

Functional Assessment Statement (FAST) Medical Summary Report (MSR) Interview Guide

The *FAST MSR Interview Guide* provides sample questions and guidance for gathering information and writing a FAST MSR that includes details pertinent to the disability determination process. The *FAST MSR Template* is used to compile and organize information in seven main sections. It is written as a narrative letter to DDS as part of the SOAR process.

Using this guidance, SOAR-trained providers can respectfully gather a thorough history, which in turn helps the Disability Determination Services (DDS) understand the duration of a person's impairment and the impact of their illness(es) on work ability and functioning. You will not need to ask all the questions in each section. You can omit any sections/questions if you have gathered details from other sources or if they are not applicable to the applicant (e.g., no military service, legal issues, or substance use history).

Using Trauma-Informed Interviewing

The interviewing process can uncover past and current trauma; be sensitive to influences on a person's willingness and ability to share information. The overarching questions are: *Does asking about this information help provide insight into the applicant's functioning? Is the question being asked in a way that conveys a sense of care and non-judgment?*

SOAR Tip: Avoid exploring sensitive topics if you feel uncomfortable or ill-equipped to do so. Seek assistance from someone who is more clinically skilled or experienced to ensure that the person is safe from self-harm and/or emotional distress when the interview ends.

FAST MSR Interview Guide

Introduction

This section should provide a description that creates a mental picture to help a DDS examiner "see" the individual, since it is unlikely that the DDS examiner will ever meet the applicant. The introduction to the MSR will also include all the applicant's physical and mental health diagnoses and an overview of the case worker's and agency's involvement with the applicant. Following the Functional Assessment Statement (FAST) MSR format, the introduction also describes the applicant's current living situation and states when the applicant was last able to work.

Physical Assessment and Observations

Provide an overview of the applicant's appearance and mannerisms you have observed.

- Height and weight
- Clothing, hygiene, grooming, glasses, assistive devices
- Speech problems or pace; ability to remain engaged or maintain face-to-face contact
- Movements: Unusual movements of mouth/face; tremors in hands/legs; pace (fast/slow)
- Demeanor: Agitation? Attitude? Alert? Focused or needing re-direction in conversation?

Information to Consider

Avoid including information about the applicant's race, sexual orientation, or religion unless these demographics are related to traumatic experiences and/or discriminatory practices that contribute to the severity of their symptoms and current ability to function. (Note: SSA does not collect information regarding those demographics.)

Current Living Situation

The FAST MSR describes the applicant's current living situation in the introduction. Document where the applicant lives now, any recent periods of homelessness, and the supports they rely on to keep their housing. Focus on how housing instability affects functioning rather than on a full housing history.

Sample Questions

- *Where do you live or stay? Who are your household members?*
- *Were there times you were experiencing homelessness, after leaving one place and before finding another?*
- *How is it going living there? Are there supports in place that help you keep your housing?*

Occupational History

Employment History

DDS is interested in work during the five years before the applicant became unable to work, including informal and unrecorded work activity, and in the details of each job experience. Identify the last date the applicant worked, or the last date they earned at a substantial gainful activity (SGA) level. If the person does not have a lengthy work history, learn as much as possible about their employment. NOTE: SSA can provide a report of the person's earnings if requested. Contacting former employers, with the applicant's permission, may also provide useful evidence.

Sample Questions (for each job, including any supported employment)

- *When did you work there? What did you do?*
- *How long did you work there?*
- *What did you like or dislike about working there?*
- *What were your relationships like with your co-workers? Supervisors?*
- *Did you have any difficulties completing tasks or working with others?*
- *What made you leave the position?*
- *Have you done any work that was not on the books, such as day labor, odd jobs, or work you were paid for in cash?*
- *When was the last time you worked? Was there a point when you could no longer keep working? What happened?*

Education and Training

Education and training are vocational factors DDS considers alongside work history. Understanding how a person learns, and whether they received services in school for intellectual or behavioral issues, helps explain their ability to learn new work skills.

Sample Questions

- *Where did you go to school? Did you receive your high school diploma or GED?*
- *Did you repeat any grades or receive extra help or special education? If so, what was going on?*
- *What made you decide to leave school? What was happening then?*
- *Have you had any job training, vocational training, or certifications?*

Military Service History

Military service can provide insight into how the individual functions in a structured environment, including following orders and instructions, handling stress, and interacting with peers and authority figures. It can also be a source of medical records, periods of sobriety, and information about post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI) symptoms.

