

## Prader-Willi Syndrome SSI Disability Evaluation Form for Other Sources

Legal Name of Applicant	
Applicant's Social Security Number	
Name of Person Completing Form	
Address:	
Telephone Number:	
Relationship to the Applicant (i.e. social worker, clergy, Case Manager, etc.)	

**Instructions:** The applicant listed above is applying for Supplemental Security Income (SSI). In order to establish a qualifying disabling condition, the Social Security Administration needs as much information as possible about this person's day to day experience. Please answer, based on your experience the following questions and, where possible, give details and/or examples. Thank you!

### Does the Applicant Experience:

Uncontrollable fits of rage. <u>Please explain:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Limited sequential reasoning. <i>(Trouble connecting one thought to the other, actions with consequences, etc.)</i> <u>Please explain:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Perseveration. <i>(repetition of words, questions, phrases)</i> <u>Please explain:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<p>Inappropriate and socially unacceptable behaviors. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <u>Please explain:</u></p>
<p>Impaired judgment. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <u>Please explain:</u></p>
<p>Oppositional defiant behavior. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <i>(characterized as stubborn, difficult, etc.)</i>  <u>Please explain:</u></p>
<p>Cognitive rigidity and inflexibility. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <i>(difficulty adapting to new ways of learning, resistant to change)</i>  <u>Please explain:</u></p>
<p>Disruptive behavior. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <u>Please explain:</u></p>

<p><b>Impulse control disorder.</b>  (acts without thinking through consequences, wants immediate gratification)  <u>Please explain:</u></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p>
<p><b>Factitious disorder.</b>  (lies or makes up stories)  <u>Please explain:</u></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p>
<p><b>Food seeking behavior</b>  <u>Please explain:</u></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p>