

## Appendix A - Employee Annuities

<u>Employer</u>	<u>Restrictions, Conditions or Exceptions, if any</u>
<b>-A-</b>	
Akron & Barberton Belt RR	
Akron Union Passenger Depot Co.	Current examination conducted if applicant has current employee status.
Alameda Belt Line	
Aliquippa and Southern RR	
American Refrigerator Transit Co.	See Attachment 3 to this Appendix.
Atchison, Topeka and Santa Fe Ry.	Medical reports furnished for members of hospital associations. Release RL-11 direct to Chief Surgeon of Hospital Association (See Contact Official List) with copy to Contact Officer. Request that medical reports be returned through Contact Officer's office.
Atlanta & Saint Andrews Bay Ry.	Current examinations conducted at company stations.
<b>-B-</b>	
Bangor and Aroostook RR	
Beaufort and Morehead RR	
Berlin Mills Ry.	
Birmingham Southern RR	
Board of Trustees of the Galveston Wharves	Current examinations conducted if applicant disabled in service, lives in or able to travel to Galveston area, and not out of service over one year.
Buffalo Creek RR (Lessees)	

Burlington Northern, Inc.	Current examinations not usually conducted. Reports of past examinations will be furnished. Release RL-11 to the Chief Medical Officer in St. Paul, MN in all cases.
<b>-C-</b>	
Cape Fear Railways, Inc.	
Carbon County Ry. Co.	
Chattahoochee Valley Ry.	
Chessie System (B&O, C&O and all subsidiaries)	Current examinations not usually conducted. Release RL-11 to Chief Medical Officer, Chessie System, 100 N. Charles St., Baltimore, MD 21201.
Chicago and North Western Ry.	Current examination conducted if applicant can report to company dispensary at 127 N. Clinton St., Chicago, IL.
Chicago, Milwaukee, St. Paul and Pacific RR	Current examination <u>not</u> conducted for employees East of Mobridge, SD. For employees West of Mobridge, SD, see Milwaukee Hospital Assn.
Chicago Union Station Co.	Current examination conducted if applicant has current employee status and can report to Chicago Union Station Depot, Chicago, IL.
Colorado and Southern Ry.	
Colorado and Wyoming Ry.	
CONRAIL	See Attachment 2 to this Appendix.
<b>-D-</b>	
Delray Connecting RR	Current examination conducted if applicant has current employee status.
Denver and Rio Grande Western RR	
Duluth Union Depot and Transfer Co.	
<b>-E-</b>	

Elgin, Joliet and Eastern Ry.	
<b>-F-</b>	
Florida East Coast Ry.	Current examinations not conducted. Reports of past examinations will be furnished. Release RL-11 to Chief Medical Examiner, Florida East Coast Railway Company, 2442 Atlantic Blvd., Jacksonville, FL 32207
Fonda, Johnstown and Gloversville RR	Current examinations conducted if applicant has current employee status and located in vicinity of Gloversville or Amsterdam, NY.
Fort Worth and Denver RY.	In addition to request for employer medical evidence, develop medical from designated examiner unless medical evidence is available from "applicant" sources.
<b>-G-</b>	
Great Western Ry.	
Green Bay and Western RR	Current examination conducted if DLW is not more than 6 months before the date of the request and if applicant has not worked in any other employment since leaving railroad service.
<b>-H-</b>	
Harbor Belt Line RR	Most applicants retain rights with company from which assigned - namely, AT&SF, UP, and SP. Request medical report from company with which applicant retained rights. If applicant does not retain rights with one of companies named, request report from SP.
Houston Belt & Terminal Ry.	Current examination conducted if applicant has current employee status.
<b>-I-</b>	
Illinois Terminal RR	See Attachment 3 to this Appendix.
<b>-K-</b>	

