

If medical evidence is thought of as the technical consideration of a disability claim, non-medical factors can be thought of as the human consideration. This is where a disability claim begins - what is the ailment and how does it affect the applicant? A report of non-medical factors enables DPS to evaluate the applicant's residual capacity for work. It is the consideration of non-medical factors which makes a disability decision not just a medical decision. Therefore, good development of non-medical factors is just as important in many cases as development of medical evidence. Since the disability claims examiner who makes the determination of disability under the Railroad Retirement Act and the Social Security Act does not see the applicant, the non-medical factors report is a "picture" of the applicant that the examiner must weigh along with the medical evidence submitted. Correct disability determinations depend upon good representation of both.

Non-medical factors may also serve as the basis for developing medical evidence at Railroad Retirement Board expense when no other medical evidence exists.

1315.5 Non-Medical Factors Defined

In general terms, non-medical factors include:

- A description from the applicant of his medical condition.
- The applicant's statement of how and when his condition affected his ability to work.
- A description from the applicant of his current daily activities and how they have been changed due to his medical condition.
- A summary of the applicant's education and training.

A description of the duties of the job(s) the applicant performed in the 15 years prior to their date last physically worked.. (Vocational factors are considered when determining if an employee or a widow(er) is disabled. They are not considered when determining if a remarried widow(er) or a surviving divorced spouse is disabled.)

In cases when the application is taken in person and the contact representative observes something pertinent to the disability claim, the observations are noted on Form G-626A, Field Office Personal Observation Record. It is not necessary for a contact representative to travel or meet with an applicant in order to obtain a personal observation, unless requested. If activities of daily living (ADLs) are needed, these can be secured either by phone or in person.

The following are examples of observations that may be considered pertinent: a description of any unusual aspects regarding the applicant's appearance, abnormal skin conditions, swelling or abnormality of any joints, peculiarity of speech or manner, shortness of breath, nervousness; supporting devices such as a cane, crutches, corset,

or leg brace; if eye glasses and hearing aid are owned, whether worn or not; stance; walk, such as a limp or foot drag.

1315.10 Reporting Non-Medical Factors

Vocational (Non-medical) factors for employee, surviving spouse, surviving remarried spouse or surviving divorced spouse applicants are reported on Form G-251. Form G-251A is completed in occupational disability claims only.

Form G-251 should ordinarily be completed by the applicant. Form G-251A request job information from railroad employers. Specific instructions for completing Forms G-251 and G-251A are contained in [FOM-I-1720](#).

When it is established that a person intends to file an application for disability, they should be furnished with Form G-251. Field offices are encouraged to furnish this form before an application is filed, if possible. However, do not refuse or delay an application for disability until the applicant furnishes a vocational report.

When an employee, surviving spouse, surviving remarried spouse or surviving divorced spouse is filing an application for a period of disability (Disability Freeze) and/or early Medicare and has previously submitted a Form G-251, it is not necessary to secure a new G-251 if they not worked since they last filed for disability. A note should be put in the Remarks section of the application transmittal form that a G-251 will not be submitted because the claimant has not worked since the last G-251 was submitted. In addition, EDMA should be checked to verify that no earnings have been posted since the last G-251 was submitted.

Do not make diagnoses or judgments in the report as to whether the applicant is disabled under the Railroad Retirement Act. While regard should be given to the fact that the applicant claims to be disabled, do not say anything that might cause a claimant to believe they will be found disabled. The assurance you can give them is that their claim will be developed properly, that it will receive just consideration and that there is an appeals procedure if they disagrees with the determination.

Other pertinent non-medical factors are noted in the Remarks section of the disability application. In some cases, DBD may request the field representative to provide their personal observations. In these cases, the observation can be provided via e-mail or memorandum.

1315.15 Documenting Daily Activities For Development Of Mental Impairment Cases

Mental impairments cause disability when the individual's ability to function is significantly restricted by the mental condition. In evaluating mental impairments, severity is measured in part by an objective description of findings of the claimant's activities of daily living (ADL). These ADL findings are documented in the Daily Activities sections of the disability applications and the G-254 (for cases requiring a

continuing disability review), and the form G-31 Activities of Daily Living Worksheet. The field service is primarily responsible for securing ADL findings in the RRB forms. They are essential to mental impairment claims adjudication and are used at headquarters to determine the severity of impairment, ascertain an appropriate mental residual functional capacity or determine a claimant's ability to perform their past railroad work or any other work.

NOTE: ADL findings may also be needed when determining the effect of symptoms such as neurological disorders, chronic fatigue, and chronic pain. The need for ADL findings in pain cases is a technical determination that can be made by a disability examiner but is usually made by a medical consultant.

