RESIDUAL FUNCTIONAL CAPACITY QUESTIONNAIRE

PATIENT: _____ SSN: _____

Dear Doctor:

THIS QUESTIONNAIRE IS DESIGNED TO ANSWER CERTAIN QUESTIONS ABOUT THE PATIENT'S RESIDUAL FUNCTIONAL CAPACITY. IT IS ESSENTIAL THAT YOUR ANSWERS BE BASED ON **YOUR ESTIMATE OF YOUR PATIENT'S CURRENT PSYCHIATRIC IMPAIRMENT AND NOT THE PATIENT'S SUBJECTIVE COMPLAINTS OR ANY PHYSICAL IMPAIRMENT.**

PLEASE SEE DEFINITIONS OF RATING TERMS AT END OF THE FORM.

1. Estimated restriction of activities of daily living:

none mild moderate marked extreme

2. Estimated degree of difficulty in maintaining social functioning:

none mild moderate marked extreme

3. Estimated deficiencies of concentration, persistence, or pace resulting in failure to complete tasks in a timely manner (in a work setting or elsewhere):

none mild moderate marked extreme

4. Episodes of deterioration or decomposition in work or work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors):

none one or two three four or more

5. Based on your evaluation of the patient's psychiatric status, please give your opinion as to the limitations in the patient's ability to do the following on a sustained basis in a routine work setting:

(A) Understand, carry out, and remember instructions in a work setting:

none mild moderate marked extreme

(B) Respond appropriately to supervision in a work setting:

none mild moderate marked extreme

(C) Respond appropriately to co-workers in a work setting:

none mild moderate marked extreme

(D) Perform simple tasks in a work setting:

none mild moderate marked extreme

(E) Perform repetitive tasks in a work setting:

none mild moderate marked extreme

6. Duration of Impairment: Have the above limitations lasted or can they be expected to last for 12 months or longer? _____ YES _____ NO

7. If mental retardation is present, when, in your opinion and based upon your evaluation of the claimant, did the claimant first suffer from mental retardation at the current level?

_____

8. If a mental impairment other than mental retardation is present, when, in your opinion and based upon your evaluation of the claimant, did the claimant first suffer the limitations at the level of severity indicated in this evaluation?_____

9. Was a psychological evaluation obtained? _____ YES _____ NO

10. What are the side-effects, if any, if the claimant is taking any medication(s)?

_____

11. Diagnosis:

_____

_____

12. Comments/Prognosis:

_____

_____

DEFINITION OF RATING TERMS

NONE: no impairment in this area.

MILD: suspected impairment of slight importance which does not affect ability to function.

MODERATE: an impairment which affects but does not preclude ability to function.

MARKED: an impairment which seriously affects ability to function.

EXTREME: extreme impairment of ability to function.

SIGNED: _____

DATE: _____

PRINT NAME: _____