Sample Questions

- *Were you ever in the military? What branch of service were you in and what made you decide to join?*
- *What did you do? Did you get any special training while in the military?*
- *What type of discharge did you receive? If less than honorable, why?*
- *Were you treated for any illnesses or were you in any hospitals while serving?*
- *Were you exposed to blasts, Improvised Explosive Devices (IEDs), or did you ever lose consciousness?*
- *Did you experience anything in the military that you still think about or that bothers you?*

Physical Health Treatment

It is important to find out about any illnesses or injuries that could result in ongoing impairment. Applicants may be found eligible based on a combination of illnesses, so it is important to be comprehensive.

Diagnoses and Symptoms

DDS uses information from the medical records and collateral sources to determine whether the applicant's illness and conditions meet the severity requirements. Documenting the residual functional capacity (RFC) (i.e., what they can still do despite their impairments) of the applicant will support the claim.

Sample Questions

- *Are you currently being treated for any physical health problems? What are they?*
- *Have you ever fallen, been hit, or been in an accident where you were knocked out? What happened? Did you go to a doctor or hospital?*
- *Do you have any dizziness, headaches, difficulty paying attention, confusion? Have you had treatment for any of these?*
- *Have you noticed anything about your health that concerns you?*
- *Do you have any problems with walking/standing/sitting?*
- *How long/far can you walk without stopping to rest?*
- *How long can you stand? Sit?*

Treatment

This section will contain summaries of the applicant's treatment. Information gathered in the interview will help locate all available medical sources. Explore all treatment sources and gather as much specific information as

possible. After reviewing the Listings for each impairment, request from treatment sources the particular test results or measurements necessary for documenting each illness or condition.

Sample Questions

- *Where have you been treated for your physical health problems?*
- *Have you ever been hospitalized for any physical health problems? Where? When? For how long?*
- *Have you ever had any surgery? What was the result?*

Mental Health Treatment

Inquiries about past or current psychiatric symptoms and treatment must be done sensitively. Avoid using jargon. Elicit as much detail as possible about what the person experienced. Determine (as best as possible) the chronological occurrence of symptoms and treatment.

Diagnoses and Symptoms

DDS uses information about how the person experiences symptoms of their mental illness as part of the medical criteria for disability. Obtaining information about symptoms in the applicant's own words can be powerful information for DDS.

Sample questions:

- *Are you diagnosed with any mental health disorders (depression, PTSD, anxiety, etc.)?*
- *Describe how you feel day-to-day. Are some days better or worse than others?*
- *When you experience symptoms [depression, anxiety, a panic attack, etc.], tell me how that feels.*
- *When did you first notice these difficulties?*
- *When you started experiencing these problems/difficulties, what did you do?*
- *What have you tried on your own to feel better?*
- *What things make you feel worse?*
- *Has anyone helped you with managing these difficult experiences?*
- *As time went on, what happened? Did these experiences get worse? Better?*
- *Did you have any emotional or behavioral difficulties as a child or teenager? Did anyone notice or try to help?*
- Orientation
 - *Ask the person the place, year, month, date, and day of the week.*
- Psychomotor Activity
 - *Does the individual have difficulty sitting still? Do they seem agitated? Is the person noticeably slow in activity? Describe your observations.*
- Mood/Anxiety
 - *How do you sleep at night? If you don't sleep well, what happens?*
 - *Have you noticed a change (increase or decrease) in appetite? (If the individual doesn't eat, is it because of access to food or appetite changes?)*
 - *On a scale from 1 to 10 where 1 is very sad and 10 is very happy, what would you say you feel most of the time?*
 - *Does your mood change a lot? Do friends or family members tell you that your moods change quickly and unpredictably?*

- *Do you have thoughts of hurting yourself or hurting others?*
- *Do you ever notice yourself feeling very unsettled, anxious, or nervous? Do you ever experience shaking hands, racing heart, or sweaty palms? When does this happen?*
- *Give me some examples of things or activities that you find stressful or that bring on symptoms.*
- **Obsessions/Compulsions**
 - *Do you notice that there are certain things you must do the exact same way each time you do them? For example, organizing your belongings or washing your hands?*
 - *Do you worry about the same thing(s) repeatedly?*
 - *Do you have things you are afraid of? Do you think about those things happening a lot?*
- **Manic/Bipolar Symptoms**
 - *Do you ever feel that your thoughts are moving too quickly? Too slowly?*
 - *Do you ever struggle to think clearly or organize your thoughts?*
 - *Have you ever experienced a spending spree that you can't afford?*
 - *Do you ever stay up for long periods of time with no sleep and feel very energetic and productive?*
 - *Have you ever felt very powerful or in a high-level position even though other people might not have seen you that way?*
- **Psychotic Symptoms/Paranoia**
 - *Sometimes people hear voices or noises that other people say they don't hear. Does this happen to you? What do you hear?*
 - *Sometimes people see things that other people say they don't see. Does this happen to you? What do you see?*
 - *Do you sometimes feel that you aren't yourself? Or that you are another person?*
 - *Do you ever feel that people are talking about you behind your back?*
 - *Do you ever feel that someone is watching you?*
- **Other Symptoms/Information**
 - *Do you feel, in general, that other people want to hurt you or that they want to help you? Why?*
 - *Do you sometimes find that you get very angry over nothing?*

Trauma and Victimization

There are very high rates of trauma and victimization (past and present) for people of all genders who are experiencing homelessness, and this trauma can affect a person's current functioning.

Sample Questions

- *Was there ever a time when something really bad or upsetting happened to you? You don't need to give me any details. Does it still bother you?*
- *Do you feel safe or are you generally afraid? Of anyone or anything in particular?*
- *As a child or teenager, were you ever physically, emotionally, or sexually abused?*
- *Were you ever in a relationship where you were hurt or controlled, emotionally, physically, or financially? Do you feel safe now?*

Relevant Evidence for Inclusion

- Past trauma connected to discrimination, (e.g., denial of access to medical/educational/ legal services).

- Impact of historical trauma on the applicant's current functioning. (Consider the era and location in which the applicant was raised).

Information to Consider

- History of poverty
- Response to and interaction with others who are of a different race/ethnicity/orientation

Treatment

This section will contain brief summaries of the applicant's treatment. Information gathered in the interview will help locate all available medical sources.

Explore all treatment sources and gather as much specific information as possible. If someone does not remember where they have been treated, you may need to offer a list of commonly used facilities to jog their memory. You can also ask about what town they were in, the street it was on, the color of the building, etc. Use other sources: friends, family, other service providers, the internet, etc. Gather information about:

- Emergency room visits
- Past psychiatric hospitalizations
- Outpatient services: current counselor, therapist, or psychiatrist
- Supportive services: case management
- Medications: past and present, side effects
- Treatment during incarceration

Sample questions:

- *What kinds of treatment or services have you received for managing these difficulties?*
- *What has been most helpful? Least helpful?*
- *If you have not been able to get treatment, what has gotten in the way?*
- *Have you ever been hospitalized for mental health reasons? Did you ever experience these problems in jail? What help did you receive?*

Information to Consider

If the applicant does not have much treatment history, review their symptoms in detail and explain in the report why treatment was not received, for example cost, lack of insurance, transportation, symptoms that made it hard to keep appointments, or past negative experiences with providers.

Substance Use (if applicable)

The purpose of asking these questions is to help you (and DDS) determine if the applicant's substance use is "material" to their disability. To do so, you must understand the meaning of the person's substance use and its relevance to other diagnoses. You will need to be able to show that the person's illness and resulting functional impairments would still be present even in the absence of substance use. The person does not have to be abstaining from drugs or alcohol at the time of the application to make this determination.

Sample Questions

- *Do you drink alcohol? On a daily or weekly basis how many drinks do you have?*

- *Do you currently use any drugs (e.g., THC, prescription drugs not prescribed to you, methamphetamines)? How often? How do you administer your drug use? Needle, snorting, smoking?*
- *Help me understand why you use alcohol or drugs.*
- *Do you recall how old you were when you first started drinking (or using other drugs)? What was going on in your life then? What do you think made you decide to drink and/or use other drugs?*
- *When you drank or used drugs, how did you feel? What was the effect of your use on your life?*
- *What happened since that time? How would you describe your life since you've been using? What do you think affected how much you drank alcohol or used other drugs?*
- *What is your substance of choice now? If you could use any alcohol or other drug that you wanted, what would it be? Why do you prefer this drug? How does it make you feel? What does it do?*
- *Have you ever tried to limit your substance use? If yes, what happened? If no, what do you think would happen if you tried to stop drinking or using drugs now? How do you think you would do? How would you feel?*
- *Have you ever experienced blackouts (when you didn't remember what happened), shaking, or seizures when you were using alcohol or other drugs? How often? Were you treated for anything when this happened?*
- *Have you ever been in treatment for your substance use? If yes, what kind of treatment? What was that like for you? Was it helpful? In what way?*
- *Do you feel your substance use is a problem? Can you tell me why?*

Materiality

Include evidence that the applicant's use is not material to their disability by describing examples of how they experience symptoms while not actively using. Records from periods of incarceration or inpatient treatment often document these periods of non-use.

