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 and 200, 135-135a, 125-126, 131-132, 144-145, 147-152, 149, 303-306)

psychological diagnostic evaluation (HIDE: 98-99, 112-116, 100-102 and 200, 135-135a, 125-126, 131-132, 144-145, 149, 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 and 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)

psychological diagnostic evaluation with intelligence assessment (HIDE: 112-116, 110, 136-138, 127-129, 133-133b, 142-146b, 149) (SHOW: 98-99, 121-123b, Prep for Memory Qs, 100-102 and 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

(text box)

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

**GENERAL OBSERVATIONS**

8. When did the claimant arrive?

early

on time

late

8a. Was the claimant accompanied by anyone?

alone

accompanied by (text box)

9. How did the claimant arrive to exam?

drove alone to the examination

had transportation arranged by DSHS

arrived by taxi

arrived by public transportation

was driven to the examination by (text box)

11. Is the claimant considered a reliable historian?

is

is *not*

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

(text box)

**REVIEW OF RECORDS**

12. (text box) **HISTORY OF PRESENT ILLNESS**

14. When was the claimant first diagnosed? (text box)

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

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

wasn’t

was

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)

***Alzheimer’s Disease***

The development of multiple cognitive deficits manifested by both:

memory impairment

One or more of the following cognitive disturbances:

language disturbance

impaired ability to carry our motor activities

failure to recognize or identify objects

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.

with a gradual onset of symptoms

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.

that do not occur exclusively during the course of a delirium.

The disturbance is not better accounted for by another disorder.

***Anorexia***

refuses to maintain a minimally average body weight

intense fear of gaining weight

distorted body image

***Anxiety Disorder***

excessive anxiety

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

impaired daily functioning

***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:

not paying attention to details

has difficulty focusing on tasks

appears not to listen when spoken to

has difficulty following instructions

has trouble organizing activities

gets bored with a task before it’s completed

loses things needed for tasks and activities

easily distracted

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:

constantly fidgets

often gets up from seat when remaining in seat is expected.

runs about or climbs inappropriately

has trouble playing or enjoying leisure activities quietly

is often “on the go” or acts as if “driven by a motor”.

talks excessively.

Impulsivity:

blurts out answers before questions have been finished.

has trouble waiting one’s turn.

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.

with significant impairment in social, school, or work functioning.

***Autism Disorder***

Qualitative impairment in social interaction, as manifested by at least two of the following:

* impairment in the use of multiple nonverbal behaviors
* 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:

* difficulty with the development of spoken language
* marked impairment in the ability to initiate or sustain a conversation
* repetitive use of language or idiosyncratic language

lack of varied, spontaneous make-believe play

lack of appropriate social imitative play

Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

* preoccupied with certain interests
* unable to “bend the rules”
* repetitive motor movements

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.

***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

insomnia nearly every day

hypersomnia nearly every day

Insomnia nearly every day

Hypersomnia nearly every day

psychomotor agitation nearly every day.

psychomotor retardation nearly every day.

racing thoughts

distractibility

increase in goal-directed activity

risk taking and pleasure seeking behaviors

marked impairment in occupational functioning

The symptoms are not due to the direct physiological effects of a substance or a general medical condition.

***Hypomanic Episode:***

a persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days

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

decreased need for sleep

more talkative than usual

racing thoughts

distractibility

increase in goal-directed activity

psychomotor agitation.

risk taking and pleasure seeking behaviors

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.

Presence of one or more Hypomanic Episode.

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

***Cognitive Impairment NOS***

**Problems with:**

problems with memory, attention, concentration, and executive functions

problems with judgment

problems with social interaction

problems with orientation

problems with motor activity

problems with visual spatial orientation

problems with communication

problems with consciousness

**Severity**

with mild symptoms

with moderate symptoms

with moderately severe symptoms

with severe symptoms

Please write in symptoms.(text box)

***Depression***

Select 5 or more of the following symptoms (must select at least 1 of the first 2):

depressed mood

diminished interest in activities

significant weight loss

significant weight gain

decreased appetite

increased appetite

insomnia

hypersomnia

psychomotor agitation

psychomotor retardation

fatigue

feelings of worthlessness

inability to concentrate

suicidal ideation

impaired daily life functioning

***Dysthymic Disorder***

an overwhelming yet chronic depressed state

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.

