Disability Evaluation in a Nutshell 2005

A Three Minute Guide to Effective Medical Reports

By Douglas M. Smith, Attorney at Law

Patients claiming disability benefits depend on their doctors to provide the evidence that they must have to prove to the Social Security Administration (“SSA”) that they are legally “disabled.” SSA can be hard to convince; it denies sixty percent of claims in the initial decision. Failing to prove disability at the initial decision level has serious ramifications. Unsuccessful claimants appeal and wait months or years for the cash and healthcare benefits they paid for and need. Doctors receive repeated requests for information from SSA. This article explains the unique principles of Social Security disability evaluation to save doctors valuable time, and to save disabled patients from the anguish of waiting too long for benefits.

The Social Security Act definition of “disability” poses three medical questions:

1. Is there a medically determinable impairment (or combination of impairments)?
2. Does it significantly limit the person’s physical and/or mental ability to perform substantial gainful work?
3. Is it expected to last for a continuous period of at least 12 months (including any past period of incapacity), or result in death?

Therefore, doctors should focus their reports on these questions.

Doctors should address the three questions in a letter. The best vehicle for answering the three medical questions posed by the Social Security Act is a letter report that explains the impairments and encloses copies of pertinent test reports. Of course, SSA usually sends “fill in the blank” forms to doctors whose patients have filed claims for disability benefits. And, some SSA representatives may insist that doctors should “just fill out our questionnaires.” But the explicit policy of the agency is spelled out in the SSA Program Operations Manual System (“POMS”). POMS Section DI 22510.022 says: “... information must be in a narrative, rather than ‘questionnaire’ or ‘check-off’ form.” Therefore doctors should write letters, and not confine themselves to answering SSA questionnaires.

SSA uses two procedures for deciding disability. Doctors should be aware that SSA uses two procedures to screen evidence to see if it satisfies the SSA definition of disability. The procedures are evaluation under the Listing of Impairments, and evaluation of residual functional capacity (RFC):
a. **Evaluation under the Listing of Impairments.** SSA first evaluates the medical evidence and decides whether the medical findings “meet” or “equal in severity” the findings specified for any of the 100 or more impairments included in the SSA regulation called the “Listing of Impairments” (the “Listing”). If so, the claimant is considered disabled. If not, SSA continues and evaluates functional capacity as described below. (See Appendix C for a summary of the Listing.)

b. **Evaluation of Residual Functional Capacity.** If the claimant’s medical findings do not meet or equal a Listing, then SSA evaluates whether the claimant has sufficient “residual functional capacity” (“RFC”) to do sustained work in an ordinary work setting on a regular and continuing basis. If not, the claimant is disabled. “Sustained work” means completing successive tasks in a timely manner throughout the workday without significant loss of productivity. “Regular and continuing” work means working 8 hours a day, 5 days a week, or the equivalent. (Social Security Ruling 96-9p) Appendix B has examples of significant functional limitations.

Reports should include a description of the patient’s functional status and also should highlight any clinical findings that correspond with criteria in the Listing of Impairments. SSA can approve disability benefits on either basis: (1) that the claimant’s medical findings “meet” or “equal” criteria in the Listing; or (2) that he or she lacks sufficient RFC to work. Treating doctors are the primary sources of evidence for these decisions, but SSA makes the decisions — not the doctors.

**Report structure.** SSA asks doctors to address disability issues in a medical report based on the structure in Chart 1 below. Examples of report language that one SSA administrative law judge considers persuasive and unpersuasive may be seen in Chart 2 on page 5.

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CHART 1 — REPORT STRUCTURE
1. Medical history;
2. Clinical findings — such as the results of physical or mental status examinations, plus notation of any findings deemed significant by the SSA Listing of Impairments;
3. Laboratory findings (such as blood pressure, x-rays — attach copies of test reports);
4. Diagnoses — statement of diseases or injuries based on their signs and symptoms;
5. Treatment prescribed (including medications) with response and prognosis;
6. Medical assessment of functional capacity — or what the patient can still do despite his/her impairment.
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**Reports to SSA differ from reports for workers’ compensation.** The Social Security disability program is not to be confused with others like workers’ compensation. They have distinctly different characteristics. For example, (1) Social Security disability considers all of a patient’s significant impairments — regardless of the cause, while worker’s compensation considers only injuries that result from work. (2) Social Security disability approves benefits only if the patient is incapable of (Continued on page 3)
any substantial gainful work, while worker’s compensation may award benefits for partial incapacity. (3) Social Security disability pays benefits only if a person’s disability continues at least 12 months, while workers’ compensation may pay for lesser periods.

