



Medical Summary Report

Interview Guide and Template

For applications filed on or after January 17, 2017

The **Medical Summary Report (MSR) Interview Guide** provides sample questions and guidance for gathering information necessary to the SSI/SSDI disability determination process. We do not expect you to ask all of the questions in each section. The questions are intended to help you gather all of the information you will need to write a Medical Summary Report. For example, if the individual has not been in military service, there is no need to include a military history section. Likewise, if the individual has no legal issues, do not include a legal history section.

Using this guidance, SOAR-trained providers are able to gather a thorough history in a respectful manner, which in turn helps the Disability Determination Services (DDS) understand the duration of a person's impairment and the effect of their illness(es) on work ability and functioning. The **MSR Template** may be used to compile information in the form of a narrative letter to SSA/DDS as part of the SOAR process. The template has eight main sections, covering the types of information that DDS needs to make a decision. Use the headings provided in the template to organize your MSR.

Trauma-Informed Interviewing

How questions are asked can be critical to obtaining the appropriate information. It is important to be sensitive to influences that affect a person's ability and willingness to provide information (cultural factors, past experiences with the mental health system, etc.). The interviewing process can also uncover sensitive topics like past and current trauma that need to be approached with care. When asking about trauma, it is critical to not overwhelm the applicant. It is equally important that the person be safe and secure after leaving the interview. Gathering such personal information requires a sensitive and skilled interviewer.



SOAR Tip: Interviewers who feel uncomfortable or ill-equipped to explore certain topics should not do so. Instead, they should seek assistance from someone who is more clinically skilled and more able to assess responses, to ensure that the person is safe from self-harm and/or emotional distress when the interview ends.

Medical Summary Report (MSR) Interview Guide

Section I: Introduction

This section should provide a description that creates a mental picture to help a DDS examiner “see” the individual, since it is unlikely that the DDS examiner will ever meet the applicant.

A. Physical Description

- Height and weight
- Clothing, hygiene, grooming, glasses, assistive devices

B. Observations that illustrate the applicant’s symptoms or functioning

- Speech problems or pace; ability to maintain eye contact
- Movements: Unusual movements of mouth/face; tremors in hands/legs; pace (fast/slow)
- Demeanor: Agitation? Attitude? Alert? Focused or needing re-direction in conversation?

The introduction to the MSR will also include all of the applicant’s physical and mental health diagnoses, as well as an overview of the case manager and agency’s involvement with the applicant.

Section II. Personal History

A. Current and Past Living Situations; Homelessness History

It is important to know where the person is living for a number of reasons, including documenting homelessness or risk of homelessness. This information might also be linked to functioning, since the ability to function effectively often is affected by housing status.

Sample questions:

- *Where do you live or stay? With whom?*
- *Where did you live prior to where you are now?*
- *Have you ever lived independently? What was that like for you? Why did you leave that situation?*
- *Were there times you were homeless, after leaving one place and before finding another?*

For each living situation:

- *How did it go living there?*
- *Were there supports in place to help maintain the housing?*
- *What made you decide to move?*

B. Family Background

This section should illustrate what it was like growing up including a history of interpersonal relationships with family members and/or caregivers. Information gathered should focus on how the person’s family background relates to his or her symptoms and functioning. Note: Avoid listing personal names of family members (children, ex-husband, parents, etc.) who have not given permission for providing collateral information.

Sample topics/questions:

- Place of birth; family structure/relationships; others in the home
- *Tell me what it was like when you were growing up.*
- *When you were growing up and did something your (fill in person who raised the individual) didn't like, what would s/he do?*
- *How old were you when you left home? Why did you leave?*
- *Do you have contact with your family?*

C. Marital/Intimate Relationships

This section further speaks to how the person maintains or ends relationships with people, and can highlight impairments in social functioning (i.e. Interact with others).

Sample questions:

- *Are you currently married or in a relationship?*
- *How long were you with _____? What happened when the relationships ended?*
- *Were the relationships generally positive or mostly difficult? What made them so?*
- *Did the relationships include any violence/hitting/yelling/ emotional problems? Are you currently in a relationship that makes you feel unsafe?*
- *Have you had struggles in relationships? If so, please describe.*

Questions about children might include:

- *Do you have any children? How many? Ages?*
- *What is your relationship with them now?*
- *Are you able to have contact with your children?*
- *If not, would you like to have contact with your children?*

Make these inquiries gently. Do not assume that the person wants to have contact with their children.

D. Trauma/Victimization

There are very high rates of trauma and victimization (past and present) in both women and men who are experiencing homelessness and this trauma can affect a person's current functioning.