1315.15.1 Why We Develop for ADL

An objective description of signs, symptoms and findings from existing records from hospitals, treating physicians, therapists and consultative examinations are used to determine the existence of a mental impairment. However, since there are no laboratory tests or any other diagnostic methods that can reliably measure functional limitations caused by mental impairments, we must rely on other evidence such as daily activities. The applicant is the primary source for this information unless the Disability Benefits Division (DBD) advises otherwise, or the contact representative believes the applicant to be unreliable or incapable of accounting for their daily activities.

NOTE: In cases where a third-party source is used to obtain ADL findings, the name and relationship of that person is to be noted under "additional information" in the RRB form being completed by the field service.

1315.15.2 Activities of Daily Living Documentation

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Documentation of functional limitations is essential to accurate adjudication. A marked limitation may arise when activities or functions are impaired, and the degree of limitations is such as to severely interfere with the ability to function independently, appropriately and efficiently.

The ADL findings are documented in Daily Activities sections of the disability applications and the G-254 (for continuing disability reviews), and the form G-31 worksheet. A detailed documentation of the applicant's activities of daily living and social functioning is an important tool in determining the severity of most mental impairments. Documentation should include a complete description of each activity discussed in the interview. The frequency, appropriateness, and quality of activities should be described along with the description of independence with which the applicant can perform them (that is, does the applicant need help to do them?). For instance, applicants who claim that they can cook should explain how the food is prepared, the variety of food and how often they cook. The more complete the information, the better a reviewer can evaluate a claim and avoid follow-up assignments.

1315.15.3 Field Office Development of the G-31

The form G-31 worksheet should be developed at the time the disability application is taken if any of the following criteria applies:

- The applicant is claiming a mental impairment, neurological impairment, chronic pain, or chronic fatigue as one of the primary conditions contributing to their claim of disability.
 - Examples of mental impairments include but are not limited to:
 - Bi-polar disorder, anxiety, schizophrenia, obsessive compulsive disorder, post-traumatic stress disorder
 - Examples of neurological impairments include but are not limited to:
 - Epilepsy, Alzheimer disease, Parkinson's disease, brain tumor, cerebrovascular accident (stroke)
 - Examples of chronic pain and chronic fatigue allegations when due to a diagnosis include but are not limited to:
 - Multiple sclerosis, cancer related fatigue, or depression due to chronic pain
- As part of the review of the medical evidence it is discovered that the applicant has been treated for a mental impairment, a neurological impairment, chronic pain, or chronic fatigue.
- As part of the interview process the claims representative notices bizarre behavior from the applicant.
- As part of the interview process the claims representative infers that a mental impairment, neurological impairment, chronic pain, or chronic fatigue may exist. For example, the applicant alleges impairments which the medical evidence does not support.

1315.15.4 When it is not Necessary to Develop a G-31

It is not necessary to develop a G-31 when the applicant's condition is obviously severe and enough other medical evidence is being submitted to substantiate a claim of disability. This includes a condition such as a disabled child with an IQ of 59 or less.

There are at least three instances where it is not necessary to develop for a G-31 with the initial application. However, upon review of all information in the file, the disability examiner may still determine additional ADL findings development needed. The conditions are:

- An applicant is currently institutionalized due to a mental condition,

- An applicant has filed and is receiving benefits at SSA based on a disability rating within the last year.
- An applicant's physical condition will be severe enough for a finding of disability. See example in Section [FOM-I-1315.15.5](#).

1315.15.5 Requests for Completion of the G-31

Many disability applicants who file based on physical impairments also complain of anxiety or depression. It may be indicative of a significant psychiatric illness, or it may be a natural manifestation of a person who is no longer working because of a disability. We should not develop medical evidence for alleged psychiatric impairments, including a G-31, unless there is an indication that the applicant's alleged psychiatric impairment is potentially severe.

For example, an applicant applies for a total and permanent disability annuity based on a herniated disk, diabetes mellitus, color blindness and depression. The AA-1d shows they are taking insulin but no anti-depressants. The timely records of the treating physician show mental functioning to be normal and mention no depression. The hospital records likewise do not show depression in either the pre- or post- operative diagnoses. Because there is no indication that the applicant's depression is severe or potentially severe, no development is necessary in this area, unless the claimant alleges that the mental impairment is new.

Any request for a G-31 received from DBD should include an explanation from the disability examiner making the request as to why a G-31 is needed. The explanation should provide the claims representative with an understanding of why the G-31 is needed.