**Ongoing notes about patient’s functional status simplify report writing.** Writing a report to SSA can be fairly simple if doctors keep patient records that reflect how impairments develop over time. Without such records, it can be hard to describe the onset, duration and progress of impairment. One experienced physician told the author he would advise other doctors, “if you think you’re dealing with a patient with a chronic condition, you’re doing yourself a favor if you document it as you go along.” He said a doctor should describe in the chart how the disease impacts the patient’s life and ability to function: “My charts have pages and pages of notes; some by me and some by nurses.” He added, everyone in his office who answers the telephone is trained to take notes.

**Ask the patient and family about daily activities.** However, if a chart lacks details of functional capacity, the information often can be obtained from the patient, family, friends, and others, by asking specific questions (Appendix B), or having the patient complete a Daily Activities worksheet (Appendix D), or both.

**Medical reports can refer to information from the patient and others.** Information from patients, relatives, friends, counselors, therapists, and others, can be used to illustrate the nature and severity of impairments in medical reports to SSA. Such statements need to be evaluated by the treating doctor, however. When a doctor quotes information from a lay person, he or she should explain why the information is considered credible. For example, the doctor may explain that the limitations reported by a patient are considered credible because they are consistent with characteristics of the diagnosed illness or injury and the clinical findings.

**A Model Report.** Five doctors with substantial experience in disability evaluation drafted a model report and addressed the three medical questions in the SSA definition of disability. The hypothetical report describes functional limitations and clinical findings that correlate with criteria of the Listing in a woman diagnosed with interstitial cystitis. It is reproduced in Appendix A, courtesy of the Interstitial Cystitis Association, Inc.

**Conclusion.** This article has discussed the principles of writing medical reports to SSA in connection with patients’ disability claims. It includes a model report, checklists for doctors and patients, and a summary of the SSA Listing of Impairments. With this information, even doctors new to disability evaluation can write thorough reports that answer the three questions in the SSA definition of disability. They can help their disabled patients obtain the cash and health care benefits they need, without painful delays.

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SELECTED REFERENCES

Statutes
The Social Security Act definition of disability is found in Title 42, United States Code, Section 423(d)(1)(A), which is available in many libraries.

Regulations
The regulations that govern Social Security disability evaluation are found in the Code of Federal Regulations ("CFR"), specifically in the volume entitled: Code of Federal regulations, Employee Benefits, Title 20, Parts 404 to 499. For the “Listing,” see Title 20, CFR, Part 404, Appendix 1 to Subpart P. CFR is available in many libraries. It can be bought from the U.S. Government Printing Office.

Rulings
SSA has issued guides called “Social Security Rulings” or SSRs for several disorders. These contain useful (and mostly readable) explanation of how to evaluate the particular disorder:

- SSR 02-2p: Policy Interpretation Ruling—Titles II and XVI: Evaluation of Interstitial Cystitis, Nov 5, 2002
- SSR 02-1p: Policy Interpretation Ruling—Titles II and XVI: Evaluation of Obesity, Sep 12, 2002
- SSR 99-2p: Policy Interpretation Ruling: Titles II and XVI: Evaluating Cases Involving Chronic Fatigue Syndrome (CFS), Apr 30, 1999
- SSR 87-6: Titles II and XVI: The Role of Prescribed Treatment in the Evaluation of Epilepsy
- SSR 82-5: Titles II and XVI: Loss of Speech, Aug 20, 1980

Copies of rulings can be requested from the Social Security Administration, Office of Disability Programs, Social Security Administration, Office of Disability Programs, Altmeyer Building, 6401 Security Boulevard, Baltimore, MD 21235. They also can be found on the Internet: www.ssa.gov/OP_Home/rulings/di/01/SSR_DI01toc.html

Policies

Publications
Disability Evaluation Under Social Security is a free 187 page SSA publication (SSA Publication No. 64-039) that contains a copy of the Listing and bits and pieces of other useful information. The most recent edition is January 2005. Unfortunately, SSA does not update it frequently enough to keep major portions from going out of date. Write the Office of Disability, Social Security Administration, 6401 Security Blvd., Rm. 560, Baltimore, MD 21235.


Disability Evaluation Guide for People with Chronic Fatigue (CFS or CFIDS), by Douglas M. Smith, Attorney at Law, Physicians’ Disability Services, Inc., October 2004


Nolo’s Guide to Social Security Disability, 2nd Ed., 2004, by David A. Morton, III, M.D., $25.00 plus postage, Nolo Press, Inc. 950 Parker Street, Berkeley, CA 94710. Dr. Morton is a former consulting physician for a state disability determination services agency and this book provides a fine reference on medical issues in Social Security disability cases.

Resources on the Internet: Listing of Impairments
**MEDICAL REPORT ►**

**Initial Facts**
Progress notes show that the patient, a young woman applying for disability benefits, has “chronic pain” for which analgesics are prescribed. No diagnosis stated.

**Additional Facts:**
A physician note written on a prescription pad says: "Patient is totally disabled as a result of pain, with multiple trigger points." No other information is included in the note.

**Additional Facts:**
A letter from a physician describes the young woman as “totally disabled” as a result of "fibromyalgia." There is no explanation of how the diagnosis was reached.

**Additional Facts:**
A narrative letter from physician who has treated the young woman for two years describes her medical signs and symptoms, the diagnostic procedures employed, and states a diagnosis. Copies of diagnostic test reports are enclosed. It gives a brief description of the young woman's limitations resulting from the diagnosed condition, both when she exerts herself, and when she is not exerting herself. The physician also explains the limitations:
- on the amount of weight or objects she can lift;
- on her ability to bend, reach and use her hands, and:
- states the maximum time she can sit or stand in reasonable comfort as a result of her medical condition;
- states that she must lie down and rest several times a day because of extreme fatigue; and
- states that she must sit and elevate her legs several hours each day because of edema in her lower extremities.
He explains that because of these impairments he expects her to be unable to work full time indefinitely and at least for the next year.

**RESULTING DECISION**

**Application Denied**
No underlying impairment is diagnosed.

**Still Denied:**
The mere statement that the patient “is totally disabled” is an unsupported conclusion that will not support allowance of the claim although it comes from a physician.

**Still Denied:**
Although the treating physician states a diagnosis, there is no explanation of how the diagnosis was reached and there are no copies of diagnostic tests performed.

**Application Approved:**
The overall medical evidence now supports approval of the application, when considered together with other non-medical factors, including the woman's, age, education, work history and acquired skills.

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**ACKNOWLEDGEMENT**
This chart is based on examples in an article by SSA Administrative Law Judge Jeffrey S. Wolfe, appearing in the Journal of the Oklahoma State Medical Association, Vol. 91, No. 6, September 1998, pp. 347-349.
Appendix A
Hypothetical Doctor’s Report
March 10, 2004

Disability Determination Services
State of Connecticut
10 Griffin Road North
Windsor, Connecticut 06095-1555

re: Ms. Mary Brown, SSN 000-00-0000
[an imaginary person]

To Whom It May Concern:

Mary Brown is a 47-year-old female who suffers from interstitial cystitis. Interstitial cystitis is a syndrome of severe pelvic pain associated with intractable urinary urgency and frequency. The etiology of this disease is unknown. Presently there is no known cure. Because of the often debilitating nature of the disease, in November of 2002, the Social Security Administration issued an official Ruling for interstitial cystitis (Social Security Ruling, SSR 02-2p / Titles II and XVI: Evaluation of Interstitial Cystitis).

Ms. Brown presented to my office in 2002 with the chief complaint of urinary urgency, frequency and pelvic pain. She had been seen by several physicians in the past including a urologist, a gynecologist and her family physicians. For many, many years she has been told that she has chronic urinary tract infections and has been treated with multiple courses of antibiotics. Surprisingly, there are few if any documented infections, and most of her urinalyses and urine culture are normal. Previous urologists have told her she has problems with stenosis of the urethra and have recommended dilations. For many years she was dilated on a monthly basis with no improvement whatsoever in her symptoms. She has also been told by other urologists that she has an “unstable bladder” and was treated with antispasmodic medications with no improvement in her symptoms. Her family physician told her that her problem was “all in her head,” and suggested psychiatric evaluation. She has seen psychiatrists in the past and is not felt to have any significant psychological problems. Her gynecologist told her that much of her problem was due to a prolapsing uterus and performed a hysterectomy. The patient had no improvement in her symptoms and in fact feels that her problem has gotten worse since that time.

At the time of her initial presentation Mary had severe urinary frequency, voiding approximately every 15 minutes. (This situation has not improved.) She tended to only be able to hold 30 to 40 cc of urine at a time. Her initial urinalysis was normal with no evidence of bacteria, white cells or red cells, and all subsequent urinalyses have been normal. A cytology done to rule out cancer was also negative.

Her initial pelvic examination showed good support for the urethra and no evidence of cystocele, rectocele, urethrocele, enterocoele or other palpable masses. Her bladder was exquisitely tender on bimanual examination.

Based on her history of chronic bladder pain, frequency and normal urinalyses, I made the tentative diagnosis of interstitial cystitis. I took her to the operating room and performed cystoscopy under anesthesia following the guidelines established by the National Institute of Diabetes, Digestive and Kidney Diseases for the diagnosis of interstitial cystitis. (Report attached.)

Her initial cystoscopic examination showed that she had a diminished bladder capacity of only 350 cc despite general anesthesia. On the drainage film there were marked glomerulations (bleeding areas across the bladder) that are pathognomonic for this disease. A bladder biopsy obtained at the time of her cystoscopic study was positive for mast cells which are commonly increased with interstitial cystitis.

Ms. Brown required narcotic pain medication for control of her symptoms after the procedure but had a slight temporary improvement after the hydrodistention. Once we had a diagnosis we embarked on a series of treatments for her disease. We started with intravesical DMSO instillation which for many years was the only approved therapy for the disease. Response to this was minimal, and there was no real improvement in her pelvic pain, frequency or urgency. We used several antispasmodics and anticholinergics to try to control her bladder pain. These medications included Ditropan, Urispas, and Levsin as well as bladder analgesics like Pyridium. We put her on antidepressants at night to try to improve her sleep. Medications that we tried included Elavil, Klonopin and Doxepin. We also tried Prozac in the morning. (The drowsiness and slowed mental processes caused by the antidepressants seriously disrupted her work and family life.)

Once the new oral agent for interstitial cystitis, Elmiron, was FDA approved, we started her on therapy. We did inform her that it might take three to six months for her to see any effect whatsoever from the Elmiron. Unfortunately she has not been one of the patients that have responded to this medication. We also tried a series of intravesical instillations of heparin on a daily basis. Despite a very honest effort on

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the part of the patient, she has no real improvement in her symptoms. We have also tried antihistamine therapy utilizing Atarax. This medication also has not been helpful for her.

At this point in time Mary has severe intractable pelvic pain. She is considering surgical extirpation of her bladder because she cannot achieve any pain relief. In order for her to occasionally be relieved of pain, we have taught her how to place Marcaine (a long-acting type of novocaine) into her bladder for temporary relief. She is using antidepressants to try to help her sleep at night and is still trying to treat her bladder with Elmiron and Atarax. We have her on a special diet.

We have also had her see physical therapists for treatment of her pelvic floor dysfunction, a condition that is often seen in conjunction with IC.

In addition to the interstitial cystitis, Ms. Brown suffers from a number of other conditions that are felt to be related to interstitial cystitis. These include irritable bowel syndrome, chronic migraines and aching joints in hips, limbs, hands and fingers. She has seen a number of my colleagues including a gastroenterologist who performed colonoscopy, a rheumatologist who is working with her aching joints, and an infectious disease specialist with interest in chronic fatigue syndrome. Despite all of her best efforts, Mary still continues to suffer from all of these conditions.

At this point, Mary's pain has become intractable, and we have referred her to a pain clinic. She has embarked on a series of nerve blocks without any real improvement. She is now to the point where she is truly considering having her bladder removed in hope of achieving some relief.

