

Residual Functional Capacity Questionnaire MENTAL IMPAIRMENT

Patient: _____

DOB: _____

Physician completing this form: _____

Please complete the following questions regarding this patient's impairments and attach all supporting treatment notes, radiologist reports, laboratory and test results.

Symptoms & Diagnosis

What diagnoses has this patient received? _____

Describe the patient's symptoms, such as pain, dizziness, fatigue, etc. _____

Does the patient have chronic pain/paresthesia? Yes No

Describe the patient's type of pain, location, frequency, precipitating factors, and severity. _____

Please indicate all positive objective signs exhibited by the patient:

- | | |
|---|--|
| <input type="checkbox"/> Appetite disturbance | <input type="checkbox"/> Autonomic hyperactivity |
| <input type="checkbox"/> Catatonic or other grossly disorganized behavior | <input type="checkbox"/> Decreased need for sleep |
| <input type="checkbox"/> Deeply ingrained, maladaptive patterns of behavior | <input type="checkbox"/> Difficulty thinking |
| <input type="checkbox"/> Disorientation to time and place | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Emotional lability | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Energy decrease | <input type="checkbox"/> Emotional withdrawal or isolation |
| <input type="checkbox"/> Feelings of guilt or worthlessness | <input type="checkbox"/> Excessive and exaggerated worry |
| <input type="checkbox"/> Generalized persistent anxiety | <input type="checkbox"/> Flight of ideas |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Hallucinations or delusions |
| <input type="checkbox"/> Illogical thinking | <input type="checkbox"/> Hypochondria |
| <input type="checkbox"/> Inappropriate suspiciousness or hostility | <input type="checkbox"/> Impulsive and damaging behavior |
| <input type="checkbox"/> Inflated self-esteem | <input type="checkbox"/> Incoherence |
| <input type="checkbox"/> Lack of emotional expression | <input type="checkbox"/> Intense/Unstable interpersonal relationships |
| <input type="checkbox"/> Loss of impulse control | <input type="checkbox"/> Loosening of associations |
| <input type="checkbox"/> Loss of interest most activities | <input type="checkbox"/> Loss of intellectual ability (15+ IQ points) |
| <input type="checkbox"/> Marked distress from recurring memories of a traumatic experience | <input type="checkbox"/> Memory impairment (short, intermediate or long term) |
| <input type="checkbox"/> Mood disturbances (persistent) | <input type="checkbox"/> Motor tension |
| <input type="checkbox"/> Oddities of thought, perception, speech or behavior | <input type="checkbox"/> Participation in activities with painful consequences |
| <input type="checkbox"/> Pathological dependence/passivity/aggressivity | <input type="checkbox"/> Perceptual or thinking disturbances |
| <input type="checkbox"/> Nonorganic disturbance of vision, speech, hearing, limb use, control, or sensation | <input type="checkbox"/> Personality change |
| <input type="checkbox"/> Recurrent obsessions or compulsions that cause distress | <input type="checkbox"/> Pressured speech |
| | <input type="checkbox"/> Psychomotor agitation or retardation |
| | <input type="checkbox"/> Seclusiveness or autistic thinking |

- Speech that lacks meaning or is greater than necessary
- Weight change
- Sleep disturbance
- Substance dependence
- Suicidal thoughts
- Anxiety related disorder with complete inability to function independently outside of the home.
- Bipolar syndrome with a history of episodic periods manifested by a full symptomatic picture of both manic and depressive syndromes, currently characterized by either or both syndromes
- History of multiple physical symptoms (for which there are no organic findings or physiological mechanisms) of several years duration beginning before age 30, that have caused the individual to take medication frequently, see a physician often and alter life patterns significantly
- Irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the dreaded object, activity or situation
- Low IQ or reduced intellectual functioning. If yes, explain: _____

- Panic attacks (recurrent and severe) manifested by a sudden unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on average of a minimum of once a week
- Psychological or behavioral abnormalities associated with a dysfunction of the brain with the presence of a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities
- Medically documented history of a chronic organic mental, schizophrenic, or affective disorder that has lasted at least 2 years and caused a limitation in the patient's ability to perform basic work, is treated with medication or psychosocial support, and one of the following:
 - Three or more episodes of decompensation within 12 months, each lasting at least two weeks.
 - A residual disease pattern that demonstrates even a small change in the environment or mental demands would likely cause the patient to decompensate.
 - Inability to function outside of a highly supportive living situation for the past year or more and the need for continued support.

