Crohn's Disease & Colitis
Residual Functional Capacity Questionnaire

Name:_____ SSN:_____

Please answer the following questions concerning your patient's impairments.

1. Diagnosis:_____

2. Prognosis:_____

3. Identify all of your patient's symptoms:

□ Abdominal pain & cramping	□ Difficulty thinking & concentrating
□ Fever □ Depression	□ Weight Loss □ Vomiting
□ Impaired appetite	□ Fistulas □ Malaise
□ Anal Fissures □ Fatigue	□ Peripheral arthritis □ Mucous in stool
□ Kidney problems	□ Chronic diarrhea □ Bloody diarrhea
□ Bowel obstruction	□ Other:_____

4. Do emotional factors contribute to the severity of your patient's symptoms and functional limitations? □ Yes □ No

5. Have your patient's impairments lasted or can they be expected to last at least twelve months?
□ Yes □ No

6. Are your patient's impairments (physical plus emotional)reasonably consistent with the symptoms and functional limitations described in this evaluation?
□ Yes □No

7. How often are your patient's symptoms severe enough to interfere with attention and concentration? □Never □Seldom □ Often □ Frequently □ Constantly

8. As a result of your patient's impairments <u>estimate</u> your patient's functional limitations if your patient were placed in a competitive work situation.

a. Circle the hours and/or minutes that your patient can continuously sit and stand at one time:

	Minutes							**Hours**		
1. **Sit**	0	5	10	15	20	30	45	1	2	More than 2
	Minutes							**Hours**		
2. **Stand**	0	5	10	15	20	30	45	1	2	More than 2

b. Indicate how long your patient can sit and stand/walk total in an 8 hour working day?

Sit	**Stand/walk**	
□	□	less than 2 hours
□	□	about 2 hours
□	□	about 4 hours
□	□	at least 6 hours

c. How many pounds can your patient lift and carry in a competitive work situation?

	Never	Occasionally	Frequently
Less than 10 lbs.	☐	☐	☐
10 lbs.	☐	☐	☐
20 lbs.	☐	☐	☐
50 lbs.	☐	☐	☐

9. Does your patient have significant limitations in doing repetitive reaching, handling or fingering? ☐ Yes ☐ No

10. Are your patient's impairments likely to produce "good days" and "bad days"?
☐ Yes ☐ No

11. Please name any other limitations that would affect your patient's ability to work at a regular job on a sustained basis? _____
_____

12. How long has your patient been functioning at this level?_____

Date: _____ Signature:_____

Print/Type Name: _____