Kelley's Creek and Northwestern RR	
<b>-L-</b>	
Long Island RR	
Los Angeles Union Passenger Terminal	
Ludington & Northern RY.	
<b>-M-</b>	
Manufacturer's Ry. Co. (St. Louis)	See Attachment 3 to this Appendix.
Milwaukee Hospital Assn.	Employees of Chicago, Milwaukee, St. Paul and Pacific RR West of Mobridge, SD are members. Medical evidence will only be furnished for disqualified operating employees and other employees treated in Surgeon's office in Seattle, WA. Members of the Milwaukee Hosp. Assn. who have been examined by "on-line" assn. doctors should be furnished Form G-250 to be completed by the "on line" assn. doctor. Form G-250 should indicate the doctor is n assn. doctor.
Missouri-Illinois RR	See Attachment 3 of this Appendix.
Missouri-Kansas-Texas RR	<p>For members of the Missouri-Kansas-Texas Employees Hospital Assn., release RL-11b to the Administrator, Missouri-Kansas-Texas Hospital:</p> <p>(1) At Parsons, KS 67357 for members residing north of the Oklahoma-Kansas border;</p> <p>(2) At Denison, TX 75020 for members residing in Oklahoma and Texas.</p> <p>In addition, if applicant disqualified by Missouri-Kansas-Texas Railroad Medical Director, release RL-11 to Medical Director, Missouri-Kansas-Texas, 101 E. Main St., Denison, TX 75020.</p>

Missouri Pacific RR Co. and all Subsidiary Companies	See Attachment 3 to this Appendix.
Monongahela Connecting RR	
<b>-N-</b>	
Northwestern Pacific RR	See Southern Pacific
Transportation Co.	
<b>-O-</b>	
Ogden Union Ry and Depot Co.	
<b>-P-</b>	
Pacific Fruit Express	No medical records available for off-line employees.
Pearl River Valley RR	
Petaluma and Santa Rosa RR	See Southern Pacific Transportation Co.
Pittsburgh & Conneaut Dock Co.	
Port Terminal Railroad Assn.	Current examination conducted if applicant has current employee status.
Portland Traction Co. Portland RR and Terminal Div.	
Pueblo Union Depot and RR	
<b>-Q-</b>	
Quanah, Acme & Pacific Ry.	
<b>-R-</b>	
Rahway Valley Co., Lessee	Do not request medical report if personal injury case.
Richmond, Fredericksburg and Potomac RR	Current examination conducted if applicant has current employee status and able to report to company medical examiner.

<b>-S-</b>	
Salt Lake City Union Depot and RR	
San Diego & Arizona Eastern Ry.	See Southern Pacific Transportation Co.
Southern Pacific Transportation Co.	<p>If applicant has terminated service but is still carried on roster and retains rights, examination will be conducted for the following period after termination of service:</p> <p>Less than 12 months service - same length of time as was in service.</p> <p>1 year but less than 10 years service - not in excess of 1 year.</p> <p>10 year but less than 25 years of service - not in excess of 18 months.</p> <p>25 or more years service - not in excess of 24 months.</p> <p>If applicant has resigned or has been discharged, employer will not conduct current examinations but will furnish report of last examination prior to leaving service.</p>
Staten Island Rapid Transit Ry.	See Attachment 1 to this Appendix.
St. Louis Refrigerator Car Co.	See Attachment 3 of this Appendix.
St Louis - San Francisco Ry.	Current examination conducted for member of hospital association only.
St. Louis Southwestern Ry. (Cotton Belt)	Current examinations are not available and G-3EMP cannot be completed. Complete medical records for in- or out-patients of the St. Louis Southwestern Ry. Hospital through 6/1972 are available on request, and will be furnished upon authorization by the employee. Address requests for these medical records to:
St. Louis-Southwestern Ry. P.O. Box 778 Tyler, Texas 75701	Lines Hospital Trust

