotherapy or medications)?

yes

no

DELETED 176 and 178

180. What is the claimant’s willingness to use resources?

good

fair

limited

poor

182. Is improvement likely?

yes

no

guarded

183. What is the likelihood the claimant will be able to respond to routine changes in the work place?

good

bad

guarded

DELETED A185

**Capability of Managing Funds**

A187. What is the claimant’s ability to manage employment benefits?

likely satisfactory

likely poor given (text box)

A188. Does the claimant need a protective payee?

yes

no