Sample questions:

- *Was there ever a time in the past or recently when something really bad or very upsetting happened to you? You don't need to give me any details. Does it still bother you?*
- *Do you feel safe or are you generally afraid? Of anyone or anything in particular?*
- *When you were younger did someone older than you ever touch you in a way that felt inappropriate or private?*

E. Education

Educational history can provide clues to a person's past and present functioning. It is helpful to understand how a person learns and processes information and whether the person received services in the school setting for intellectual or behavioral issues. A lack of cognitive and behavioral development will influence a person's ability to learn new work skills.

Sample questions:

- *What was the last grade or level that you completed?*
- *Did you repeat any grades? If so, which one(s) and why?*
- *What made you decide to leave school? What was going on then?*
- *How did you get along with the other students? With the teachers? Was there a favorite? Were there kids you liked a lot and spent time with? Were there kids you avoided? Why?*
- *Were there any subjects which you needed a little extra work or some help?*

F. Legal History¹

Contact with the criminal justice system can reveal information about how mental health symptoms may impair day-to-day functioning. If there have been arrests, find out what happened and the result for each incident, including any information linked to the applicant's symptoms. Be sure to request medical records from the jail or prison, as they can be helpful for illustrating periods of sobriety when mental health symptoms are still present.

Sample questions:

- *Have you ever been arrested? Can you tell me what happened?*
- *Do you have any charges pending/waiting? What are they? Any court dates scheduled?*
- *Do you know of any outstanding warrants against you?*
- *Are you on parole or probation now? Are you having any difficulties meeting the conditions?*

Section III: Occupational History

A. Employment History

DDS is interested in work over the past 15 years, and details of each job experience. If the person does not have a lengthy work history, learn as much as possible about any employment they had. NOTE: SSA can provide a report of the person's earnings if requested. Contacting former employers, with the applicant's permission, may also provide useful evidence.

Sample questions for each job (including any supported employment):

- *When did you work there? What did you do?*
- *How long did you work there?*
- *What did you like about working there? Dislike?*
- *What were your relationships like with your co-workers?*
- *Did you have any problems at the job with completing tasks or working with others?*
- *What made you leave the position?*

B. Military Service History

Military service can provide clues to how the individual responded to a structured environment, including orders and instructions, stress, and interpersonal relationships with peers and authority

¹Having a past history of offenses, incarceration or probation will not interfere with eligibility. If the applicant has an outstanding felony warrant for flight or escape, this may interfere with eligibility for benefits; however, other warrants, including those for parole and probation violation do not affect eligibility.

figures. It can also be a source of medical records, periods of sobriety, and information about PTSD or TBI symptoms.

Sample questions:

- *Were you ever in the military? What branch of service were you in and what made you decide to join?*
- *What did you do? Did you get any special training while in the military?*
- *What type of discharge did you receive? If less than honorable, ask why.*
- *While in the service, were you treated for any illnesses or were you in any hospitals?*
- *Were you exposed to blasts, Improvised Explosive Devices (IEDs), or did you ever lose consciousness?*
- *Did you experience anything in the military that you still think about or that bothers you?*

Section IV: Substance Use

The purpose of asking these questions is to help you (and DDS) determine if the substance use is “material” to disability. To do so, you must understand the meaning of the person’s substance use and its relevance to other diagnoses. You will need to be able to show that the person’s illness and resulting functional impairment would still be present even in the absence of substance use. The person does not have to be sober at the time of the application to make this determination.

Sample questions:

- *Do you drink alcohol? About how much? What other drugs do you use and about how much and how often? (Obtain clarification if the person says something like “a lot” or “not much”)*
- *Why do you use (alcohol or other drugs)? How does using help?*
- *Do you recall how old you were when you first started drinking (or using other drugs)?*
 - *What was going on in your life then? How was your life going? What do you think made you decide to drink and/or use other drugs?*
- *When you drank or used drugs, how did you feel? What was the effect of your use on your life?*
 - *What happened since that time? How would you describe your life since you’ve been using? What do you think affected how much you drank alcohol or used other drugs?*
- *What is your substance of choice now? If you could use any alcohol or other drug that you wanted, what would it be? Why do you prefer this drug? How does it make you feel? What does it do?*
- *Have you ever tried to limit your substance use? If yes, what happened?*
- *Have you ever experienced blackouts (when you didn’t remember what happened), shaking, or seizures when you were using alcohol or other drugs? How often? Were you treated for anything when this happened?*
- *Have you ever been in treatment for your substance use? If yes, what kind of treatment? What was that like for you? Was it helpful? In what way?*
- *Do you feel your substance use is a problem? Can you tell me why?*
- *If you tried to stop drinking or using drugs now, what do you think would happen? How do you think you would do? How would you feel?*

Section V: Physical Health

It is important to find out about any illnesses or injuries that could result in ongoing impairment. Applicants may be found eligible based on a combination of illnesses, so it is important to be comprehensive.