For example, if the Disability Post section needs a G-31 as part of the CDR process, the explanation would say something like, "This applicant was previously rated disabled based on depression. We are now conducting a CDR and need an updated G-31."

Occasionally an RRB medical consultant will request G-31 development in situations that would appear to meet the criteria for not being needed, as explained in this procedure. The medical consultants request is based on medical findings by a medical professional, using knowledge and experience that is not covered in this procedure. In these cases, the explanation is a statement that the medical consultant requested G-31 development.

1315.15.6 Conducting an ADL Interview and Compiling ADL Documentation

If the field service is interviewing for the purpose of obtaining ADL findings it is important to make applicants feel that they are part of the process rather than the subject of an interrogation. Explain that the purpose of the interview is to consider how daily activities have been affected by the condition they are claiming. Encourage applicants to freely describe their activities by using open ended questions such as "What, Why, When, Tell

Me," rather than questions that are conducive to a yes or no answer. The form G-31 worksheet, available on RRAILS, is recommended as a guideline for conducting the interview and provides a structured narrative reporting that gives the complete information needed for the disability determination process.

In some instances, headquarters will send a copy of previous ADL documentation in file for the applicant/annuitant. This will happen when DBD is performing a CDR or if an applicant is filing for a disability freeze after having their initial disability freeze application denied. The field staff should be sure that the new ADL documentation shows any changes in the various activities. (**Note:** It is possible that due to the applicant's lifelong condition, no changes have occurred.) It is important to obtain the individual's current status on all daily living activities. Therefore, the "old" activities of daily living documents are to be used only as background and a reference to assist the C/R in developing more complete ADL findings when changes in the daily activities are noted. Annuitants must still be questioned about each activity. In questioning annuitants, do not refer directly to a behavior reported in previous ADL documents.

For example, if an annuitant previously said they stopped attending their child's sporting events due to depression, do not ask if they are still too depressed to attend their child's sporting events. Instead, approach the issue indirectly by asking about what they enjoy doing? Do they participate in family activities? Are they involved with their children's school and/or after school activities?

Once the communication flow is established, encourage the applicant to continue talking by using phrases such as "tell me more." Record only objective data with examples, including a comparison of current daily activities to activities prior to the onset of the mental impairment.

For example: When asked about recreation, hobbies or social activities, the applicant said that they used to enjoy going to the movie theater. They explained that for the past 15 years they went to the theater at least twice a month with a friend or by themselves. They went on to say that it has been over 6 months since they have gone to a theater because they believe that everyone in the theater is laughing at them. Further, they avoid any public activities for the same reason.

Rather than trying to determine how the person's activities or behaviors compare to some norm, the objective of ADL documents is to determine how the impairment has affected their lives and ability to function. Therefore, documentation for the period before the onset date is very helpful in determining functional limitations caused by mental impairments.

Exception: When the claimed impairment is Intellectual Disability the ADL documents should illustrate the claimant's lifelong limitations rather than changes in the ADL.

1315.15.7 Preparing and Submitting ADL Documents

Field staff is required to ensure that the Daily Activities sections of the disability applications or the G-254 (if a CDR is being conducted) contain responses. These sections can be completed without the need for the field service to conduct an interview and should be imaged along with the rest of the disability application or G-254.

When a mental impairment (psychological and neurological) is alleged or suspected then the field service will need to further elaborate on the responses given in the Daily Activities sections by performing an interview and completing the form G-31 worksheet. During the interview process for alleged or suspected mental impairment be sure to use G-31 as a guide to solicit clear and complete ADL findings. If you have questions that will elicit the necessary information and they are not on the G-31, then use your questions and add them to the G-31. The questions on the G-31 may not fit all situations, but they are helpful as a guide.

The G-31 worksheets should never be photocopied and handed to the applicant, nor should it ever be mailed to the applicant. The applicant will provide more complete and useful information in the interview process. Before concluding the interview and finalizing the documentation of the ADL findings refer to the worksheet to verify that all relevant questions have been discussed with the applicant for a complete description of daily activities and social functioning. It should also be noted that the interviewer needs to obtain information from the applicant that illustrates how the mental condition has changed the applicant's ADL since the onset of the mental condition. Be sure to include examples and quotations to help support and clarify information given in the interview.

When the G-31 is finalized, it is to be imaged. After having it imaged a paper copy is to be made and included with the disability application package being forwarded to DBD. If the G-31 is being done after the disability application package is submitted, send the G-31 to DBD as an e-mail attachment. As an alternative, if you are also sending additional medical evidence, you may send a completed G-31 paper copy along with the other medical.

