Patient Preparation Guide

ODSP Health Status Report & Activities of Daily Living

Ontario Disability Support Program | Form 2859E

> ⚠ **Read This First**
>
> This form is completed by your health care professional — NOT you. However, your input is essential. Use this guide to help your doctor can complete the form as accurately as possible. The green EXAMPLE boxes throughout show you exactly the level of detail that is most helpful.

> ⚠ **IMPORTANT**
>
> Ensure that you **COMPLETE AND SEND** the consent to release information and self report on the actual ODSP forms. These can be scanned and sent with this completed form

> 💡 **How to Use This Guide**
>
> Review each section, write your notes, and bring this guide to your appointment. Be specific. Vague answers help less. Think about your WORST or most typical bad days — not your best days.

Overview of the Form

The ODSP Disability Determination Package includes two mandatory forms completed by your health care professional:

Form	Purpose	Key Section
Health Status Report (HSR)	Documents medical conditions, impairments, restrictions, treatments, and prognosis. Includes the IEWS for mental health symptoms.	Sections 1–3 + IEWS
Activities of Daily Living Index (ADLI)	Rates how your disability affects 26 routine daily activities on a 0–3 scale, plus services you need.	26 ADL items + Services

Section 1 — Medical Conditions, Impairments & Restrictions

Your doctor must list all medical conditions that affect your health and how they restrict your daily functioning. Help them by preparing your answers to these questions:

What to Prepare

For each condition, write down:

- The diagnosis name (as your doctor calls it)
- The main symptoms (impairments) you experience
- How those symptoms limit what you can do at work, home, or in your community (restrictions)
- When the condition started and whether it is continuous or episodic (comes and goes)

✏ Example: Medical Condition	
Condition	Major Depressive Disorder, severe, recurrent
Impairments	Persistent low mood, anhedonia, fatigue, disrupted sleep, poor concentration, low motivation
Restrictions	Cannot maintain regular work schedule; misses 2–3 days per week on bad weeks. Difficulty leaving home for appointments or groceries. Cannot concentrate long enough to read, manage bills, or hold conversations.
Duration	Diagnosed 2019; continuous with episodic worsening; expected to be permanent

Section 2 — Medications & Treatments

Your doctor needs to list all current medications (with dosages), their effectiveness, side effects, and all past and current treatments. Help them by preparing:

- A current medication list (name, dose, frequency)
- How well each medication works (does it fully control symptoms, partially, or not at all?)
- Side effects that further limit your function (fatigue, cognitive fog, weight changes, etc.)
- All past medications tried and why they were stopped
- Other treatments: physiotherapy, occupational therapy, counselling, specialists, surgeries

✏ Example: Medications	
Medication	Sertraline 150 mg daily + Clonazepam 0.5 mg PRN
Effectiveness	Partial — reduces anxiety somewhat but depression remains severe. Sleep still disrupted.
Side Effects	Significant daytime sedation, difficulty concentrating in mornings, reduced appetite
Treatment	CBT (2021–2022, discontinued — could not maintain attendance). Currently on wait list for psychiatric referral.

Section 3 — Prognosis

Your doctor will indicate whether your condition is expected to improve, remain the same, or worsen. Remind your doctor:

- Whether your condition is expected to last 12 months or more (required for ODSP eligibility)

- Whether your condition is recurrent/episodic — you may qualify even if you have good days
- Whether treatment has helped — even partial improvement does not disqualify you if limitations remain

> **Important**
>
> Your condition does NOT need to be permanent. A condition expected to last 1+ years that substantially restricts your ability to work, manage personal care, or participate in the community can qualify.

Intellectual & Emotional Wellness Scale (IEWS)

The IEWS is a symptom checklist that is part of the Health Status Report. Your doctor should complete it if you have any mental health conditions, substance use concerns, or neurocognitive conditions (including ADHD, autism, learning disabilities, or cognitive impairment). It should also be completed if ANY of these symptoms are present — even if they are linked to a physical condition, such as poor sleep or concentration due to chronic pain.

