

OCCUPATIONAL AND SOCIAL IMPAIRMENT DECISION MAP

The rating follows the functional effect of symptoms, not a mechanical symptom count.

START WITH THREE QUESTIONS

TURN SYMPTOMS INTO A FUNCTIONAL RECORD

1WHAT HAPPENS?

SYMPTOMS

Identify every manifestation supported by treatment notes, examinations, and competent lay evidence.

Do not limit the review to listed examples

2HOW MUCH AND HOW OFTEN?

FREQUENCY, SEVERITY, DURATION

Document how intense symptoms are, how often they occur, how long they last, and how the pattern changes over time.

Context matters more than a single snapshot

3WHAT DOES IT CHANGE?

FUNCTIONAL EFFECT

Connect the manifestations to work reliability, relationships, judgment, thinking, mood, self-care, safety, and daily activity.

This is the bridge to the rating level

THE RATING ANALYSIS

FROM EVIDENCE TO THE CLOSEST IMPAIRMENT STANDARD

01COLLECT THE WHOLE RECORD

Consider medical records, examinations, lay evidence, work history, treatment response, and periods of worsening or improvement.

02IDENTIFY FUNCTIONAL CONSEQUENCES

Explain how manifestations affect occupational and social functioning, not merely whether a symptom name appears.

03COMPARE THE OVERALL PICTURE

Determine which regulatory impairment description most closely reflects the veteran's disability picture.

04EXPLAIN THE SELECTED LEVEL

The decision should connect the evidence to the chosen standard and address favorable evidence supporting a higher level.

VAZQUEZ-CLAUDIO AND MAUERHAN

The analysis considers symptoms of similar severity, frequency, and duration, then asks whether they produce the occupational and social impairment required by the rating level. The listed symptoms are examples, not an exhaustive checklist.

DOCUMENT BOTH SIDES OF THE FORMULA

OCCUPATIONAL AND SOCIAL FUNCTIONING

1Reliability, productivity, attendance, concentration, pace, and task completion

2Stress tolerance, supervision, conflict, judgment, and workplace adaptation

3Family relationships, friendships, trust, communication, and isolation

4Community activity, hobbies, appointments, travel, and leaving the home

5Self-care, medication management, finances, meals, hygiene, and daily routine

6Safety concerns, crisis care, hospitalization, and need for assistance or supervision

THE EVIDENCE PACKAGE

USE SPECIFIC, DATED EXAMPLES

1TREATMENT NOTES

Symptoms, clinical observations, medication, therapy, crises, and response.

2C&P EXAMINATION

Diagnosis, manifestations, impairment selection, observations, and rationale.

3WORK EVIDENCE

Attendance, accommodations, discipline, performance changes, and job loss.

4LAY STATEMENTS

Firsthand examples from the veteran, family, friends, and coworkers.

5LONGITUDINAL HISTORY

How functioning changes across months or years rather than one appointment.

6CONTRADICTORY EVIDENCE

Explain apparent inconsistencies, good days, treatment response, and limited snapshots.

QUALITY CONTROL

COMMON ANALYSIS ERRORS

COMPLETE ANALYSIS

- Considers all supported manifestations
- Addresses frequency, severity, and duration
- Connects symptoms to functional effects
- Evaluates the record over time
- Explains why the chosen level is the closest match

INCOMPLETE ANALYSIS

- Counts symptoms from a checklist
- Requires every example listed at a rating level
- Relies on one brief examination snapshot
- Ignores work or social evidence
- Treats temporary improvement as complete recovery

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SOCIAL IMPAIRMENT MATTERS, BUT THE RATING IS NOT BASED ON SOCIAL IMPAIRMENT ALONE

The regulation requires consideration of both occupational and social impairment. The complete disability picture determines which standard is most closely approximated.