Sample questions:

- *Are you currently being treated for any physical health problems? What are they?*
- *Have you ever been hospitalized for any physical health problems? Where? When? For how long? What happened?*
- *Have you ever fallen, been hit, been in a fight, or been in an accident where you were knocked out? What happened? Did you go to a doctor or hospital?*
- *Do you have any dizziness, headaches, difficulty paying attention, confusion? Have you had treatment for any of these?*
- *Have you ever had any surgery? What was the result?*
- *Have you noticed anything about your health that concerns you?*
- *Do you have any problems with walking/standing/sitting? How long/how far can you walk continuously in one stretch without stopping to rest?*
 - *How long can you stand continuously in one stretch of time?*
 - *What happens if you try to sit too long?*

Section VI: Psychiatric History and Treatment

Inquiries about past or current psychiatric symptoms and treatment must be done with sensitivity. Avoid using jargon. Elicit as much detail as possible about what happened and what the person experienced. Determine (as best as possible) the chronological occurrence of symptoms and treatment.

A. Symptoms

DDS uses information about how the person experiences symptoms of their mental illness as part of the medical criteria for disability. Obtaining information about symptoms in the applicant's own words can be powerful information for DDS.

Sample questions:

- *Describe how you feel day-to-day. Are some days better or worse than others?*
- *When you experience [depression, anxiety, a panic attack, etc.], tell me how that feels.*
- *When did you first notice these difficulties?*
- *When you started experiencing these problems/difficulties, what did you do?*
- *What have you tried on your own to feel better?*
- *What things make you feel worse?*
- *Did anyone help you with managing these difficult experiences?*
- *As time went on, what happened? Did these experiences get worse? Better?*

Orientation

- Ask the person the place, year, month, date, and day of the week.

Psychomotor Activity

- Does the individual have difficulty sitting still? Does he or she seem agitated? Is the person noticeably slow in activity? Describe.

Mood/Anxiety

- *How do you sleep at night? If you don't sleep well, what happens?*
- *Have you noticed a change (increase or decrease) in appetite? If the individual doesn't eat, is it because of access to food or appetite changes?*
- *Rate the individual's mood: On a scale from 1 to 10 where 1 is very sad and 10 is very happy, what would you say you feel most of the time?*
- *Does your mood change a lot? Do friends or family members tell you that your moods seem to change quickly and unpredictably?*
- *Do you have thoughts of hurting yourself or hurting others?*
- *Do you ever notice yourself feeling very nervous with shaking hands, racing heart, sweaty palms, and a general unsettled feeling? When does this happen?*
- *Give me some examples of things or activities that you find stressful or that bring on a panic attack.*
- *Do you ever feel anxious for no apparent reason?*

Obsessions/Compulsions

- *Do you notice that there are certain things you must do the exact same way each time you do them? For example, organizing your belongings or washing your hands?*
- *Do you worry about the same thing(s) over and over?*
- *Do you have things you are afraid of? Do you think about those things happening a lot?*

Manic/Bipolar Symptoms

- *Do you ever feel that your thoughts are moving too quickly? Too slowly?*
- *Do you ever find it difficult to think clearly or to organize your thoughts?*
- *Have you ever experienced a spending spree that you can't afford?*
- *Do you ever stay up for long periods of time with no sleep and feel very energetic and productive?*
- *Have you ever felt very powerful or in a high-level position even though other people might not have seen you that way?*

Psychotic Symptoms/Paranoia

- *Sometimes people notice that they hear voices or noises that other people say they don't hear. Does this happen to you? What do you notice?*
- *Sometimes people also see things that other people say they don't see. Does this ever happen to you? What do you see?*
- *Do you sometimes feel that you aren't yourself? Or that you are another person?*
- *Do you ever feel that people are talking about you behind your back?*
- *Do you ever feel that someone is watching you?*

Other Symptoms/Information

- *Do you feel, in general, that other people want to hurt you or that they want to help you? Why?*
- *Do you sometimes find that you get very angry over nothing?*
- *When someone makes you very angry, what do you do? How do you handle that?*

B. Psychiatric Treatment History

Explore all treatment sources and gather as much specific information as possible. If someone does not remember where they have been treated, you may need to offer a list of commonly used facilities to jog their memory. You can also ask about what town that they were in, the street it was on, the color of the building, etc. Use other sources: friends, family, other service providers, the internet, etc. Gather information about:

- Emergency room visits
- Past psychiatric hospitalizations
- Outpatient services: current counselor, therapist or psychiatrist
- Supportive services: case management
- Medications: past and present, side effects
- Treatment during incarceration

Sample questions:

- *What kinds of treatment or services have you received for managing these difficulties?*
- *What has been most helpful? Least helpful?*
- *Were you ever hospitalized for your nerves or difficult feelings? What happened?*
- *Did you ever experience these problems in jail? What help did you receive?*

When writing the MSR, this section will contain brief summaries of the applicant’s diagnosis and treatment at each source. Information gathered in the interview will help locate all available medical sources.

Section VII: Functional Information

Descriptions of how a person functions in each of DDS’s four main areas of functioning for mental impairments can help make the link between the person’s diagnosis and his/her ability to work. To be eligible for SSI/SSDI, the applicant must show “marked impairment” in at least two of the four functional areas listed below, or extreme limitation in one area. It is essential to clearly and specifically describe how the person functions in all four areas. Activities of Daily Living (ADLs) are a source of information about all four of the functional areas. The principle is that any given activity, including an ADL task, may involve the simultaneous use of multiple areas of mental functioning. Below are some sample questions that you may want to use when gathering this information.

A. Functional Area I — Understand, Remember, or Apply Information

Remember Information

- *Do you notice any changes in your memory? Do you find it easier to remember things from the past or things that happened recently? What do you notice that is different about your memory? When do you notice this? Can you give me a specific example?*

- *When someone gives you directions or instructions, are you able to remember them? Do you use any techniques to help remember things?*
- *How often do you have difficulty remembering something, such as a person's name, an appointment time, or instructions?*
- *Was there ever a time that you forgot something that was really important? If so, what happened?*
- *When you are having difficulty, how much effort do you have to put into remembering?*
- *Are there any activities that you cannot do because of a problem with your memory or because you have trouble understanding the instructions?*
- *Do you take your medicine at the time that you are supposed to? Do you forget to take your medicine? How do you respond when you don't take your medicine?*

Understand and Apply Information

- *Do you have difficulty learning a new task, for example, learning how to get to a new place? Can you tell me about a time that happened?*
- *If you aren't sure of how to do something, what do you do?*
- *When someone gives you more than three instructions on how to do a task, do you experience any difficulty in remembering the order of steps?*
- *When you begin to work on a task and something goes wrong, how do you correct it?*
- *Have you ever followed a recipe? Tell me about your experience with that.*
- *If the applicant has a work history: When you start a new job and are learning what to do, how quickly do you catch on?*
- *When someone asks you a question and you don't know the answer, what do you do?*

B. Functional Area II — Interact with Others

Interacting with others in the community:

- *If applicable: Do you maintain contact with your family? If not, why?*
- *How often do you go somewhere outside? Do you usually go by yourself or with other people? Do you prefer to be alone or with other people? Why?*
- *How often do you visit other people? Who do you usually visit? How often do other people come to see you?*
- *Describe any difficulties you have with traveling outside the house.*
- *Do you notice that you had friendships before that you don't have now? Do you have thoughts about that?*
- *Who do you see on a regular basis? How do you and _____ get along?*
- *What do you do if someone makes you really angry? How do you respond? What do you do?*
- *What do you do when you have general disagreements with others?*
- *Do you feel like you avoid being around other people? If yes, why?*
- *Are you in any groups? Do you like being in groups?*
- *What kind of person would you say you get along with best? Who gives you the most difficulty?*

Interacting with others in work settings:

- *When you worked before, how did you get along with your supervisor? Your coworkers? If the applicant has never worked before, continue to ask the following questions related to the applicant's experience in the community or at school (if the applicant is a young adult)*
- *When someone corrects you, or tells you that you could have done something better, how do you respond?*
- *If you don't know how to do a task, at work or in general, what do you do?*
- *Have you ever disagreed with a rule at work or in the community? How did you handle that?*
- *Do you work better with a group of people or by yourself?*

C. Functional Area III — Concentrate, Persist, or Maintain Pace (as it relates to the ability to complete tasks in a timely manner)

- *Have you noticed any changes in your ability to concentrate? If so, what have you noticed?*
- *Would you describe yourself as someone who is easily distracted or do you find you can stay focused on a task if you need to?*
- *When you work around others, do you find it difficult to complete your tasks or block out the noise and other distractions?*
- *Have you had any times in the past when you got into trouble at work due to talking too much with others or not staying on task?*
- *What do you enjoy doing? What do you have an opportunity to do? When did you last do this? Are there any changes in what you enjoy now and what you used to enjoy?*
- *Do you like to watch TV? If yes, what do you watch? Would you be able to watch an hour-long show and tell me about it shortly after you saw it?*
- *Do not ask this if you know the person is unable to read. What do you usually read? Do you do this often? Could you tell me what you just read if I asked you soon after?*
- *Ask the person to complete serial 7s (i.e., Subtract 7 from 100, then subtract 7 from that total ... until the person reaches 65). If the person can't do 7s, ask him or her to try serial 3s. Note what happens.*
- *Ask the person to follow a three-step instruction: Take this paper, fold it in half, and please return it to me.*

D. Functional Area IV – Adapt or Manage Oneself

Managing daily activities

- *How do you spend your days? What time do you get up in the morning and go to sleep? How do you sleep?*
- *How many meals do you usually have in a day? What times? What do you eat? If you don't eat regularly, how come?*

- *If you needed to shop for food to last a few days, would you need assistance or is that something you can tackle yourself? Do you usually have someone go with you to shop? Who? What assistance does he or she provide?*
- *What do you know how to cook? When was the last time you were able to cook? What are your favorite foods to prepare?*
- *About how often are you able to bathe or shower? Is this what's been your usual routine? Do you need any assistance doing this? If the person doesn't bathe regularly: What keeps you from bathing or showering? (You want to distinguish between access and ability)*
- *When you have your own place to live, what kind of housekeeping things do you do on a regular basis? What kind of chores do you find difficult to do? If the person lives with someone else: How are the chores split up? Do you need reminders to do chores?*
- *Are you able to do your own laundry? How often do you usually do it? If not: How come? Who does your laundry?*
- *How do you usually get to places? Walk? Drive? Use public transportation? How does that work for you?*
- *Budgeting is something we all struggle with. How are you at budgeting? Are you able to set up a budget and stick with it — or might that be something you could use assistance with? If this applies: When you have income, what usually happens to your money? Do you spend it right away or are you able to make it last?*

Adapting to change/challenges

- *When a major change or event happens in your life, how do you respond?*
- *When a supervisor changes your tasks or expectations, how do you handle it?*
- *If this applies: How do you handle times when you have physical pain while at work?*
- *If this applies: You mentioned times when you feel [insert symptoms the applicant has discussed such as depressed or anxious]. Does that ever happen at work? How do you handle it?*
- *Tell me about some short term goals you have for yourself, then some long term goals.*



Medical Summary Report Template

Use your own agency letterhead and delete the guidance underneath each heading when submitting to DDS

[Insert DDS Address/Examiner if known]

NAME:

SSN:

DOB:

Dear _____:

INTRODUCTION

(The applicant's physical description, including their behavior, mannerisms, and dress; all of the applicant's physical and mental health diagnoses; information/observations that illustrate the applicant's symptoms and functioning)

PERSONAL HISTORY

(Including abuse/trauma history, educational history, and legal history as they relate to the applicant's symptoms and functioning)

OCCUPATIONAL HISTORY

(Employment and military history for the past 15 years; include all jobs, reasons for leaving, job skills, problems with task completion and relationships with supervisors and co-workers; describe how this relates to the applicant's symptoms and functioning)



SUBSTANCE USE

(Substance use history and treatment, including reasons for use, impact of use, treatment history, and any periods of sobriety; describe the applicant's symptoms while sober)

PHYSICAL HEALTH HISTORY

(Brief summary of the applicant's symptoms and treatment for physical health conditions at all providers including context for treatment, diagnoses, medications and side effects)

PSYCHIATRIC HISTORY

(Brief summary of the applicant's symptoms and treatment for mental health conditions at all providers including context for treatment, diagnoses, and medications and side effects)



FUNCTIONAL INFORMATION

(Address all four areas of functioning using detailed examples and quotes to describe how the applicant’s symptoms impact his/her ability to function)

Understand, Remember, or Apply Information

Interact with Others

Concentrate, Persist, or Maintain Pace

Adapt or Manage Oneself

SUMMARY

(Brief summary of the evidence provided, restating diagnoses provided in the introduction)

If you have any questions, please call _____ at _____, or Dr. _____ at _____.

Sincerely,

[Insert signatures]