St. Mary RR	
<b>-T-</b>	
Terminal RR Assn. of St. Louis	See Attachment 3 of this Appendix.
Tidewater Southern Ry.	
Toledo, Angola & Western Ry.	
Tooele Valley Ry.	
Trona Ry.	
<b>-U-</b>	
Union Pacific RR	<p>Furnish employee applicant:</p> <ol style="list-style-type: none"> <li>1.) Original of Form RL-11 (prepared in triplicate) addressed to the physician of the UPRREHA (Union Pacific Railroad Employees Hospital Association) who will conduct the examination. If the employee cannot report to the physician who last treated or examined him, he can be referred to <u>any</u> company physician for the examination. (Amend Form RL-11 so that the completed Forms G-3EMP are returned to the district office;</li> <li>2.) Form G-3EMP (properly headed up) in duplicate; and</li> <li>3.) An envelope pre-addressed to the district office.</li> </ol> <p>Instruct the employee to present all of the above forms to the physician shown on Form RL-11 as soon as possible.</p> <p>Upon return of completed Forms G-3EMP, send the duplicate copy with a copy of Form RL-11 to the contact officer. Enter on the copy of Form RL-11, sent to the contact officer, the notation "Original report forwarded</p>

	to DBD." Forward the original Form G-3EMP with a copy of Form RL-11 to DBD.
Union RR (Pittsburgh, PA.)	Current examination conducted if applicant has current employee status.
United Transportation Union	Will conduct medical examinations for officers and employees who work at the international office. Forward Form RL-11 to the contact official.
<b>-V-</b>	
Visalia Electric RR	See Southern Pacific Transportation Co.
<b>-W-</b>	
Walla Walla Valley Ry.	
Ware Shoals RR	
Washington Terminal Co.	Current examination conducted if applicant has current employee status.
Western Pacific RR	
Wichita Union Terminal Ry.	
<b>-Y-</b>	
Youngstown and Northern RR	

### Attachment 1 The Chessie System

The Chessie System, which includes the Baltimore and Ohio Railroad, the Chesapeake and Ohio Railway, and the Western Maryland Railway, requests that all forms RL-11 be released to the offices listed below for completion.

The following is a list of the Chessie medical offices, their mailing addresses, and the major cities located in each district. The medical district also includes areas adjacent to or between the cities listed. Released Form RL-11 to the office of district in which the applicant resides. Current examinations may be arranged at these locations.

Medical Examiner	Cities Located in Medical District
Regional Medical Examiner	Ashland, KY

Chessie System Box 1800 Operating Headquarters Bldg. 801 Madison Avenue Hunting, WV	Raceland, KY Russell, KY Portsmouth, OH Charleston, WV Huntington, WV
Chief Medical Officer Chessie System 100 N Charles Street Baltimore, MD 21201	Washington, D.C. Wilmington, DE Chicago, IL E. St. Louis, IL Garrett, IN Indianapolis, IN Covington, KY Louisville, KY Newport, KY Stevens, KY Baltimore, MD Dearborn, MI Detroit, MI Flint, MI Grand Rapids, MI Ludington, MI Saginaw, MI St. Louis, MO

	New York, NY
	Chillicothe, OH
	Cincinnati, OH
	Columbus, OH
	Dayton, OH
	Fostoria, OH
	Hamilton, OH
	Lima, OH
	Toledo, OH
	Wallbridge, OH
	Philadelphia, PA
	Charlottesville, VA
	Newport News, VA
	Norfolk, VA
	Richmond, VA
	Parkersburgh, WV

Current examinations will not always be conducted; however, when the applicant has a current employee status and could report, at his own expense for examination by an employer medical examiner, enter the following postscript on Form RL-11:

"If requested, applicant can report for examination at \_\_\_\_\_."

Advise the applicant to comply promptly if the employer requests that he report for examination.

The following is a list of the medical examiners, their addresses, and the major cities located in each district. These facilities do NOT have a full time medical examiner, and current examinations can usually not be arranged. They may, upon receipt of Form RL-11, however, be able to provide records of pertinent past examinations.

