Mental Impairment Questionnaire Guide for Providers

Dear Provider: We know that you are incredibly busy, and we hate to bother you with this form. Although . . .

For a person to qualify for Supplemental Security Income or Social Security disability benefits they need to prove, with medical evidence, that they are unable to perform any work, even sedentary or light work, on a full-time, sustained basis. The treatment records and opinions from medical (and psychological) treatment providers are essential to this process. That is why The Law Office of Mark Schneider is asking you to complete the attached questionnaire. We are requesting your honest opinions based upon your treatment relationship with your patient (our client). Without this completed questionnaire, it is very difficult for a claimant to obtain disability benefits. ***If you feel that your patient is unable to work****, please complete the attached form and return it via fax (518-566-6667) or email (megan@northcountrylaw.com). We sincerely appreciate your time and attention to this request!*

- **Health professionals play a vital role in the disability determination process.**

  It is standard practice for law offices to ask providers to complete questionnaires (Medical Source Statements) regarding a patient's symptoms and limitations. Medical Source Statements are designed to match Social Security Administration's (SSA) disability standards for varying conditions.

  SSA does not require providers to testify in court when they submit an opinion. **The judge simply decides whether the provider's opinions are supported by and consistent with medical records and persuasive.**

- ***The five-point rating scale for Mental Medical Source Statements***

  Under the SSA regulations, claimants for SSI or Social Security disability benefits are *per se* disabled by affective disorders (depression/bipolar); anxiety; PTSD; somatoform disorders; cognitive limitations; and other mental impairments in the DSM 5 if their symptoms cause:

  Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning:

  1. **Understand, remember, or apply information**
  2. **Interact with others**
  3. **Concentrate, persist, or maintain pace**
  4. **Adapt or manage oneself.**

  SSA evaluates the effects of a claimant's mental disorder based on a five-point rating which are defined as follows:

  1. ***No limitation*** *(or none).* You are able to function in this area independently, appropriately, effectively, and on a sustained basis.
  2. ***Mild limitation***. Your functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited.
  3. ***Moderate limitation***. Your functioning in this area independently, appropriately, effectively, and on a sustained basis is fair.
  4. ***Marked limitation***. Your functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited.
  5. ***Extreme limitation***. You are not able to function in this area independently, appropriately, effectively, and on a sustained basis.

The Law Office of Mark Schneider would be happy to answer any questions you have regarding the SSA Medical Source Statement questionnaire or SSA processes. Please call us at (518) 566-6666!

Additionally, our law office offers *FREE virtual and face-to-face Social Security Administration training.*

MENTAL IMPAIRMENT QUESTIONNAIRE

Re: _____

DOB: _____

Please answer the following questions concerning your patient's impairments:

1. Frequency and length of contact: _____

_____

2. DSM-5 Mental Disorders/Principal Diagnoses:

_____

_____

_____

Other Conditions / Focus of Clinical Attention:

_____

_____

_____

3. Treatment and response: _____

_____

_____

4. a. List prescribed medications:

b. Identify your patient's side effects of medications that may affect working, *e.g.*, sedation, drowsiness, fatigue, lethargy, malaise, irritability, nausea, dizziness, *etc*.

5. List the *clinical findings* including those from mental status examination that demonstrate the severity of your patient's mental impairment and symptoms:

_____

_____

_____

6. Prognosis: _____

7. Identify your patient's signs and symptoms:

	Significant cognitive decline from a prior level of functioning in *one* or more of the cognitive areas: Complex attention; Executive function; Learning and memory; Language; Perceptual-motor; or Social cognition.		Hyperactive and impulsive behavior (e.g., difficulty remaining seated, talking excessively, difficulty waiting, appearing restless, or behaving as if being "driven by a motor")
	Delusions or hallucinations		Irritability
	Qualitative deficits in verbal communication, nonverbal communication, and social interaction		Preoccupation with having or acquiring a serious illness without significant symptoms present
	Increase in goal-directed activity or psychomotor agitation		Disregard for and violation of the rights of others
	Depressed mood		Detachment from social relationships
	Diminished interest in almost all activities		Distrust and suspiciousness of others
	Restlessness t		Instability of interpersonal relationships
	Sleep disturbance		Pressured speech
	Observable psychomotor agitation or retardation		Preoccupation with perfectionism and orderliness
	Decreased energy		Easily fatigued
	Feelings of guilt or worthlessness		Muscle tension
	Difficulty concentrating or thinking		Disorganized thinking (speech)
	Thoughts of death or suicide		Recurrent motor movement or vocalization
	Excessive emotionality and attention seeking		Repetitive behaviors aimed at reducing anxiety
	Flight of ideas		Inflated self-esteem
	Decreased need for sleep		Distractibility
	Involvement in activities that have a high probability of painful consequences that are not recognized		One or more somatic symptoms that are distressing, with excessive thoughts, feelings, or behaviors related to the symptoms
	Grossly disorganized behavior or catatonia		Appetite disturbance with change in weigh
	Panic attacks followed by a persistent concern or worry about additional panic attacks or their consequences		Symptoms of altered voluntary motor or sensory function that are not better explained by another medical or mental disorder
	Disproportionate fear or anxiety about at least two different situations (for example, using public transportation, being in a crowd, being in a line, being outside of your home, being in open spaces)		Persistent alteration in eating or eating-related behavior that results in a change in consumption or absorption of food and that significantly impairs physical or psychological health s
	Recurrent, impulsive, aggressive behavioral outbursts		Significantly restricted, repetitive patterns of behavior, interests, or activities
	Frequent distractibility, difficulty sustaining attention, and difficulty organizing tasks		Significant difficulties learning and using academic skills
	Involuntary, time-consuming preoccupation with intrusive, unwanted thought		
	Medical documentation of *all* of the following: 1. Exposure to actual or threatened death, serious injury, or violence; 2. Subsequent involuntary re-experiencing of the traumatic event (for example, intrusive memories, dreams, or flashbacks); 3. Avoidance of external reminders of the event; 4. Disturbance in mood and behavior; and 5. Increases in arousal and reactivity (for example, exaggerated startle response, sleep disturbance).		

8. To determine your patient's ability to do **work-related activities on a day-to-day basis in a regular work setting,** please give us your opinion **based on your examination** of how your patient's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not your patient's age, sex or work experience.

- **Limited but satisfactory** means your patient has noticeable difficulty (e.g., distracted from job activity) no more than 10 percent of the workday or work week.
- **Seriously limited** means your patient has noticeable difficulty (e.g., distracted from job activity) from 11 to 15 percent of the workday or work week.
- **Unable to meet competitive standards** means your patient has noticeable difficulty (e.g., distracted from job activity) from 16 to 25 percent of the workday or work week.
- **No useful ability to function**, an extreme limitation, means your patient cannot perform this activity on a regular, reliable and sustained schedule in a regular work setting.

I.	MENTAL ABILITIES AND APTITUDES NEEDED TO DO UNSKILLED WORK	Unlimited or Very Good	Limited but satisfactory	**Seriously limited**	**Unable to meet competitive standards**	**No useful ability to function**
A.	Remember work-like procedures					
B.	Understand and remember very short and simple instructions					
C.	Carry out very short and simple instructions					
D.	Maintain attention for two-hour segment					
E.	Maintain regular attendance and be punctual within customary, usually strict tolerances					
F.	Sustain an ordinary routine without special supervision					
G.	Work in coordination with or proximity to others without being unduly distracted					
H.	Make simple work-related decisions					
I.	Complete a normal workday and workweek without interruptions from psychologically based symptoms					
J.	Perform at a consistent pace without an unreasonable number and length of rest periods					
K.	Ask simple questions or request assistance					
L.	Accept instructions and respond appropriately to criticism from supervisors					
M.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes					
N.	Respond appropriately to changes in a routine work setting					
O.	Deal with normal work stress					
P.	Be aware of normal hazards and take appropriate precautions					

Q Explain limitations falling in the three most limited categories (identified by **bold type)** and include the medical/clinical findings that support this assessment:

II.	MENTAL ABILITIES AND APTITUDES NEEDED TO DO SEMISKILLED AND SKILLED WORK	Unlimited or Very Good	Limited but satisfactory	**Seriously limited**	**Unable to meet competitive standards**	**No useful ability to function**
A.	Understand and remember detailed instructions					
B.	Carry out detailed instructions					
C.	Set realistic goals or make plans independently of others					
D.	Deal with stress of semiskilled and skilled work					

E. Explain limitations falling in the three most limited categories (identified by **bold type)** and include the medical/clinical findings that support this assessment:

II I.	MENTAL ABILITIES AND APTITUDE NEEDED TO DO PARTICULAR TYPES OF JOBS	Unlimited or Very Good	Limited but satisfactor y	**Seriously limited**	**Unable to meet competitive standards**	**No useful ability to function**
A.	Interact appropriately with the general public					
B.	Maintain socially appropriate behavior					
C.	Adhere to basic standards of neatness and cleanliness					
D.	Travel in unfamiliar place					
E.	Use public transportation					

F Explain limitations falling in the three most limited categories (identified by **bold type)** and include the medical/clinical findings that support this assessment:

9. Is your patient's intellectual functioning limited? ☐ Yes ☐ No

If yes, please explain:

10. Does the psychiatric condition exacerbate your patient's experience of pain or any other physical symptom? ☐ Yes ☐ No

If yes, please explain:

11. Rate the degree of your patient's expected limitations in a work setting using the following scale:

Moderate means the ability to function independently, appropriately, effectively, and on a sustained basis is **fair;**
Marked means the ability to function independently, appropriately, effectively, and on a sustained basis is **seriously limited;**
Extreme means **not able** to function independently, appropriately, effectively, and on a sustained basis, but it does not mean a total loss of ability to function.

RATE THE DEGREE OF LIMITATION IN THE FOLLOWING AREAS:					
A.1.	Understanding information:	None-Mild ☐	Moderate ☐	Marked ☐	Extreme ☐
A.2.	Remembering information	None-Mild ☐	Moderate ☐	Marked ☐	Extreme ☐
A.3.	Applying information	None-Mild ☐	Moderate ☐	Marked ☐	Extreme ☐
B.	Interacting with others:	None Mild ☐	Moderate ☐	Marked ☐	Extreme ☐
C.1.	Concentrating	None Mild ☐	Moderate ☐	Marked ☐	Extreme ☐
C.2.	Persisting	None Mild ☐	Moderate ☐	Marked ☐	Extreme ☐
C.3	Maintaining pace	None Mild ☐	Moderate ☐	Marked ☐	Extreme ☐
D.1.	Adapting in the workplace	None Mild ☐	Moderate ☐	Marked ☐	Extreme ☐
D.2.	Managing oneself in the workplace	None Mild ☐	Moderate ☐	Marked ☐	Extreme ☐

12. If your patient has a neurocognitive disorder; schizophrenia or other psychotic disorder; depressive, bipolar or related disorder; anxiety or obsessive compulsive disorder; or trauma or stress-related disorder, please indicate if any of the following apply to your patient:

A. ☐ Your patient's chronic mental disorder is "serious and persistent;" that is, your patient has a medically documented history of the existence of the disorder over a period of at least 2 years.

B. ☐ Your patient relies on ongoing medical treatment, mental health therapy, psychosocial support, or a highly-structured setting to diminish the symptoms and signs of his or her mental disorder.

C. ☐ Despite your patient's diminished symptoms and signs, your patient has only marginal adjustment, that is, your patient has minimal capacity to adapt to changes in his or her environment or to demands that are not already part of daily life.

13. Assuming your patient was trying to work full time, on the average, how often do you anticipate that your patient's impairments would cause your patient to be absent from work?

☐ Never
☐ About one day per month
☐ About two days per month
☐ About three days per month
☐ About four days per month
☐ More than four days per month

14. How much is your patient likely to be ***"off task"***? That is, what percentage of a typical workday would your patient's symptoms likely be severe enough to interfere with ***attention and concentration*** needed to perform even simple work tasks?

☐ 0% ☐ 5% ☐ 10% ☐ 15% ☐ 20% ☐ 25% or more

15. Has your patient's impairment lasted or can it be expected to last at least twelve months?
☐ Yes ☐ No

16. Are your patient's impairments (as demonstrated by signs, clinical findings or test results) reasonably consistent with the symptoms and functional limitations described in this evaluation?
☐ Yes ☐ No

If no, please explain:

17. What is the earliest date that the description of ***symptoms and limitation*** in this questionnaire applies? _____

18. Please describe any additional reasons not covered above why your patient would have difficulty working at a regular job on a sustained basis.

19. If there are substance use diagnoses, do these impairments continue to exist when the client is abstinent from using substances?

20. Can your patient manage benefits in his or her own best interest? ☐ Yes ☐ No

_____ _____

Date *Signature*

Printed Name: _____

PLEASE RETURN TO:
MARK SCHNEIDER
57 COURT ST.
PLATTSBURGH, NY 12901
Phone: (518)-566-6666

You may also return via fax: (518) – 566-6667