I believe that Mary is unable to work at any job on a regular and sustained basis for the following reasons:

1. She has constant severe pain in her perineal and suprapubic regions (described as "like a razor blade being turned inside me") and joint pain; this is not controlled by medication. The distraction and fatigue from the pain keep her from functioning in a competitive work environment.
2. Her severe urinary urgency and frequency force her to go to the bathroom as often as every 15 minutes, day and night, making it impossible for her to work at anything without interruption. Or to sleep. This frequency is confirmed by a diary of her urinary episodes that she keeps at my request to gauge the effect of treatment.
3. Her inability to sleep keeps her in a state of debilitating fatigue and depression, impairs her concentration, drastically reduces her speed and accuracy at tasks, caused her to miss work several days a month until she had to resign, and impairs her judgment. You must always repeat questions to assure that she understands them, and she always needs help completing our regular office paperwork -- remarkable considering that she is a former legal secretary. I consider that Ms. Brown's fatigue is every bit as debilitating as the extreme fatigue seen in systemic lupus erythematosus (Listing 14.02B), systemic sclerosis and scleroderma (Listing 14.04B), acute and chronic leukemia (Listings 7.11, 7.12), and multiple sclerosis (Listing 11.09C). Her fatigue and depression, which have a physical basis, have taken away her motivation and ability to persevere. (Listings 12.02, 12.04)
4. Finally, the side effects of her pain medications, antidepressants, anticholinergics, and the other medications, seriously exacerbate her fatigue and markedly decrease her cognitive abilities.

In my judgment Ms. Brown has been unable to work at any job since January 2003 when she resigned her job upon my recommendation. Her condition is chronic and she is likely to grow increasingly impaired, absent new discoveries which help people with her condition.

I hope this information is helpful to you. If you have any questions or concerns about Mary, her disease or its effect on her capacities, I would be more than happy to speak with you at any time.

Sincerely,

John James Smith, M.D.

Encl:
1. Operative report; lab reports
2. Chart extract
Doctor’s Checklist for Functional Impairment
From Social Security Ruling 96-8p and SSA Forms 4734-U8 and 4734-F4-SUP

Patient: ________________________  Birth date: _________  Social Security No. ______________

Check and describe any capacities of the patient that are impaired.

1. Strength/Endurance - does patient have limitations in any of the following?
   - Sitting ( ) ______________________________________________________
   - Standing ( ) ___________________________________________ ___________
   - Walking ( ) ______________________________________________________
   - Lifting ( ) __________________________ ____________________________
   - Carrying ( ) ______________________________________________________
   - Pushing ( ) ____________ __________________________________________
   - Pulling ( ) ______________________________________________________

2. Postural - does patient have limitations in any of the following?
   - Stooping (bend at waist) ( ) _________________________________ __________
   - Climbing (e.g., ladder, stairs) ( ) ___________________________________________.

3. Dexterity - does patient have limitations in any of the following?
   - Reaching ( ) ______________________________________________________
   - Handling ( ) ______________________________________________________
   - Fingering (fine manipulation) ( ) ______________________ __________________________________
   - Feeling (skin receptors) ( ) ______________________________________________________

4. Special Senses & Speech - does patient have limitations in any of the following?
   - Seeing ( ) ________________________ ______________________________
   - Hearing ( ) ______________________________________________________
   - Speaking ( ) __________ ____________________________________________

5. Environmental
   Is there a need to avoid any significant exposure to particular environmental conditions in a work place? For example, cold, heat, wetness, humidity, noise, vibrations, common chemicals, fumes or odors, gases, dust, poor ventilation, or hazards such as heights, machinery, electrical sources?
   ( ) ________________ _______________________________________

6. Mental - does patient have limitations in any of the following?
   A. Understanding and remembering instructions
      - Remembering locations and work procedures ( ) ______________________________
      - Understanding and remembering very short and simple instructions ( )
      - Understanding and remembering detailed instructions ( ) ____________________________

B. Sustaining concentration, persistence & pace - does patient have limitations in any of the following?

Carrying out very short, simple instructions ( ) ________________________________
Carrying out detailed instructions ( ) _________________________________________
Maintaining attention and concentration for extended periods ( ) ___________________
Performing activities with a schedule, maintain regular attendance, and be punctual within customary tolerances ( ) ____________________________________________
Sustaining ordinary routine without special supervision ( ) ________________________
Working in coordination with or in proximity to others without being distracted by them ( ) ______
Making simple work decisions ( ) ____________________________________________
Completing normal workday and workweek without interruption by symptoms and performing at a consistent pace without an unreasonable number and length of rest periods ( ) _______