Medical Examiner	Cities Located in Medical District
Medical Examiner Chessie System YMCA Building 720 Virginia Ave.	Cumberland, MD; Hagerstown, MD; Martinsburg, WV, Grafton WV, Fairmont, WV, Clarksburg, WV, Pittsburgh, PA, Connellsville, PA, Buffalo, NY, Rochester, NY
Medical Examiner Chessie System Metropolitan Building 39 S. Main Street Akron, OH 44308	Akron, OH; Youngstown, OH; Newark, OH, Zanesville, OH, New Castle, PA, Willard, OH

When the applicant does not indicate recent examination by a company doctor, release RL-11 to proper source, but do not wait for response from the Chessie - schedule appropriate examinations immediately.

### Attachment 2 The CONRAIL System

CONRAIL will conduct a current medical exam for a disability applicant provided:

- (1) He has a current employee status, and
- (2) He can report to one of the CONRAIL medical offices listed below.

If the applicant can report to one of the medical offices listed below, indicate in a footnote on Form RL-11:

Applicant can report for examination at (location).

The employer will notify the applicant to contact the appropriate medical office within 10 days for an appointment. Explain to the applicant the importance of complying with the employer's request to report for examination.

If the applicant states he was disqualified by a CONRAIL medical officer, question him closely to find out where he was examined, when, and by what doctor. Enter this information in the space provided on Form RL-11.

CONRAIL medical offices are located in the following cities:

Chicago, IL

Conway, PA

Indianapolis, IN

Philadelphia, PA

Pittsburgh, PA

Selkirk, NY

DO NOT DIRECT FORM RL-11 TO THE CONRAIL MEDICAL OFFICER; SEND IT TO THE CONTACT OFFICIAL.

CONRAIL has closed many medical offices since they became an employer in April 1975. If an applicant, for a disability annuity claims employer disqualification for medical reasons prior to the closing of one of the medical facilities, send an RL-11 to the contact official and specifically request a copy of the disqualification notice in a post script to that letter.

**Attachment 3 Other Railroads**

Developing medical evidence for an employee of one of the employers listed below:

<b>EMPLOYERS</b>	
American Refrigerator Transit	Missouri Pacific RR
Illinois Terminal RR	St. Louis Refrigerator Car Co.
Manufacturers Ry. Co. (St. Louis)	Terminal RR Assn. of St. Louis

<b>HOSPITAL ASSOCIATIONS</b>	
Chief Surgeon	Chief Surgeon
Missouri Pacific Employee's Hosp. Assn.	Gulf Coast Lines Employee's Hosp. Assn.
St. Louis-Little Rock Hospitals, Inc.	1601 West Alabama
If treated in the Little Rock	Houston, TX 77006

Hospital, send request:  Missouri Pacific Employee's  Hosp. Assn.  Little Rock, AR 72201	
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1. If applicant claims disqualification by employer, he should have a letter to that effect. If so, release RL-11 to disability contact officer as shown in contact official list.
2. If applicant is not disqualified by employer and is a member of one of the hospital associations shown above, release RL-11b direct to hospital association where treated. (If your experience indicates difficulty in securing medical reports form hospital association, schedule appropriate medical examination(s) with designated examiner simultaneously with release of request to hospital association.) 3. If applicant is not disqualified by employer and is not a member of one of the hospital associations shown above, schedule appropriate medical examination(s)..

Take the same tracer action on hospital associations as is taken on employers.

## Appendix B - Field Guide

### Medical Evidence Development And Evaluation

The following guide is used by field offices to both evaluate the adequacy of existing evidence and to determine which exams, tests, and X-rays are needed to supplement existing evidence.