***Learning Disorders:***

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

difficulty with general vocabulary skills

(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:

difficulty memorizing and organizing numbers

difficulty memorizing and organizing operation signs

difficulty memorizing and organizing number facts

trouble with counting

trouble telling time

(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:

difficulty with neatness and consistency of writing

difficulty accurately copying letters and words

difficulty with spelling consistency

difficulty writing organization and coherence

(text box)

Learning disabilities in motor skills:

problems with movement

problems with coordination

problems with activities requiring hand-eye coordination

(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

(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

***Mental Retardation***

significant subaverage intellectual functioning

Concurrent deficits or impairments in present adaptive functioning in at least two of the following areas:

problems with communication

problems with self-care

problems with home living

problems with social/interpersonal skills

problems with use of community resources

problems with self-direction

problems with functional academic skills

problems with work

problems with leisure

problems with health

problems with safety

***Obsessive Compulsive Disorder***

Obsessions defined by all of the following:

recurrent and persistent thoughts, impulses, or images that disturbing and cause distress

uncontrollable thoughts, impulses, or images

attempts to neutralize thoughts and impulses

obsessional thoughts are

Compulsions defined by the following:

repetitive and ritualistic behaviors

does the behaviors to reduce stress

knows obsessions and compulsions are excessive

cause significant distress

***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:

concerned about having additional attacks

worried about the implications of the attack

a significant change in behavior related to the attacks

with Agoraphobia

***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 in public speeches or displays

**Cluster B:** These are personality disorders characterized by dramatic, overly emotional thinking or behavior.

**Antisocial (formerly called sociopathic) 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**

* a preoccupation with orderliness and rules
* extreme perfectionism
* the desire to be in control of situations
* an inability to discard broken or worthless objects

being inflexible

***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

***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:

experienced or witnessed a life-threatening uncontrollable event

feelings of intense fear and helplessness

The trauma is persistently reexperienced in 1 or more of the following ways:

recurrent, intrusive, and distressing recollections of the event

recurrent and 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:

avoid thoughts, feelings, or conversations associated with the trauma

avoid activities, places, or people that arouse recollections of the trauma

unable 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 sleeping

irritability

difficulty concentrating

hypervigilance

exaggerated startle response

The symptoms are causing significant impairment to person’s functioning

**For PTSD only:** Regarding the traumatic event:

16b. Did the traumatic event happen to the claimant?

experienced a

witnessed a

16c. When did the trauma occur? Please enter a month and a 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?

is

is no

16f. If yes, please provide details. (text box)

16g. How long in the past did the trauma hamper the claimant’s functioning? Please record a length of time. (text box)

***Schizoaffective Disorder***

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

a Major Depressive Episode:

|  |
| --- |
| **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.** |
| * persistent depressed mood |
| * + - 1. diminished interest in activities |
| * 1. significant weight change |
| * 1. abnormal sleeping patterns |
| * 1. psychomotor agitation or retardation |
| * 1. fatigue |
| * 1. feeling worthless |
| * 1. indecisiveness or suicidal thoughts |

a Manic Episode:

|  |
| --- |
| being in an abnormally positive and good 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 |
| * decreased need for sleep |
| * talkative |
| * racing thoughts |
| * distractibility |
| * increase in goal-directed activity |
| * psychomotor agitation |
| involvement in risk taking and pleasure seeking activities |

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.

|  |
| --- |
| **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.** |
| * persistent depressed mood |
| * + - 1. diminished interest in activities |
| * 1. significant weight change |
| * 1. abnormal sleeping patterns |
| * 1. psychomotor agitation or retardation |
| * 1. fatigue |
| * 1. feeling worthless |
| * 1. indecisiveness or suicidal thoughts |

|  |
| --- |
| **Manic Episode Criteria** |
| being in an abnormally positive and good 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 |
| * decreased need for sleep |
| * talkative |
| * racing thoughts |
| * distractibility |
| * increase in goal-directed activity |
| * psychomotor agitation |
| involvement in risk taking and pleasure seeking activities |

experiencing delusions or hallucinations

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

diminished social, occupational, or academic functioning.

lasting 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)

|  |
| --- |
| Symptoms matching the subtype of paranoid are:  A type of Schizophrenia in which the following criteria are met:  preoccupation with delusions or hallucinations  no problems with disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect |
| Symptoms matching the subtype of catatonic are:  A type of Schizophrenia in which the clinical picture is dominated by at least two of the following:  motoric immobility  excessive motor activity  extreme negativism  peculiarities of voluntary movement as evidenced by posturing  stereotyped movements  echolalia or echopraxia |
| Symptoms matching the subtype of disorganized are:  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 |
| Symptoms match the subtype of undifferentiated.  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. |
| Symptoms matching the subtype of residual are:  A type of Schizophrenia in which the following criteria are met:   * no problems with prominent delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior. * negative symptoms |