C. Social interaction - does patient have limitations in any of the following?

Interacting appropriately with the general public ( ) _____________________________
Asking simple questions or request assistance ( ) ________________________________
Accepting instructions and respond appropriately to criticism from supervisors ( ) ___________
Getting along with co-workers or peers without distracting them or exhibiting behavioral extremes ( ) ________________________________
Maintaining socially appropriate behaviour and adhere to basic standards of neatness and cleanliness ( ) _____________________________

D. Changes in work setting - does patient have limitations in any of the following?

Responding appropriately to changes in work setting ( ) ____________________________
Being aware of normal hazards and take appropriate precautions ( ) __________________
Traveling in unfamiliar places and using public transportation ( ) ____________________
Setting realistic goals or make plans independently of others ( ) _____________________

E. Does patient have limitations in using judgment in work-related decisions?

( ) _______________________________________________________________________

F. Other Limitations?

____________________________________________________________________________
____________________________________________________________________________

Date _______________ Signature of Doctor _______________
1.00 Musculoskeletal System.
1.01 Category of Impairments, Musculoskeletal
1.02 Major dysfunction of a joint(s)
1.03 Reconstructive surgery or surgical arthrodesis of a major weight-bearing joint
1.04 Disorders of the spine
1.05 Amputation
1.06 Fracture of the femur, tibia, pelvis, or one or more of the tarsal bones
1.07 Fracture of an upper extremity with nonunion
1.08 Soft tissue injury (e.g., burns) of an upper or lower extremity, trunk, or face and head

2.00 Special Senses and Speech.
2.01 Category of Impairments, Special Senses and Speech
2.02 Impairment of visual acuity
2.03 Contraction of peripheral visual fields in the better eye
2.04 Loss of visual efficiency
2.05 [Reserved]
2.06 Total bilateral ophthalmoplegia.
2.07 Disturbance of labyrinthine-vestibular function
2.08 Hearing impairments not restorable by a hearing aid
2.09 Loss of speech due to any cause

3.00 Respiratory System
3.01 Category of Impairments, Respiratory System.
3.02 Chronic pulmonary insufficiency
3.03 Asthma
3.04 Cystic fibrosis
3.05 [Reserved]
3.06 Pneumoconiosis
3.07 Bronchiectasis
3.08 Mycobacterial, mycotic, and other chronic persistent infections of the lung
3.09 Cor pulmonale secondary to chronic pulmonary vascular hypertension
3.10 Sleep-related breathing disorders.
3.11 Lung transplant.

4.00 Cardiovascular System
4.01 Category of Impairments, Cardiovascular System
4.02 Chronic heart failure while on a regimen of prescribed treatment
4.03 Hypertensive cardiovascular disease
4.04 Ischemic heart disease, with chest discomfort associated with myocardial ischemia
4.05 Recurrent arrhythmias, not related to reversible causes
4.06 Symptomatic congenital heart disease (cyanotic or acyanotic)
4.07 Valvular heart disease or other stenotic defects, or valvular regurgitation
4.08 Cardiomyopathies
4.09 Cardiac transplantation
4.10 Aneurysm of aorta or major branches
4.11 Chronic venous insufficiency of a lower extremity
4.12 Peripheral arterial disease

5.00 Digestive System
5.01 Category of Impairments, Digestive System
5.02 Recurrent upper gastrointestinal hemorrhage
5.03 Stricture, stenosis, or obstruction of the esophagus
5.04 Peptic ulcer disease
5.05 Chronic liver disease
5.06 Chronic ulcerative or granulomatous colitis
5.07 Regional enteritis
5.08 Weight loss due to any persisting gastrointestinal disorder
5.09 Liver transplant

6.00 Genito-Urinary System
6.01 Category of Impairments, Genito-Urinary System
6.02 Impairment of renal function, due to any chronic renal disease expected to last 12 months
6.03 to 6.05 [Reserved]
6.06 Nephrotic syndrome, with significant anasarca, persistent for at least 3 months despite prescribed therapy

7.00 Hematological Disorders
7.01 Category of Impairments, Hematological Disorders
7.02 Chronic anemia (hematocrit persisting at 30 percent or less due to any cause)
7.03 to 7.04 [Reserved]
7.05 Sickle cell disease, or one of its variants
7.06 Chronic thrombocytopenia
7.07 Hereditary telangiectasia with hemorrhage
7.08 Coagulation defects (hemophilia or a similar disorder) with spontaneous hemorrhage
7.09 Polycythemia vera (with erythrocytosis, splenomegaly, and leukocytosis or thrombocytosis)
7.10 Myelofibrosis (myeloproliferative syndrome)
7.11 to 7.14 [Reserved]
7.15 Chronic granulocytopenia (due to any cause)
7.16 [Reserved]
7.17 Aplastic anemias or hematologic malignancies (excluding acute leukemia and T-cell lymphoblastic lymphoma)

8.00 Skin Disorders
8.01 Category of Impairments, Skin Disorders
8.02 Ichthyosis
8.03 Bullous disease
8.04 Chronic infections of the skin or mucous membranes
8.05 Dermatitis
8.06 Hidradenitis Suppurativa
8.07 Genetic photosensitivity disorders
8.08 Burns

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9.00 Endocrine System
9.01 Category of Impairments, Endocrine System
9.02 Thyroid Disorders
9.03 Hyperparathyroidism
9.04 Hypoparathyroidism
9.05 Neurohypophyseal insufficiency (diabetes insipidus)
9.06 Hyperfunction of the adrenal cortex
9.08 Diabetes mellitus

10.00 Multiple Body Systems
10.01 Category of Impairments, Multiple Body Systems
10.02 to 10.05 [Reserved]
10.06 Down syndrome (excluding mosaic Down syndrome)

11.00 Neurological
11.01 Category of Impairments, Neurological
11.02 Epilepsy--convulsive epilepsy (grand mal or psychomotor)
11.03 Epilepsy--nonconvulsive epilepsy (petit mal, psychomotor, or focal)
11.04 Central nervous system vascular accident
11.05 Brain tumors
11.06 Parkinsonian syndrome
11.07 Cerebral palsy
11.08 Spinal cord or nerve root lesions, due to any cause
11.09 Multiple sclerosis
11.10 Amyotrophic lateral sclerosis
11.11 Anterior poliomyelitis
11.12 Myasthenia gravis
11.13 Muscular dystrophy
11.14 Peripheral neuropathies
11.15 [Reserved]
11.16 Subacute combined cord degeneration (pernicious anemia)
11.17 Degenerative disease not listed elsewhere
11.18 Cerebral trauma
11.19 Syringomyelia

12.00 Mental Disorders
12.01 Category of Impairments, Mental
12.02 Organic Mental Disorders
12.03 Schizophrenic, Paranoid and Other Psychotic Disorders
12.04 Affective Disorders
12.05 Mental Retardation
12.06 Anxiety-Related Disorders
12.07 Somatoform Disorders
12.08 Personality Disorders
12.09 Substance Addiction Disorders
12.10 Autistic disorder and other pervasive developmental disorders

13.00 Malignant Neoplastic Diseases
13.01 Category of Impairments, Malignant Neoplastic Diseases
13.02 Soft Tissue Tumors of the Head and neck
13.03 Skin
13.04 Soft Tissue Sarcoma
13.05 Lymphoma
13.06 Leukemia
13.07 Multiple Myeloma
Appendix D

Patient’s Daily Activities Worksheet

Your Name: ___________________________________ Today’s Date: _________________________
Your Social Security No. ____ / ___ / _____ Helper: _______________________________________

Here we ask for information about your impairment that your doctor needs for an accurate report, and
Social Security needs for understanding the impact of your illness or injury.

PART A — ARE YOU WORKING?

1. Are you working? Yes ( ); No ( ).
2. If not, can you work all day, five days a week, year round? Yes ( ); No ( ).
3. Did your health stop you from working? Yes ( ); No ( ).
4. If so, when did you stop being able to work (month, day, year)? _________________________________
______________________________________________________________________________________

PART B — ACTIVITIES OF DAILY LIVING

1. Typical Month. Please state how many good, fair, and bad days you have each month.
   (Consider a month to be 30 continuous days.)
   