#### Field Office Guide For Developing Medical Evidence

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
1. Musculoskeletal  A. Inflammatory Arthritis	Orthopedic	Antinuclear Antibody, <u>or</u> Erythrocyte  Sedimentation Rate, <u>or</u> Rheumatoid Factor

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
<p>B. Osteoarthritis</p> <p>C. Disorders of Spine</p> <p>D. Fractures</p> <p>E. Amputation</p> <p>F. Osteomyelitis</p>	<p>Orthopedic</p> <p>Orthopedic</p> <p>Orthopedic</p> <p>Orthopedic</p> <p>Orthopedic</p>	<p>X-ray of the most affected joints (maximum of three), you must specify the joints to be X-rayed.</p> <p>X-ray of the most affected joints (maximum of three), you must specify the joints to be X-rayed.</p> <p>X-ray of the portion of Spine affected.</p> <p>X-ray of the fractured area</p> <p>Erythrocyte</p> <p>Sedimentation Rate</p> <p>X-ray of the affected area (maximum of three), you must specify the area to be X-rayed.</p>
<p>2. Sensory</p> <p>A. Visual Disorders</p> <p>(1) Visual Acuity Ophthalmology</p> <p>(2) Visual Field Ophthalmology</p> <p>B. Hearing Disorders</p> <p>(1) Meniere's Disease</p>	<p>Otolaryngology (with audiometric and caloric test)</p>	

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
(2) Deafness	Otolaryngology (with audiometric test, and with air and bone condition pure tone studies)	
3. Respiratory  A. Obstructive Disorders  B. Restrictive Disorders  C. Pulmonary Tuberculosis  D. Other Infectious Lung Diseases  E. Occupational Lung Diseases  F. Diseases of Larynx	Internist  Internist  Internist  Internist  Internist	Ventilatory Studies, Chest X-ray  Chest X-ray  Ventilatory Studies, Chest X-ray  Ventilatory Studies, Chest X-ray  Ventilatory Studies, Chest X-ray
4. Cardiovascular  A. Congestive Heart Failure  B. Ischemic Heart  C. Conduction Disturbances Arrhythmias  D. Other Cardiovascular Conditions  (1) High Blood Pressure  (2) Aneurysms	Internist  Internist  Internist  Internist  Internist  Internist	Electrocardiogram (EKG), Chest X-ray  Electrocardiogram  Electrocardiogram  Electrocardiogram  Electrocardiogram  Affected area, specify the area to be X-rayed.

<b>SYSTEM/IMPAIRMENT</b>	<b>EXAMINATION</b>	<b>LAB TEST and/or X-RAY</b>
(3) Chronic Venous Insufficiency	Internist	
(4) Arteriosclerosis Obliterans	Internist	Doppler Ultrasound Blood Flow Study
(5) Transient Ischemic Attacks	Internist or Neurologist*	Electrocardiogram
5. Gastrointestinal		
A. Recurrent Upper Gastrointestinal Hemorrhage	Internist	
B. Stricture Stenosis Obstruction of Esophagus	Internist	
C. Peptic Ulcer	Internist	
D. Chronic Liver Disease	Internist	Liver Function Studies
E. Chronic Ulcerative Colitis	Internist	
F. Regional Enteritis	Internist	
6. Genito-Urinary		
A. Chronic Renal Failure	Internist	Serum Creatinine**
B. Nephrotic Syndrome	Internist	Serum Albumin**
7. Hemo-Lymphatic		
A. Disorders of Red Blood Cell	Internist	Red Blood Cell Count**
B. Disorders of White Blood Cell	Internist	Complete Blood Count**
C. Hemorrhagic Disorders	Internist	Platelet Count**