- Are there citations from medical records that document periods of non-use?
- Are there quotes from collateral sources that support the applicant's struggle to function while not actively using?

Information to Consider

Is the applicant's substance use included in the MSR Introduction? If so, consider stating the applicant's physical and mental health diagnoses before including information about their substance use.

Legal System Involvement (if applicable)¹

The FAST MSR does not include a separate legal history section. Use this information in the Mental Health Treatment, Substance Use, and Functional Information sections of the report. Contact with the legal system can

¹Having a history of offenses, incarceration, or probation will not interfere with eligibility. If the applicant has an outstanding felony warrant for flight or escape, this may interfere with eligibility for benefits; however, other warrants, including those for parole and probation violation do not affect eligibility.

show how symptoms affect day-to-day functioning, and records from a jail or prison can document periods of non-use when symptoms were still present.

Sample Questions

- *Do you have any legal history? If you're comfortable, can you tell me about it?*
- *Do you have any charges pending or any outstanding warrants? Any court dates scheduled?*
- *Are you on parole or probation now? Are you having any difficulties meeting the conditions?*

Relevant Evidence for Inclusion

Examples of police interactions, arrests, and incarcerations that were due to symptoms of the applicant's diagnoses. For instance, an applicant may have several arrests for aggressive and disruptive behavior that can be linked to symptoms of their diagnosis of Paranoid Schizophrenia.

Information to Consider

- There is no need to discuss every arrest and incarceration. Focus on connections between legal system involvement and the applicant's symptoms and functioning.
- Functional limitations may "look" different when the person is living in an institution. Prisons and jails have a unique culture, and functional limitations may be documented in "disciplinary" reports or other documentation outside of formal medical records.
- For example, an applicant receives several disciplinary reports for not showering for several days. There is no documentation that the applicant's hygiene was an issue in the past. A case worker may assume that the applicant chooses not to shower. However, upon further inquiry, it is discovered that the applicant's bunkmate, who would remind the applicant to shower, was recently released, so they no longer have that support.

Functional Information

Descriptions of how a person functions in each of DDS's four areas of mental functioning help make the link between the person's diagnosis and their ability to work. To be eligible for SSI/SSDI, the applicant must show "marked impairment" in at least two of the four functional areas listed below, or "extreme limitation" in one area. It is essential to clearly and specifically describe how the person functions in all four areas. Activities of Daily Living (ADLs) are a source of information about all four of the functional areas. The principle behind ADLs not being a separate area of functioning is that any given activity, including an ADL task, may involve the simultaneous use of multiple areas of mental functioning.

When writing the FAST MSR, use subheadings within each area to identify the source of the information, for example, the case worker, the applicant, collateral sources, medical records, or employers, and bold the details that show the severity of the impairment so they stand out to the DDS examiner.

Understand, Remember, or Apply Information

Remember Information

- *Do you find it easier to remember things from the past or things that happened recently? Do you notice any changes in your memory? What is different and when do you notice this?*

- *When someone gives you directions or instructions, can you remember them? Do you use any techniques to help remember things?*
- *How often do you have difficulty remembering something, such as a person's name, an appointment time, or instructions?*
- *Was there ever a time that you forgot something that was really important? If so, what happened?*
- *When you are having difficulty, how much effort do you put into remembering?*
- *Are there any activities you cannot do because of a problem with your memory or because you have trouble understanding the instructions?*
- *Do you take your medicine when you are supposed to? Do you forget to take your medicine?*

Understand and Apply Information

- *Do you have difficulty learning a new task, such as how to get to a new place? Can you tell me about a time that happened?*
- *If you aren't sure of how to do something, what do you do?*
- *When someone gives you more than three instructions on how to do a task, do you experience any difficulty following the order?*
- *When you begin to work on a task, and something goes wrong, how do you correct it?*
- *Have you ever followed a recipe? Tell me about your experience with that.*
- *If the applicant has a work history: When you start a new job and are learning what to do, how quickly do you catch on?*

