

## **Questionnaire on Listing 12.06 - Anxiety and obsessive-compulsive disorders**

### **12.06 Anxiety and obsessive-compulsive disorders, satisfied by A and B, or A and C:**

A. Medical documentation of the requirements of paragraph 1, 2, or 3:

1. Anxiety disorder, characterized by three or more of the following:
  - Restlessness;
  - Easily fatigued;
  - Difficulty concentrating;
  - Irritability;
  - Muscle tension; or
  - Sleep disturbance.
  
2. Panic disorder or agoraphobia, characterized by one or both:
  - Panic attacks followed by a persistent concern or worry about additional panic attacks or their consequences; or
  
  - Disproportionate fear or anxiety about at least two different situations (for example, using public transportation, being in a crowd, being in a line, being outside of your home, being in open spaces).
  
3. Obsessive-compulsive disorder, characterized by one or both:
  - Involuntary, time-consuming preoccupation with intrusive, unwanted thoughts; or
  
  - Repetitive behaviors aimed at reducing anxiety.

AND

- B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 12.00F):
- Understand, remember, or apply information
  
  - Interact with others
  
  - Concentrate, persist, or maintain pace.
  
  - 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**:

- 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
- 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: