Pulmonary Residual Functional Capacity Questionnaire

Patient: _____SSN:_____

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING YOUR PATIENT'S ABILITY TO DO WORK RELATED PHYSICAL ACTIVITIES ON A SUSTAINED BASIS IN A WORK SETTING.

1. **How many pounds can your patient lift and carry in a competitive work setting?**

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

2. **Identify all of your patient's symptoms:**

☐ Fatigue ☐Ronchi ☐General Malaise
☐Edema ☐Orthopnea ☐Shortness of Breath
☐ Chest tightness ☐Wheezing ☐Episodic acute asthma
☐Episodic acute bronchitis ☐ Episodic Pneumonia
☐ Palpitations

3. **If your patient has acute asthma attacks,**
   a. What are the precipitating factors:

☐Upper respiratory infection ☐Emotional upset & stress
☐ Exercise ☐Irritants
☐Aspirin/tartazine ☐Cold air & change in weather
☐Allergens ☐Foods

   b. Characterize the nature and severity of your patient's attacks:

_____
_____

   c. How often does your patient have asthma attacks?

_____

   d. How long is your patient incapacitated during an average attack?_____

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

If yes, please estimate, on the average, how often your patient is likely to be absent from work as a result of the impairments or treatment:

☐Never ☐ About twice a month
☐Less than once a month ☐ About three times a month
☐About once a month ☐More than 3 times a month

5. Mark the degree to which your patient should avoid the following:

	No Restriction	Avoid Concentrated Exposure	Avoid Moderate Exposure	Avoid All Exposure
Extreme Heat	☐	☐	☐	☐
Extreme Cold	☐	☐	☐	☐
High Humidity	☐	☐	☐	☐
Solvents/Cleaners	☐	☐	☐	☐
Chemicals	☐	☐	☐	☐
Soldering Fluxes	☐	☐	☐	☐
Cigarette Smoke	☐	☐	☐	☐
Perfumes	☐	☐	☐	☐
Fumes, Dust, Gases	☐	☐	☐	☐

6. As a result of your patient's impairments, estimate your patient's functional limitations if your patient were places in a competitive work situation:

Sit 0 5 10 15 20 30 45 minutes 1 2 <2 hours
Stand 0 5 10 15 20 30 45 minutes 1 2 <2 hours

Total in an 8 hour working day:

Sit	**<2**	**about 2**	**about 4**	**at least 6 hours**
Stand/ Walk	**<2**	**about 2**	**about 4**	**at least 6 hours**

7. Is your patient a malingerer? ☐Yes ☐No

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

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

Primary Diagnosis:_____

_____M.D. _____ DATE

Printed Name: _____