<b>SYSTEM/IMPAIRMENT</b>	<b>EXAMINATION</b>	<b>LAB TEST and/or X-RAY</b>
D. Lymphomas	Internist	
E. Plasma Cell Disorders	Internist	Complete Blood Count,** Serum Protein Electrophoresis**
8. Skin	Dermatologist	
9. Endocrine		
A. Thyroid Disorders	Internist	Thyroid Evaluation** (T3-T4)
B. Diabetes Mellitus	Internist	Serum Glucose**
C. Diabetes Insipidus	Internist	Urinalysis**
D. Hyperparathyroidism	Internist	Serum phosphorus,** Bone X-ray (maximum of three), you must specify the area to be X-rayed.
E. Hypoparathyroidism	Internist	Serum Phosphorus**
10. Neurological		
A. Epilepsy (seizures)	Neurological*	Anti-convulsant serum level
B. Cerebrovascular Accident (stroke)	Neurological*	
C. Cerebral Palsy	Neurological*	
D. Head Injury	Neurological*	
E. Intracranial Tumor	Neurological*	
F. Parkinsonism	Neurological*	
G. Chorea	Neurological*	
H. Multiple Sclerosis	Neurological*	
I. Diseases of Spinal Cord	Neurological*	

SYSTEM/IMPAIRMENT	EXAMINATION	LAB TEST and/or X-RAY
J. Peripheral Neuropathy	Neurological*	
11. Mental		
A. Mental Retardation	I.Q. Evaluation	
B. Other Mental	Psychiatric*	
12. Malignant Tumors	Internist	
13. Multiple Organ Systems		
A. Systemic Lupus Erythematosus	Internist	Antinuclear Antibody
B. Obesity	Internist	
C. All other multiple systems disorders		Exams, tests, and X-rays of one or more body systems as necessary. You must specify the type of X-ray.

\* All available medical evidence must be sent by overnight delivery to the contracted provider the same day the examination is ordered.

\*\* Order only if advised so by DSUBD staff.

### Appendix C - Medical Exam Reference Chart

NO.	DESCRIPTION
001	Dermatology (skin) exam
003	Otolaryngology (ear) exam including audiometric test with air and bone condition pure tone studies and with speech discrimination
005	Otolaryngology (ear) exam <b>with</b> Caloric test [i.e. test measuring <u>balance</u> ] including audiometric test
007	Ophthalmology (eye) exam
011	I.Q. Evaluation with psychometric testing
012	Neurology exam
013	Psychiatry exam
014	Minnesota Multiphasic Personality Inventory (MMPI) test

	REQUIRES APPROVAL FROM THE DISABILITY BENEFITS DIVISION (DBD)
016	Orthopedics exam
017	Internal medicine exam with Orthopedic involvement SCHEDULE THIS IF CONCURRENT ORTHOPEDIC <u>AND</u> NON-ORTHOPEDIC IMPAIRMENTS
018	Internal medicine exam
020	Serum Protein Electrophoresis REQUIRES APPROVAL FROM DBD
023	Arterial Blood Gas (Resting) test REQUIRES APPROVAL FROM DBD
024	Prothrombin Time and International Normalized Ratio (PT/INR) REQUIRES APPROVAL FROM DBD
026	Glycated Hemoglobin (also known as an "A1C" Test) REQUIRES APPROVAL FROM DBD
028	Hematocrit REQUIRES APPROVAL FROM DBD
030	Complete Blood Cell Count (CBC) REQUIRES APPROVAL FROM DBD
032	Serum Creatinine REQUIRES APPROVAL FROM DBD
033	Serum Albumin REQUIRES APPROVAL FROM DBD
034	Erythrocyte Sedimentation Rate
036	SMA series (SMA-12, etc.) REQUIRES APPROVAL FROM DBD
037	Anti-convulsant serum level
038	Liver Function Studies (SGPT, total protein, LDH, serum bilirubin and alkaline phosphatase)
039	Thyroid evaluation, T3-T4
040	Electro-encephalogram (EEG) REQUIRES APPROVAL FROM DBD
041	Ventilatory Function Studies (Pulmonary function test, spirometry)

042	Diffusing Capacity/Lungs (DLCO) REQUIRES APPROVAL FROM DBD
043	Stress (treadmill or bicycle) test with monitoring REQUIRES APPROVAL FROM DBD
044	Rheumatoid Factor
045	Electrocardiogram (EKG) with interpretation
046	Doppler Ultrasound Flow Detection Technique
047	Urinalysis (including chemical and microscopic examination) REQUIRES APPROVAL FROM DBD
048	Antinuclear Antibody
052/152	Left / Right ankle joint (X-ray) Anteroposterior, lateral views, and oblique
053/153	Left / Right upper arm (humerus) (X-ray) Anteroposterior, lateral views, and oblique
055	Chest, plain (X-ray)
058/158	Left / Right elbow (X-ray) Anteroposterior, lateral views and oblique
062/162	Left / Right foot (X-ray) Anteroposterior, lateral views and oblique
063/163	Left / Right forearm (radius and ulna) (X-ray) Anteroposterior, lateral views
067/167	Left/Right hand (X-ray) Anteroposterior, lateral views and oblique
068	Hip joints (right and left on one film) (X-ray) Anteroposterior view
073/173	Left/Right knee joint (X-ray) Anteroposterior, lateral views, and oblique
075/175	Left/Right lower leg (tibia and fibula) (X-ray) Anteroposterior and lateral views
079/179	Left/Right shoulder joint (X-ray) Anteroposterior view, internal and external rotation
085	Skull (X-ray)

	Anteroposterior, right and left lateral frontal and basal odontoid
087	Cervical spine (upper spine [i.e. neck area]) (X-ray) Anteroposterior and lateral views, odontoid
088	Dorsal spine (middle spine [i.e. upper-middle back area]) (X-ray) Anteroposterior and lateral views
089	Lumbar spine (lower spine [i.e. lower back area]) (X-ray) Anteroposterior and lateral views
092/192	Left/Right thigh (femur) (X-ray) Survey film
094/194	Left/Right wrist (X-ray) Anteroposterior and lateral views
101	Cardiology Exam
102	Oncology Exam
103	Otolaryngology Exam
104	Endocrinology Exam
105	Otolaryngology –ENG Exam
106	Otolaryngology –HINT Exam
107	Ophthalmology Exam
108	Pulmonology Exam
109	Gastroenterology Exam
110	Hematology Exam
111	Urology Exam
112	Neurologist Specialist Exam
113	Psychiatric Specialist Exam
116	Orthopedic Specialist Exam (Prior to July 1, 2015, this exam was limited only to Hearings Officers. Effective July 1, 2015, this limitation was removed).
123	Arterial Blood Gas (Exercise) REQUIRES APPROVAL FROM DBD
200	Functional Capacity Exam REQUIRES APPROVAL FROM DBD

## Appendix D - Daily Activities Questions

<b>Identifying Information</b>	The information contained in this worksheet is to be used when developing activities of daily living. The questions are to be used as guidelines when interviewing the applicant or the person representing the applicant. It is not necessary to ask each question. Rather the information provided can be used as a starting point in the discussion of the applicant's activities of daily living.		
Initiated by: <input type="checkbox"/> HQ <input type="checkbox"/> Field	Date	Name	RRB Claim Number
Applicant Name, Address and Telephone Number			
<b>Daily Routine</b>	Describe the applicant's daily routine - Include a discussion of the applicant's usual day and note any changes.		

<p><b>Sleeping and Rest</b></p>	<p>Describe the applicant's sleeping habits - Does the applicant have any trouble sleeping; describe any <b>changes</b> in the applicant's sleep patterns, what has changed, and when the change occurred; what time does the applicant get up; how does the applicant wake himself/herself; when does the applicant go to bed; how often does the applicant nap.</p>
<p><b>Personal Hygiene</b></p>	<p>Describe the applicant's personal grooming habits - How often does the applicant bathe/shower, shave, and change clothes; does the applicant need help with any of the above; describe any <b>changes</b> in the applicant's personal grooming habits, what has changed, and when this change occurred.</p>

