

## **If I am a Veteran, How Do I Satisfy the Social Security Disability Listing for PTSD 12.15 Trauma and Stress Related Disorders in my Social Security Disability Case?**

If you are a veteran, you still have to meet the medical requirements of **12.15 Trauma- and stressor-related disorders (see 12.00B11), satisfied by A and B, or A and C as follows:**

1. 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).

AND

12. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 12.00F):
  1. Understand, remember, or apply information (see 12.00E1).
  2. Interact with others (see 12.00E2).
  3. Concentrate, persist, or maintain pace (see 12.00E3).
  4. Adapt or manage oneself (see 12.00E4).
  - 5.

OR

1. Your mental disorder in this listing category is “serious and persistent;” that is, you have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both:
  1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see 12.00G2b); and
  2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see 12.00G2c).[3]

If you have filed for Veteran’s administration benefits based on a diagnosis of PTSD, your VA Medical Evaluation for PTSD will address the symptoms and severity of your case. It will address things like your anxiety, depression, mood, hypervigilance, suspicion, existence of panic attacks and frequency of panic attacks, exaggerated startle response. Sleep disturbances, problems with concentration, detachment, estrangement, adaptation, difficulties in work and social relationships, your ability to handle stress both in social situations and relationships, to name just a few. Most importantly though in SSDI and SSI cases, your evaluating VA psychiatrist or psychologist will address in his comments in the evaluation you’re your problems and symptoms of PTSD that “Significantly” affect your work pace, your ability to attend to tasks, to focus due to intrusive thoughts and your ability to be around the public, co-

workers and supervisors and to accept criticism from supervisors without experiencing or exhibiting anger.

The points addressed above are the most salient of points that will transfer from your VA Evaluation to your SSDI/SSI case. Because the criteria expressed above does not translate very well into the requirements for Listing 12.15, I suggest to my own clients that they bring the **PTSD: 12.15 TRAUMA & STRESS RELATED DISORDERS & MENTAL RESIDUAL FUNCTIONAL CAPACITY QUESTIONNAIRE** included below.

Admittedly, there is some resistance by VA physicians to fill out this form. If they do, it certainly does make the SSDI/SSY process easier for the Veteran. But because of this institutional resistance to helping the Vet in the SSA arena, it may be best to have a qualified SSDI/SSI disability attorney argue your VA medical case file and your VA Psychiatric Evaluations that are part of your VA Claims file to the SSA and the Administrative Law Judge that will eventually determine whether or not you either meet a Medical Listing for PTSD: 12.15 TRAUMA & STRESS RELATED DISORDERS, or determining if your condition, though not indicative of having met a listing, would still allow an ALJ to find you disabled by making a **Medical-Vocational Allowance** for your PTSD so that you can still get SSDI or SSI benefits.

Feel free to download it from our site [www.disabilityattorney.net](http://www.disabilityattorney.net) to use in your case if you wish.

**PTSD: 12.15 TRAUMA & STRESS RELATED DISORDERS & MENTAL RESIDUAL FUNCTIONAL  
CAPACITY QUESTIONNAIRE**

Patient: \_\_\_\_\_

SS#: \_\_\_\_\_

**A. Nature frequency or length of contact:** \_\_\_\_\_.

1. a. Summary of records or documents reviewed: \_\_\_\_\_.

b. Assessment is: from: \_\_\_\_\_ to: \_\_\_\_\_.

**c. Specify applicable diagnoses, (check appropriate category (ies) upon which the medical disposition is based.**

\_\_\_ 1. 12.02 Organic Mental Disorders, \_\_\_ 2. 12.03 Schizophrenic, Paranoid and Other Psychotic Disorder, \_\_\_ 3. 12.04 Affective Disorders,  
\_\_\_ 4. 12.05 Mental Retardation \_\_\_ 5. 12.06 Anxiety-Related Disorders, \_\_\_ 6. 12.07 Somatoform Disorders \_\_\_ 7. 12.08 Personality Disorders  
\_\_\_ 8. 12.09 Substance Addiction Disorders \_\_\_ 9. 12.10 Autism and Other Pervasive Developmental Disorders, \_\_\_ 10. 12.11  
Neurodevelopmental disorders, \_\_\_ 11. 12.13 Eating Disorders, \_\_\_ 12. 12.15 Trauma and stressor – related disorders.

2. DSM-IV Multiaxial Evaluation:

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

Current GAF: \_\_\_\_\_

Highest GAF this past Year: \_\_\_\_\_

3. Treatment and response:

4. Describe side effects of medication w/ implications for working: \_\_\_ excessive sleep, \_\_\_ drowsiness, \_\_\_ fatigue, \_\_\_  
decreased ability to concentrate: (other) \_\_\_\_\_.

5. Describe *clinical findings* including results of IQ or mental status examination that demonstrate the severity of the claimant's  
mental impairment and symptoms: \_\_\_\_\_.

6. Prognosis:

7. Identify patient's signs and  
symptoms: \_\_\_\_\_.

8. Patient: \_\_\_ does \_\_\_ does not : have a low IQ or reduced intellectual functioning.

a. The patient's IQ can reasonably be estimated to be: \_\_\_ 69 and below \_\_\_ 70-84, \_\_\_ 85 and above. Please explain (w/re to  
specific test results if possible): \_\_\_\_\_.

9. Does the psychiatric condition exacerbate the claimant's experience of pain or any other physical symptom/s? \_\_\_\_\_

Yes No If yes, please

explain: \_\_\_\_\_.

10. The claimant's mental condition \_\_\_ has \_\_\_ has not lasted or can it be expected to last at least 12 months.

11. The claimant's impairments \_\_\_ are \_\_\_ are not reasonably consistent with the symptoms and functional limitations described in this  
Evaluation and clinical presentation.

13. Is the use of illicit drugs or alcohol a major contributing factor to patient's mental impairment? \_\_\_ yes \_\_\_ no

**B. Criteria of the Listings**

The following is an indication as to what degree the following functional limitations (which are found in 12.00 and 12.15 and paragraph B of listings 12.02-12.04, 12.06-12.08 and 12.10 and paragraph D of 12.05) exist as a result of the individual's mental disorder(s). The following definitions apply: "Mild" is defined as affecting the claimant between 1% to 5% of an 8 hour work-day, "Moderate" between 6% and 33%, "Marked", between 34% and 66%, "Extreme", 67% or more of an 8 hour day.

**12.15: For PTSD and/or Other Stress Related Disorders:**

1. a. Does the claimant have a history or symptoms of any or all of the following? Please check any and all that apply: \_\_\_ Exposure to actual or threatened death, serious injury, or violence; \_\_\_ Subsequent involuntary re-experiencing of the traumatic event (for example, intrusive memories, dreams, or flashbacks); \_\_\_ Avoidance of external reminders of the event; \_\_\_ Disturbance in mood and behavior; and \_\_\_ Increases in arousal and reactivity (for example, exaggerated startle response, sleep disturbance).

2. a. Does the claimant have a history or symptoms of extreme limitation of one, or marked limitation of two, of the following areas of mental functioning? Please check any and all that apply:

- \_\_\_ 1. Ability to understand, remember, or apply information (see 12.00E1). \_\_\_ extreme limitation or \_\_\_ marked limitation
- \_\_\_ 2. Ability to interact with others (see 12.00E2). \_\_\_ extreme limitation, or \_\_\_ marked limitation
- \_\_\_ 3. Ability to concentrate, persist, or maintain pace (see 12.00E3). \_\_\_ extreme limitation, or \_\_\_ marked limitation
- \_\_\_ 4. Ability to adapt or manage oneself (see 12.00E4). \_\_\_ extreme limitation, or \_\_\_ marked limitation

3. a. Is the patient's mental disorder in this listing category "serious and persistent;" that is, does he or she have a medically documented history of the existence of the disorder over a period of at least 2 years, and there is evidence of both: 1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder (see 12.00G2b); and 2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life (see 12.00G2c). \_\_\_ yes \_\_\_ no

4. a. For mental Impairments inclusive of 12.02-12.15 please provide your opinion as to the patient's other mental limitations, including ADL (Activities of Daily Life) not already addressed above.

