

**Table 2.** Mental Status Impairments.

Impairment description	% Impairment of the whole person
Impairment exists, but ability remains to perform satisfactorily most activities of daily living	1 - 14
Impairment requires direction and supervision of daily living activities	15 - 29
Impairment requires directed care under continued supervision and confinement in home or other facility	30 - 49
Individual is unable without supervision to care for self and be safe in any situation	50 - 70

neurologic impairments but may have psychiatric features as well, which may range from irritability to outbursts of rage or panic and from aggression to withdrawal. These illnesses may include depression, manic states, emotional fluctuations, socially unacceptable behavior, involuntary laughing or crying, and other kinds of central nervous system responses. The criteria for evaluating these disturbances (Table 3, below) relate to the criteria for mental and behavioral impairments (Chapter 14, p. 291).

**Table 3.** Emotional or Behavioral Impairments.

Impairment description	% Impairment of the whole person
Mild limitation of daily social and interpersonal functioning	0 - 14
Moderate limitation of <i>some</i> but not all social and interpersonal daily living functions	15 - 29
Severe limitation impeding useful action in <i>almost all</i> social and interpersonal daily functions	30 - 49
Severe limitation of <i>all</i> daily functions requiring total dependence on another person	50 - 70

## 4.1d Permanent Disturbances in Level of Consciousness and Awareness

These neurologic disturbances result in permanent loss of responsiveness, communication, and awareness and are seen in stupor, coma, and the persistent vegetative state. The criteria for these disturbances (Table 4, below) *do not* apply to sleep or seizure disorders or syncope.

**Example:** A 55-year-old man had a severe cerebrovascular hemorrhage, and 5 months later, when his condition was stable, he remained paralyzed on the right side and dependent on others for daily living activities and functions. He had to be fed, and the care of nurses or a family member was required for his bladder and bowel functioning.

A physical examination confirmed the presence of right hemiplegia and the patient's total dependence. The patient was unable to express himself clearly, and generalized weakness was present.

**Impairment:** The greater of the patient's impairment in consciousness and that related to aphasia was judged to be in his level of consciousness and awareness. The latter impairment was estimated to be 49% (Table 4, below). The upper-extremity impairment was estimated to be 60% (Table 14, p. 148). The impairments of the two organ systems were *combined* (Combined Values Chart, p. 322), and the estimated whole-person impairment was 80%.

**Table 4.** Impairment of Consciousness and Awareness.

Impairment description	% Impairment of the whole person
Brief repetitive or persisting alteration of state of consciousness, limiting ability to perform usual activities	0 - 14
Prolonged alteration of state of consciousness diminishing capabilities in personal care and other activities of daily living	15 - 29
State of semicoma with complete dependency and subsistence by artificial medical means	30 - 49
Persistent vegetative state, or irreversible coma requiring total medical support	50 - 90

## 4.1e Episodic Neurologic Disorders

Intermittent but persisting disorders of neurologic function may be grouped into conditions with syncope or loss of awareness, convulsive disorders, and arousal and sleep disorders. These conditions may