> **Why this matters**
>
> The IEWS is a key tool for adjudicators assessing mental health and cognitive impairment. Many applications are weakened when the IEWS is skipped or left incomplete. If any of the symptoms below affect you, help your doctor document them thoroughly.

Rating Scale (0–3)

Score	Level	What it means
0	**Not present**	This symptom is absent or not relevant for you
1	**Mild**	Symptom is present but does not significantly impact daily functioning
2	**Moderate**	Symptom noticeably affects daily activities and requires some accommodation
3	**Severe / Marked**	Symptom substantially impairs functioning in work, home, or community

How to Prepare Notes for the IEWS

For each symptom below, think about how often it occurs and how much it affects your ability to function. Write down specific examples to share with your doctor:

✏ Example: IEWS Preparation Notes	
Mood (Depression)	Score: 3. Most days I feel hopeless and unable to get out of bed until early afternoon. I have no interest in activities I used to enjoy. Crying spells 4–5 times per week.
Anxiety	Score: 2. Panic attacks 2–3 times per week, often triggered by leaving the house. I avoid grocery stores and have not used public transit in 6 months.
Concentration	Score: 2. Cannot read for more than 10 minutes. I lose track of conversations, forget instructions, and have difficulty following TV shows.
Sleep	Score: 3. I sleep 12–14 hours but still feel exhausted. Some nights I cannot sleep at all due to racing thoughts.
Memory	Score: 2. I frequently forget appointments, miss medications, and cannot recall recent conversations. I rely on phone reminders for basic tasks.

IEWS Symptom Reference — Notes to Share With Your Doctor

Review each category below and note which ones affect you and how severely. Bring these notes to your appointment. For example:

Symptom / Feature	0	1	2	3	Notes for Doctor
Mood — Depressed / Low *Persistent sadness, hopelessness, tearfulness, loss of pleasure*	0	1	2	3	I feel depressed daily. I cannot get to work or see my friends. I cannot pick up the phone or read my favourite book. I used to love cooking but I cannot enjoy it anymore.

💡 Note on Consistency

Make sure the IEWS ratings are consistent with what you've described in Section 1 (conditions/restrictions). For example, if you described severe depression in Section 1, the IEWS should show a rating of 2 or 3 for mood, sleep, energy, and concentration.

Activities of Daily Living Index (ADLI)

Your doctor rates how your disability affects 26 routine activities. Use the scale below. Think about your typical or worst days — NOT your best days.

Score	Level	What it means
0	**No limitation**	You can do this activity independently without difficulty
1	**Mild**	You need minor help, extra time, or reminders
2	**Moderate**	You need supervision or significant support
3	**Severe**	You are unable to do this / someone else does it for you

💡 Key Tip

For activities rated 1, 2, or 3, your doctor should write a brief description. Help them by preparing specific examples — how long it takes you, what goes wrong, what help you need.

✏ Example: ADL Notes

#7 Meal Preparation	Score: 2 — I cannot safely use the stove alone due to forgetting I left food cooking (smoke alarm triggered 3x this month). I microwave simple meals. My sister helps with cooking twice per week.
#13 Mobility	Score: 2 — I can walk approximately 1.5 blocks before needing to stop due to knee pain and shortness of breath. I use a cane. Stairs require a railing and take 3x longer than normal.
#21 Managing Medication	Score: 2 — I forget to take medications 4–5 times per week without phone reminders. My partner organizes my weekly pill box because I mix up doses.

ADL Reference Table — Prepare One Score and Notes Per Activity

Rate each of the 26 activities and prepare a brief description for any activity rated 1, 2, or 3:

#	Activity	0	1	2	3	Describe Limitation
1	**Bladder Control** *Accidents, incontinence, need for reminders or protection*	0	1	2	(3)	*I cannot make it to the restroom often. Accidents nightly. Use Depends*

Services or Supports Needed

Your doctor will indicate which services or supports you currently need or are likely to need in the future. Prepare by noting which of these apply to you and why (for example):

Service / Support Type	Needed?	Details / Frequency
Personal care / attendant care	X Yes ☐ No	Daily. Since 2023. Prepares food 3x/ day and does laundry