Interact with Others

Interacting with others in the community:

- *Do you maintain contact with your family? If not, why?*
- *How often do you go somewhere outside? Do you usually go by yourself or with other people?*
- *Do you prefer to be alone or with other people? Why?*
- *How often do you visit other people? Who do you usually visit? How often do other people come to see you? How do you get along with them?*
- *Describe any difficulties you have with traveling outside the house.*
- *Did you have friendships before that you don't have now? Do you have thoughts about that?*
- *What do you do if someone makes you angry? How do you respond?*
- *Are you in any groups? Do you like being in groups?*
- *What kind of person would you say you get along with best? Who gives you the most difficulty?*
- *Are you currently married or in a relationship? Have you had struggles in relationships? If so, please describe.*
- *Do you have any children? How would you describe your relationship with them, and how often are they in your care?*

Interacting with others in work settings:

The Employment History questions about supervisors and co-workers also provide evidence for this area.

- *When someone corrects you or tells you that you could have done something better, how do you respond?*
- *Have you ever disagreed with a rule at work/school or in the community? How did you handle that?*
- *Do you work better with a group of people or by yourself?*

Information to Consider

Avoid listing personal names of family members (e.g., children, ex-spouse/partner, parents, etc.) who have not been given permission to provide collateral information.

Concentrate, Persist, or Maintain Pace

- *Have you noticed any changes in your ability to concentrate? If so, what have you noticed?*
- *Would you describe yourself as someone who is easily distracted, or can you stay focused on a task if you need to? Are you able to complete tasks in a timely manner?*
- *When you work around others, do you find it difficult to complete your tasks or block out the noise and other distractions? Have you ever gotten into trouble at work due to talking too much with others or not staying on task?*
- *What do you enjoy doing? What do you have an opportunity to do? When did you last do this? Are there any changes in what you enjoy now and what you used to enjoy?*
- *Do you like to watch TV? If yes, what do you watch? Would you be able to watch an hour-long show and tell me about it shortly after you saw it?*
- *If they are able to read: What do you usually read? Do you do this often? Could you tell me what you just read if I asked you soon after?*
- *Ask the person to complete serial 7s (i.e., Subtract 7 from 100, then subtract 7 from that total ... until the person reaches 65). If the person can't do 7s, ask him or her to try serial 3s. Note what happens.*
- *Ask the person to follow a three-step instruction, e.g., take this paper, fold it in half, and please return it to me.*

Adapt or Manage Oneself

Managing daily activities

- *How do you spend your days? What time do you get up in the morning and go to sleep at night?*
- *How many meals per day do you usually have? What times? What do you eat? If you don't eat regularly, how come?*
- *If you needed to shop for food to last a few days, would you need assistance or is that something you can tackle yourself? Do you usually have someone go with you to shop? Who? What assistance do they provide?*
- *Are you able to cook? When was the last time you were able to cook? What are your favorite foods to prepare?*
- *About how often are you able to bathe or shower? Has this been your usual routine? Do you need any assistance? Is there anything that keeps you from bathing or showering?*
- *If the person lives alone: What kind of housekeeping things do you do on a regular basis? What kind of chores do you find difficult to do? If the person lives with someone else: How are the chores split up? Do you need reminders to do chores?*

- *Are you able to do your own laundry? If yes, how often? If no, how come? Who does your laundry?*
- *How do you usually get to places? Walk? Drive? Use public transportation? How does that work for you?*
- *Are you able to set up a budget and stick with it, or is that something you could use assistance with?*
- *If applicable: When you have income, what usually happens to your money? Do you spend it right away or are you able to make it last?*

Adapting to change/challenges

- *When a major change or event happens in your life, how do you respond?*
- *When a supervisor changes your tasks or expectations, how do you handle it?*
- *If applicable: How do you handle times when you have physical pain while at work?*
- *If applicable: You mentioned times when you feel [insert symptoms the applicant has discussed such as depressed or anxious]. Does that ever happen at work? How do you handle it?*
- *Tell me about some short-term goals you have for yourself, then some long term goals.*

Summary

The FAST MSR closes with a short summary that restates the applicant's diagnoses and states that these conditions have kept them from working at a substantial gainful activity level. No additional interview questions are needed here. Before you close the interview, confirm that you have what you need to write this section, including all diagnoses and the last date the applicant was able to work.