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

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

17. What are the effects of mental health in the claimant’s daily life with focus on relationships and work ability? (text box)

A18. 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?

is not

is

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

is willing to consider psychotherapy

is not willing to consider psychotherapy

19a. If yes, with whom?

with a counselor

with a psychologist

with a therapist

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

is

is not

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

21. Is the claimant taking any medications?

is not

is

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?

did

did not

DELETED #21b.

22. If yes on question 21, what medications 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?

has never

has

30. If yes, what was the date of the last admittance? (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?

denies abusing

abused

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

alcohol

marijuana

cocaine

heroin

methamphetamines

tobacco

(text box)

A34. On what date did claimant first use the substance? (text box)

A34a. On what date did the claimant begin to use the substance abusively?

(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?

is not

is still

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?

was

was no

**PAST MEDICAL HISTORY**

Head Injuries

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

denied suffering

reported suffering

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

did not experience

experienced

25. What is the date of the injury? (text box)

26. Was the claimant treated at a hospital?

was not

was

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

(text box)

None Reported

**SOCIAL and FAMILY HISTORY**

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

single

in a committed relationship

married

divorced

getting a divorce

(text box)

A38. If applicable, how is the relationship?

The relationship is good.

The relationship is fair.

The relationship is poor.

A39. Does the claimant have children?

has

does not have

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

A41. If claimant has deceased children, how many and what happened? (text box)

42. What is the claimant’s living situation?

lives in an apartment

lives in a home

lives in a trailer

lives in public housing

is homeless

42a. Does the claimant live alone?

alone

with (text box)

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

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

is no

is a

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

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?

is no

is a

46. If yes, please describe? (text box)

47. Is the trauma resolved?

The trauma is not resolved.

The trauma is resolved.

**EMPLOYMENT HISTORY**

A52. Is the claimant employed?

is not

is

has no employment history

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

is not

is

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. The claimant reported having a work history that included the following jobs:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) |

A186. What is the claimant’s work history?

good

limited

none

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?

was not

was

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

**LEGAL/CRIMINAL HISTORY**

A57. Has the claimant ever been arrested?

denied ever being

reported having been

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

A58. If yes, what was the date of the last arrest? (text box)

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

A60. Has the claimant ever been incarcerated?

was

was not

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

**MILITARY HISTORY**

A61. Has the claimant served in the military?

denied

reported

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?

did

did not

A63b. Was any disciplinary action taken?

was

was never

A63c. Was the claimant honorably discharged?

was

was not

A64. Was the claimant deployed?

was

was never

**MENTAL STATUS EXAMINATION**

GENERAL APPEARANCE

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

older than

younger than

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

(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 to the content of the material

inappropriate to the content of the material

nonexistent

70. Were the claimant’s clothes presentable?

presentable

not presentable

71. Describe the clothing. (text box)

72. Was the clothing appropriate for the weather?

were

were not

73. Was evidence of psychomotor agitation present?

was no

was

73a. Please provide examples. (text box)

73b. Was evidence of psychomotor retardation present?

was no

was

73c. 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?

pleasant

unpleasant

DELETE #75.

76. Describe the claimant’s attitude?

positive

negative

77. Was there evidence of malingering or factitious behavior?

was

was no

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?

consistent

not consistent

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

(text box)

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

no problems with appetite

a lack of appetite

easily forgetting meals

often over eating

(text box)

**MENTAL STATUS EXAMINATION**

CONTENT OF THOUGHT

82. Does the claimant have auditory hallucinations?

reported

denied

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

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

reported

denied

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

86. Does the claimant have suicidal ideations?

disclosed

denied

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

86b. Does the claimant have homicidal ideations?

reported

denied

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

87. Does the claimant have delusions?

disclosed

denied

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?

logical and coherent

illogical and incoherent

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

79. Was the claimant’s articulation?

clear

distorted

garbled

80. How was the claimant’s speech velocity?

high

normal

low

81. Describe the claimant’s speech volume.

high

normal

low

**INTELLECTUAL FUNCTIONING/SENSORIUM**

ORIENTATION

93. How was the claimant orientated?

x0

x1

x2

x3

94. Was the claimant orientated to person?

correct response

answered (text box)