Does the patient's psychiatric condition exacerbate the experience of pain or other physical symptom?
 Yes No

If yes, please explain: _____

What is the earliest date that the above description of limitations applies? _____

Have these symptoms lasted (or are they expected to last) twelve months or longer? Yes No

Are this patient's symptoms and functional limitations impacted by emotional factors? Yes No

If yes, please mark any known psychological conditions that affect this patient's pain:

- Depression
- Anxiety
- Somatoform disorder
- Personality disorder
- Other: _____

Are these physical and emotional impairments reasonably consistent with the patient's symptoms and functional limitations? Yes No

If no, please explain: _____

Testing & Treatments

Please provide the results for the patient's DSM-IV Multiaxial Evaluation:

Axis I: _____ Axis II: _____

Axis III: _____ Axis IV: _____

Axis V: _____

Current GAF _____ Highest GAF in past year: _____

Treatment and response: _____

Identify any positive clinical findings and test results: _____

Please list the patient's current medications: _____

Please indicate the treatment type, start dates, and frequency: _____

What is the patient's prognosis? _____

Is this patient a malingerer? Yes No

Functional Work Limitations

When answering the following questions, please consider this patient's impairments and estimate his or her ability to work in a competitive work environment for an 8-hour shift with normal breaks.

How often do you expect this patient's pain or symptoms to interfere with the attention and concentration necessary to perform simple work tasks?

- Never
- Rarely (1% to 5% of an 8 hour working day)
- Occasionally (6% to 33% of an 8 hour working day)
- Frequently (34% to 66% of an 8 hour working day)
- Constantly

How well do you expect this patient to be able to tolerate work stress?

- Incapable of even "low stress" jobs
- Only capable of low stress jobs
- Moderate stress is okay
- Capable of high stress situations

Explain: _____

Is this patient taking any medications with side effects that may affect his or her ability to work?

Yes No

If yes, please list possible side effects. _____

Can this patient manage benefits on his or own behalf? Yes No

Mark the appropriate response for each question to demonstrate this patient's ability to function in a work environment on a daily basis. Consider the patient's impairments, mental and emotional needs, medical history and anticipated duration; but not age, sex, or work experience.

Mental Abilities and Aptitudes Needed to do Unskilled Work

	Unlimited	Limited but Able	Very Limited	Cannot be Competitive	Unable
Accepting instructions and responding appropriately to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhering to neatness and cleanliness standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking appropriate questions and for assistance when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of normal hazards and able to take appropriate precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying out short, simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing a normal workday and week without interruption from psychologically based symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with normal work stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting appropriately with general public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining attention for simple, repetitive tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining regular attendance punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining socially appropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making simple work-related decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing routine repetitive work at a consistent pace without unreasonable breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding appropriately to changes in a routine work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding and carrying out simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with or around others without distracting or being distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without special supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any marks in the "Very Limited," "Cannot be Competitive," and "Unable" columns and specify the specific clinical findings that support this assessment. _____

Mental Abilities and Aptitudes Needed to do Semi-Skilled and Skilled Work

	Unlimited	Limited but Able	Very Limited	Cannot be Competitive	Unable
Adhering to neatness and cleanliness standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying out detailed instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with normal stress of semi-skilled and skilled work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting appropriately with general public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making plans independently of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting and completing realistic goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining socially appropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traveling to an unfamiliar place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding and remembering detailed instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any marks in the "Very Limited," "Cannot be Competitive," and "Unable" columns and specify the specific clinical findings that support this assessment. _____

Indicate any other manifestations of the patient's mental impairment that result in marked limitations. Social Security considers "marked" limitations to be more than moderate, but less than extreme. A marked limitation may arise when activities or functions are impaired enough to seriously interfere with the ability to function independently, appropriately, effectively, and on a sustained basis.

	None/Mild	Moderate	Marked	Extreme
Difficulty maintaining concentration, persistence, or pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty maintaining social functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restriction of activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the patient experience episodes of decompensation, where symptoms or signs are accompanied by a loss of adaptive functioning (ie: difficulties performing daily living activities, maintaining social relationships, or maintaining concentration, persistence or pace)? These episodes may be demonstrated by an exacerbation of symptoms that would ordinarily require increased treatment or a less stressful situation, or both. Yes No

If yes, please explain: _____

Did this patient have 3+ episodes lasting less than 2 weeks each? Yes No

If yes, please explain and give approximate dates: _____

Did this patient have less than 3 episodes, but each lasted longer than 2 weeks? Yes No

If yes, please explain and give approximate dates: _____

Does this patient currently abuse alcohol or street drugs? Yes No Unsure

If yes, do you think the patient's described symptoms and limitations would diminish if sobriety was maintained? Yes No

Explain: _____

If no, to the best of your knowledge, when was the last time your patient abused alcohol or street drugs? Never _____

Please describe any other limitations that might affect this patient's ability to work at a regular job on a sustained basis, such as psychological issues, limited vision or hearing, or the inability to adjust to temperature, wetness, humidity, noise, dust, fumes, gases or hazards, etc.

Please describe additional tests or clinical findings not described on this form that clarify the severity of the patient's impairments.

Completed by:

Physician's Printed Name

Physician's Signature

Address

Date

