

Patient's Name		Insured's ID (Prime No)	
SSN		Date of Birth	
Agency Use Only			
Program	Branch	Case Number	Wkr ID
Case Name		Date Completed	Filing Sec 5

<h2>Rating of Impairment Severity Report</h2>

Rating of Impairment Severity

1. Restriction of Activities of Daily Living (ADLs)

Activities of daily living include adaptive behaviors such as cleaning, shopping, cooking, using public transportation, paying bills, maintaining a residence, attending to grooming and hygiene, using a phone book, or using a post office, etc. Functioning in this area will be evaluated by determining the extent to which these tasks can be performed independently, appropriately, and effectively. A marked limitation is not the number of activities restricted, but the nature and overall degree of interference with function.

None Mild Moderate Marked Extreme

Please cite evidence for this assessment rating: _____

2. Social Functioning (SF)

Social functioning refers to the capacity to interact appropriately, independently, and effectively with other individuals on a sustained basis. Impaired social functioning may be demonstrated by a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, social isolation, etc. Social functioning in work situations may involve interacting with the public, responding appropriately to persons in authority, or cooperating with coworkers. A marked limitation in social functioning is not the total number of areas impaired, but the nature and overall degree of interference with function.

None Mild Moderate Marked Extreme

Please cite evidence for this assessment rating: _____

3. Concentration, Persistence, or Pace (CPP)

Concentration, persistence, or pace refer to the ability to sustain focused attention and concentration sufficiently long to permit the timely appropriate completion of tasks commonly found in work and other settings. Major impairment in this area can often be assessed through direct psychiatric and/or psychological testing, although test results should be supplemented with other relevant information when available. A marked limitation in concentration, persistence or pace is not the total number of areas impaired, but the nature and overall degree of interference with function.

None Mild Moderate Marked Extreme

Please cite evidence for this assessment rating: _____

4. Episodes of Decompensation (DC)

Episodes of decompensation are exacerbations or temporary increases in symptoms or signs accompanied by a loss of adaptive functioning. An episode is defined as lasting for at least two weeks.

The frequency of episodes is measured over an inclusive 12-month period prior to assessment. More frequent episodes of shorter duration (less than 2 weeks) or less frequent episodes of longer duration (more than 2 weeks) may also be considered in addressing the degree of impairment. Episodes of decompensation may be inferred from medical records or other relevant information concerning the nature and extent of the claimant's impairment related signs and symptoms.

- Never Once or twice Three Four or more

Please cite evidence for this assessment rating: _____

5. Is the client demonstrating a residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate?

- Yes No

If yes, please explain: _____

6. If this person uses drugs or alcohol, would you expect any difference in your ratings of numbers 1-4 above if there were no drug or alcohol use?

- Yes No Doesn't apply

If yes, please state what you think each rating would be without the use of drugs or alcohol.

- | | | | | | |
|--------|--------------------------------|--|-----------------------------------|---------------------------------------|----------------------------------|
| 1. ADL | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Marked | <input type="checkbox"/> Extreme |
| 2. SC | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Marked | <input type="checkbox"/> Extreme |
| 3. CPP | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Marked | <input type="checkbox"/> Extreme |
| 4. DC | <input type="checkbox"/> Never | <input type="checkbox"/> Once or twice | <input type="checkbox"/> Three | <input type="checkbox"/> Four or more | |

Diagnosis

Prognosis

Will this person's condition last at least 12 months from the date of assessment? Yes No

Is patient compliant with treatment? Yes No

Would you recommend a physical evaluation? Yes No

Additional Comments _____

Physician Name (Please type or print)

Address

Signature

Date