**FUNCTIONAL LIMITATION**

**DEGREE OF LIMITATION**

- 1. Restriction of ADL \_\_\_ None \_\_\_ Mild \_\_\_ Moderate \_\_\_ Marked\* \_\_\_ Extreme\* \_\_\_ Insufficient Evidence
- 2. Difficulties in Maintaining Social Functioning: \_\_\_ None \_\_\_ Mild \_\_\_ Moderate \_\_\_ Marked\* \_\_\_ Extreme\* \_\_\_ Insufficient Evidence
- 3. Difficulties in Maintaining Concentration, Persistence or pace required to perform simple, routine repetitive Tasks: \_\_\_ None \_\_\_ Mild \_\_\_ Moderate \_\_\_ Marked\* \_\_\_ Extreme\* \_\_\_ Insufficient Evidence
- 4. Repeated Episodes of Decompensation, each of 1 week or more resulting in patient's inability to engage in Full-time regular employment: \_\_\_ None \_\_\_ Mild \_\_\_ Moderate \_\_\_ Marked\* \_\_\_ Extreme\* \_\_\_ Insufficient Evidence

**C. Criteria of the Listings**

1. **Please complete this section & check the appropriate box as apply to the patient:**

Medically documented history of a chronic **organic mental** (12.02), **schizophrenic**, etc. (12.03), or **affective disorder** (12.04) of at least 2 years duration that has caused more than a minimal limitation of ability to do any basic work activity, with symptoms or signs currently attenuated by medication or psychosocial support, **and one of the following:**

\_\_\_ Repeated episodes of decompensation, each of extended duration \_\_\_ 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

Current history of 1 or more years inability to function outside a highly supportive living arrangement with an indication of continued need for such an arrangement

Complete inability to function independently outside the area of one's home

**D. Concentration and Attendance**

Regarding the following question, "**Rarely**" means 1%-5%, "**Occasionally**" means 6%-33%, "**Frequently**" means 34%-66%, "**Constantly**" means over 66% of an 8-hour working day. With those descriptions in mind, please answer the following question.

1. How often during a potential 8 hour work day would the patient be reasonably expected to experience psychiatric symptoms or the effects from prescribed medication that severe enough to interfere with attention and concentration needed to perform even simple routine repetitive tasks?

Never     Rarely     Occasionally     Frequently     Constantly

2. On the average, it is reasonably anticipated to anticipate that the claimant's psychiatric impairments, medications or treatment would cause the claimant to be absent from work as follows:

Never     1 day/month     About 2 days/month     About 3 days/month  
 About 4 days per month     More than 4 days per month

3. Additional reasons not covered above why the claimant would have difficulty working at a regular job on a sustained basis not covered above: \_\_\_\_\_

4. Any additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If applicable, the **earliest date prior to the date of completion** of this questionnaire that the description of the symptoms and limitations in this questionnaire applies is: \_\_\_\_\_

Date evaluation completed: \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
Printed or typed name of physician  
(Or, attach business card here)

Date Form Completed: \_\_\_\_\_

**If I do not meet Medical Listing 12.15 for PTSD as a veteran or otherwise as a non-veteran, can I still get a Medical-Vocational Allowance for my PTSD so that I can still get SSDI or SSI benefits?**

Yes, however, because most cases of PTSD, other than some veterans' cases are not severe enough for a sufficiently long period of time to qualify under the listing, you may still qualify for SSDI and SSI benefits under what is known as a "medical-vocational allowance". To be considered for this medical-vocational allowance, either a mental consultant for Social Security will determine that your symptoms are severe enough to prevent work even though your condition doesn't meet the listing for PTSD. For instance, individuals with PTSD often have trouble with memory and the concentration necessary to do simple, repetitive and routine tasks. They also suffer from fatigue, poor sleep patterns, as well as the effects of medications, all of which can interfere with your ability to work and maintain a job.

If your PTSD occurs alongside other mental disorders or physical problems that significantly impair your ability to understand, remember, or apply information, ability to interact with others, to concentrate, persist, or maintain pace, or to adapt or manage yourself and your activities of daily life, like cleanliness, ability to shop and care for yourself, then you will have a better chance of getting benefits. Multiple problems taken together have a tendency to increase the chance of getting benefits, especially if they are reflected in the claimant's medical file and physician's clinical notes, or if an applicant is 50 or older, has a limited education, or no past history of skilled or semi-skilled employment.

For determining if your condition, though not indicative of having met a 12.15 Medical listing, would still allow an ALJ to find you disabled by making a **Medical-Vocational Allowance** for your PTSD so that you can still get SSDI or SSI benefits, please feel free to download our **PTSD: 12.15 TRAUMA & STRESS RELATED DISORDERS & MENTAL RESIDUAL FUNCTIONAL CAPACITY QUESTIONNAIRE** from our site [www.disabilityattorney.net](http://www.disabilityattorney.net) along with any other of our Residual Functional Capacity Questionnaires to use in your case if you wish. They are free and provided by Mike Murburg as a free public service.