<b>Eating and Meal Preparation</b>	Describe the applicant's eating habits - What kind of food does the applicant eat ( <i>for example, sandwiches, frozen dinners, soup, full-course meals, etc.</i> ); describe any <b>changes</b> in the way the applicant prepares meals and why and when these <b>changes</b> occurred; does anyone help the applicant with meal preparation; if this is a <b>change</b> , explain why the applicant needs help and when this <b>change</b> occurred; describe any cooking accidents since the applicant's condition began; has the amount of food consumed by the applicant increased or decreased, and, if so, describe why and when the <b>change</b> occurred.
<b>Housework and Hobbies</b>	Describe the applicant's housework, hobbies, and/or odd jobs - What type of housework ( <i>laundry, vacuuming, dusting, mopping floors, washing dishes, etc.</i> ), hobbies ( <i>reading, listening to radio, watching TV or movies, sports, collecting, church/club organizations, etc.</i> ), and/or odd jobs ( <i>household repairs, running errands, lawn care, taking out trash, washing the car, mending clothes, etc.</i> ) does the applicant perform; how many hours per day does the applicant spend on housework/hobby/odd job; does the applicant need help doing the housework/hobby/odd job; who does the applicant's housework/hobby/odd job if they are unable; how often does the applicant need help; describe any <b>changes</b> in the way the applicant does the housework/hobby/odd job, what has <b>changed</b> , and when the <b>change</b> occurred.

<b>Shopping</b>	Describe the applicant's ability to shop - Does the applicant use a shopping list and, if so, do they prepare the list themselves or does someone else prepare it; what does the applicant usually shop for ( <i>food, clothing, books, magazines, medicine, cigarettes, newspaper, etc.</i> ); where does the applicant shop; how does the applicant get to the shop; describe any <b>changes</b> in the applicant's shopping habits, what has <b>changed</b> , and when the <b>change</b> occurred.
<b>Transportation</b>	Describe the applicant's ability to use transportation - Does the applicant drive; if the applicant does not drive and this is a <b>change</b> , explain why and when this <b>change</b> occurred; how does the applicant get around (walk, public transportation, taxi, bicycle, etc.).
<b>Finances</b>	Describe the applicant's ability to handle financial matters - How does the applicant handle their money; does the applicant prepare a budget; does the applicant pay their own bills; does the applicant need to be reminded to pay their bills; if the applicant's ability to handle money has <b>changed</b> , explain what has <b>changed</b> , and when the <b>change</b> occurred.

<p><b>Socialization and Entertainment</b></p>	<p>Describe the applicant's entertainment and social activities - Does the applicant visit friends and relatives; how often and for how long does the applicant stay; describe any <b>changes</b> in the applicant's social visits, what has <b>changed</b>, and when the <b>change</b> occurred; has the applicant's condition affected their concentration when reading, watching TV, or listening to the radio; explain what has <b>changed</b> and when the <b>change</b> occurred.</p>
<p><b>Employment and Work Routine</b></p>	<p>Describe the applicant's ability to perform job duties - Did the applicant have trouble getting to work on time and, if so, explain why there was a problem being on time; describe the applicant's attendance record; if absent, explain the cause of the absences; was the applicant able to maintain their work routine; did the applicant have the ability to complete all of their daily work; did the applicant have: (1) any problems concentrating at work; (2) any special needs at work such as frequent rest periods; or (3) any trouble getting along with supervisors, coworkers or customers; were there any times the applicant needed to leave work because of their condition; describe any <b>changes</b> made to the applicant's work duties that affected their job and the applicant's ability to adapt to these <b>changes</b>.</p>

<b>Additional Information</b>	Enter any additional information that may be relevant. If we need any additional information about activities of daily living, who would best be able to give us that information? Provide name, address and telephone number of the person including their relationship to the applicant (i.e., neighbor, brother, spouse, etc).