   **Good Days** — On a good day you do well and complete all living and home care activities. How
   many good days a month?: __________
   
   **Fair Days** — On a fair day you function with serious difficulty and fail to complete some living and
   home care activities. How many fair days a month?: __________
   
   **Bad Days** — On a bad day you function very poorly and fail to complete most living and home care
   activities. How many bad days a month?: __________

   Please describe how bad or fair days are worse: ________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

2. Are there days when you don't go out because of your health? Yes ( ); No ( ).
   If yes, how many days a month does your health keep you in? Please explain:
   __________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

3. Compared with a year ago, are you functioning:

   [ ] Better?
   [ ] Worse?
   [ ] About the same?

   Please explain. __________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
4a. **Caring for yourself — personal needs.** Do you have *serious difficulty* taking care of any personal needs, including the following, due to your medical condition? (Check and describe any that apply.)

- [ ] Bathing
- [ ] Shaving
- [ ] Hair care
- [ ] Dressing
- [ ] Eating
- [ ] Sleeping
- [ ] Using the toilet
- [ ] Getting to the toilet
- [ ] Using stairs
- [ ] Holding onto objects
- [ ] Taking medicines on time/in the right dose
- [ ] Understanding/following instructions
- [ ] Making decisions
- [ ] Doing things on time
- [ ] Finishing things
- [ ] Using the telephone
- [ ] Personal business/finance
- [ ] Caring for others
- [ ] Visiting people
- [ ] Shopping
- [ ] Getting places
- [ ] Recreation
- [ ] Hobbies
- [ ] Keeping well-informed
- [ ] Group activities, like church or clubs
- [ ] Other? Describe: _____________________________________________

4b. **Caring for yourself — meals.** Do you make or serve meals? Yes ( ); No ( ).

i. If so, what meals do you do?

**Breakfast.** Yes ( ); No ( ). Describe what you do. ________________________________

How many days a month?: ______________________________________________________

**Lunch.** Yes ( ); No ( ). Describe what you do. ________________________________

How many days a month?: ______________________________________________________

**Dinner.** Yes ( ); No ( ). Describe what you do. ________________________________

How many days a month?: ______________________________________________________

ii. Does anyone *help you* with meals? Yes ( ); No ( ). If yes, please explain what you do and what they do. ________________________________________________________________

iii. How many days a month does someone help with meals? ____________________________
5. **Caring for the place where you live**

a. **Things you do.** Describe the home care activities you do regularly. ____________________________________________

b. **Things other people do.** Describe the home care activities that other people do at your residence.

c. **Things that don’t get done.** Describe any home care activities which need to be done, but do not get done because of your health. ____________________________________________

d. **Things you did before that you don’t do anymore.** In the past, did you do things you don’t do now due to health? Yes ( ); No ( ). If so, describe things you did before and why you don’t do them now.

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**PART C — WORK RELATED ACTIVITIES**

Do you have serious difficulty doing any of the following on a sustained basis? *(Check and describe all that apply.)*

- [ ] Sitting
- [ ] Standing
- [ ] Walking
- [ ] Crawling
- [ ] Lifting
- [ ] Carrying

- [ ] Crouching/squatting
- [ ] Pushing/pulling with hands
- [ ] Pushing/pulling with legs
- [ ] Reaching up, out, down
- [ ] Grasping, handling, fingering

- [ ] Bending over
- [ ] Keeping your balance
- [ ] Seeing
- [ ] Hearing
- [ ] Speaking

- [ ] Traveling (driving or using public transportation)
- [ ] Understanding
- [ ] Remembering
- [ ] Carrying out instructions
- [ ] Concentrating

(Continued on page 15)
Do you have serious difficulty doing any of the following on a sustained basis? (Check and describe any that apply.)

[ ] Finishing what you start
[ ] Getting along with people who supervise you
[ ] Getting along with people who annoy you
[ ] Adjusting to changes
[ ] Working productively all day, every day, year round
[ ] Functioning in bad environments, like those involving risks, heat or cold or humidity, pollutants, fumes, drafts, irritants like noise or vibration
[ ] Other activities. Describe: ____________________________________________________

Do you remember anything else that might help your doctor or Social Security understand your impairments? Yes ( ); No ( ). If yes, please explain. ____________________________________________________

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APPLICANT’S STATEMENT

I affirm that the information listed above is complete and correct to the best of my knowledge.

__________________________________________ _____________________________
Signature of Applicant Date