Disability Evaluation Checklist for Patients with Multiple Sclerosis

Use this checklist to facilitate doctor-patient discussion of MS-specific disability criteria and the SSDI application process. The numbers in parentheses refer to specific sections in the SSA criteria for evaluating disability (Blue Book). Space is provided for you to document the date(s) and findings of relevant examinations and/or tests.

☐ Disorganization of motor function (11.04B and 11.00C)

Symptoms:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Neurologic exam:

Date: _____________________________________________________________

Relevant findings: __________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Additional tests, if any:

Date(s): ___________________________________________________________

Relevant findings: __________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

AND/OR
Visual Impairment (2.02, 2.03, and 2.04)

Visual acuity (2.02) — The remaining visual acuity for distance of the better eye with best correction based on the Snellen test chart measurement.

Field of vision (2.03) — Impairment of peripheral vision.

Visual efficiency (2.04) — The visual efficiency of the better eye after best correction is 20 percent or less.

Symptoms:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Neurologic exam:

Date: _____________________________________________________________

Relevant findings: _________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Additional tests, if any:

Date(s): _________________________________________________________

Relevant findings: _________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

AND/OR
☐ Mental impairment (12.01)

Requires the following:

☐ Documentation of medically determinable impairment(s).

☐ Consideration of the degree of limitation such impairment(s) may impose on individual’s ability to work.

☐ Consideration of whether these limitations have lasted or are expected to last for a continuous period of at least 12 months.

☐ The requisite level of severity is met with the following findings:

   A. Demonstration of a loss of specific cognitive abilities and the medically documented persistence of at least one of the following:

      ☐ Disorientation to time and place.
      ☐ Memory impairment — short, intermediate, or long-term.
      ☐ Perceptual or thinking disturbances.
      ☐ Change in personality.
      ☐ Disturbance in mood.
      ☐ Emotional liability.

      ☐ Loss of measured intellectual ability (at least 15 IQ points) from pre-morbid levels or overall impairment index clearly within severely impaired range.

   B. Resulting in at least two (2) of the following:

      ☐ Marked restriction of activities of daily living.
      ☐ Marked difficulties in maintaining social functioning.
      ☐ Marked difficulties in maintaining concentration, persistence, or pace.
      ☐ Repeated episodes of decompensation.
Symptoms:

___________________________________________________________
___________________________________________________________
___________________________________________________________

Neurologic exam
Date: ___________________________________________________________

Relevant findings: __________________________________________________
___________________________________________________________
___________________________________________________________

Neuropsychological and/or psychiatric exam:
Date: ______________________________________________________________

Relevant findings: __________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

AND/OR
Significant, reproducible fatigue of motor function (11.09)

Requires the following:

- Documentation of diagnosis of multiple sclerosis.
- A description of fatigue considered to be characteristic of multiple sclerosis (e.g., “A subjective lack of physical and/or mental energy that is perceived by the individual or caregiver to interfere with usual and desired activities”).
- Evidence that the system has actually become fatigued (taking into account the degree of exercise and the severity of the resulting muscle weakness).

Symptoms:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Neurologic exam:

Date: _____________________________________________________________

Relevant findings: __________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Additional tests, if any:

Date(s): ___________________________________________________________

Relevant findings: __________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________