95. Was the claimant orientated to place?

correct response

answered (text box)

96. Was the claimant orientated to time?

correct response

answered (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

Memory Functioning (98b)

Wechsler Memory Scale (WMS-IV)

Rey 15 Item Recognition Test

Neuropsychological Tests (98c)

Trial Making A and B

Halstead-Reitan

Luria-Nebraska

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

**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

REMOTE MEMORY

121. Did the claimant remember own biographical history and past events?

intact

not intact

RECENT MEMORY

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

0

1

2

3

122a. Medical Source Statement: Automatically select response dependent on question 122’s answer.

poor (if 0 or 1 is selected for question 122)

fair (if 2 selected for question 122)

good (if 3 is selected for question 122)

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 |  |

123a. Medical Source Statement: Automatically select the corresponding response dependent on the answers selected in question 123 column 2 and 4.

0-3= poor

4-5= fair

6-7= good

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

poor

fair

good

consistent

inconsistent

**INTELLECTUAL FUNCTIONING/SENSORIUM**

INTELLECTUAL FUNCTIONING

INDEX SCORES: (98a)

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

SUBTEST SCORES: (98a)

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)

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

was able to perform three step commands with no repetitions

was able to perform three step commands with one repetition

was able to perform three step commands with two repetitions

was able to perform three step commands after two repetitions and modified instructions

was unable to perform three step commands

136a. Medical Source Statement equivalent: Automatically select when question 136 is answered.

good (if no repetitions)

limited (if one to two repetitions)

poor (if two repetitions with modified instructions or unable to do)

137. Was the claimant able to spell world forward?

able

unable

138. Was the claimant able to spell world backward?

able

unable

**INTELLECTUAL FUNCTIONING/SENSORIUM**

FUND OF KNOWLEDGE/INFORMATION

***If using Psychological Testing:***

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)

***If using Interview Questions:***

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

is

is not

127a. Medical Source Statement: Automatically select the corresponding answer to what is selected in question 127.

good- if yes

poor- if no

128. Is the claimant aware of current events?

aware of

aware of limited

unaware of

128a. Medical Source Statement: Select answer when question 128 is answered.

good – if select aware of

limited – if select aware of limited

poor – if unaware of

129. (The insert for question 129 is the total number for correct answers. There are 6 questions total.)

**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 |
| $11x10= | 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 solve serial-7 and serial-3 questions?

successfully executed the serials proficiently.

made a few errors, but was able to complete the serials laboriously

was unable to execute the serial-7s, but was able to do the serial-3s

was unable to execute serial-7s or serial-3s

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?

was

was not

**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.

good (if 3-4 are correct)

fair (if 2 are correct)

poor (if 1 is correct)

limited (if 0 correct)

**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.

good (if both are correct)

poor (if one is incorrect)

**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

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

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

cook

grocery shop

self care

laundry

no activities

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

cook

grocery shop

self care

laundry

no activities

A155a. Who helps with these tasks? List all and clarify if needed. (text box)

156. Is the claimant able to complete ADLs efficiently?

is able to complete ADLs efficiently

is not able to complete ADLs in a timely manner because (text box)

A156a. Is the claimant able to own finances?

handles

does not handle

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

(text box)

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

is

is not

A157b. If yes, please describe. (text box)

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

is not

is

159. Does the claimant participate in recreational activities?

does

does not

159a. Is a house of worship regularly attended?

is

is not

160. Does the claimant have a history of violence?

is

is 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?

appropriately

inappropriately

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?

is

is no

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

However, there is evidence of deterioration and decomposition in overall ability to function as evidenced by voluntary psychiatric commitment.

However, there is evidence of deterioration and decomposition in overall ability to function as evidenced by difficulty getting along with coworkers.

However, there is evidence of deterioration and decomposition in overall ability to function as evidenced by taking a leave of absence to manage mental illness.

However, there is evidence of deterioration and decomposition in overall ability to function as evidenced by frequent involvement with law enforcement.

However, there is evidence of deterioration and decomposition in overall ability to function as evidenced by behavioral disturbances.

However, there is evidence of deterioration and decomposition in overall ability to function as evidenced by (text box).

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

has

has not

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

(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

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

(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

(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?

appeared

did not appear

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

did

did not

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

173. Were there any inconsistencies?

did

did not

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)?

is

is not

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

good

fair

limited

poor

182. Is improvement likely?

high

low

guarded

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

good

poor

guarded

**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?

will

will not