

## **Questionnaire on Listing 12.04 - Depressive, bipolar and related Disorders**

To:

Re:

Please comment on whether your patient has the following impairment:

12.04 Depressive, bipolar and related disorders, satisfied by A and B, or A and C.

### **A. Medical documentation of the requirements of paragraph 1 or 2::**

1. Depressive disorder, characterized by five or more of the following:

- a. Depressed mood;
- b. Diminished interest in almost all activities;
- c. Appetite disturbance with change in weight;
- d. Sleep disturbance;
- e. Observable psychomotor agitation or retardation;
- f. Decreased energy;
- g. Feelings of guilt or worthlessness;
- h. Difficulty concentrating or thinking;
- h. Thoughts of death or suicide.
- i. Hallucinations, delusions, or paranoid thinking; or

2. Bipolar disorder, characterized by three or more of the following:

- a. Pressured speech;
- b. Flight of ideas;
- c. Inflated self-esteem;
- d. Decreased need for sleep;
- e. Distractibility;

- f. Involvement in activities that have a high probability of painful consequences which are not recognized;
- g. Increase in goal-directed activity or psychomotor agitation.

AND

**B. 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;

OR

**C. 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; 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:

Supplemental questions:

1. Within reasonable medical certainty, what is the earliest date in which the above limitations applied to your patient?

---

2. Has the duration of your patient's impairment been 12 months or longer (or do you expect the duration to last at least 12 months from the date set forth at question (1))?

Yes

No

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print/Type Name: \_\_\_\_\_

Address: