

Residual Functional Capacity Questionnaire HUMAN IMMUNODEFICIENCY VIRUS (HIV) - AIDS

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.

Medical Symptoms & Diagnoses

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. _____

Opportunistic and Indicator Diseases

Please indicate all positive infections and abnormalities exhibited by the patient:

Bacterial Infections

- Bacterial Infections (multiple or recurrent) that required hospitalization or intravenous antibiotic treatment three or more times in one year
- Mycobacterial Infection in a location other than lungs, skin, or cervical or hilar lymph nodes
- Nocardiosis
- Pulmonary Tuberculosis (resistant to treatment)
- Non-Typhoid Salmonella Bacteremia (recurrent)
- Syphilis or Neurosyphilis (such as meningovascular syphilis) resulting in neurologic or other sequelae

Fungal Infections

- Aspergillosis
- Candidiasis at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes or involving the esophagus, trachea, bronchi, or lungs
- Coccidioidomycosis at a site other than lungs or lymph nodes
- Cryptococcosis (such as cryptococcal meningitis) at a site other than the lungs
- Histoplasmosis at a site other than the lungs or lymph nodes
- Mucormycosis

Protozoan or Helminthic Infections

- Cryptosporidiosis, Isosporiasis, or Microsporidiosis with diarrhea lasting for 1 month or longer
- Pneumocystis Carinii Pneumonia or Extrapulmonary Pneumocystis Carinii Infection
- Strongyloidiasis, extra-intestinal
- Toxoplasmosis of an organ other than the liver, spleen or lymph nodes

Viral Infections

- Cytomegalovirus disease at a site other than the liver, spleen or lymph nodes
- Hepatitis resulting in chronic liver disease (manifested by appropriate findings such as persistent ascites, bleeding esophageal varices, or hepatic encephalopathy)
- Herpes Simplex Virus causing mucocutaneous infection (such as oral, genital, perianal) lasting for 1 month or longer; or infection at a site other than the skin or mucous membranes (such as bronchitis, pneumonitis, esophagitis, or encephalitis), or disseminated infection
- Herpes Zoster (resistant to treatment) disseminated or with multidermatomal eruptions
- Progressive Multifocal Leukoencephalopathy

Malignant Neoplasms

- Carcinoma of the Cervix (invasive) FIGO stage II and beyond
- Kaposi's Sarcoma with extensive oral lesions; or involvement of the gastrointestinal tract, lungs, or other visceral organs; or involvement of the skin or mucous membranes with extensive fungating or ulcerating lesions (resistant to treatment).
- Lymphoma of any type
- Squamous Cell Carcinoma of the Anus

Skin or Mucus Membranes

- Conditions of the Skin or Mucous Membranes with extensive fungating or ulcerating lesions not responding to treatment (such as eczema or psoriasis, vulvovaginal or other mucosal candida, condyloma caused by human papillomavirus, or genital ulcerative disease)

Hematologic Abnormalities

- Anemia (hematocrit persisting at 30 percent or less) requiring one or more blood transfusions on an average of at least once every 2 months
- Granulocytopenia with absolute neutrophil counts repeatedly below 1,000 cells/mm³, with at least one spontaneous hemorrhage, requiring transfusion in the last 5 months, or intracranial bleeding in the last 12 months

Neurological Abnormalities

- HIV Encephalopathy (progressive) characterized by cognitive or motor dysfunction that limits function
- Other Neurological Manifestations of HIV Infection (such as peripheral neuropathy, with significant an persistent disorganization of motor function in 2 extremities resulting in sustained disturbance of gross and dexterous movements or gait and station)

HIV Wasting Syndrome

- HIV Wasting Syndrome, characterized by involuntary weight loss of 10 percent or more of baseline and, in the absence of a concurrent illness with similar symptoms, chronic diarrhea with 2 or more loose stools a day lasting for 1 month or longer, or chronic weakness and documented fever greater than 38°C (100.4°F) for most of 1 month or longer

Gastrointestinal Abnormalities

- Diarrhea (resistant to treatment) lasting for 1 month or longer or requiring IV treatment, IV hydration, or tube feeding 3 or more times in 1 year

Cardiac Abnormalities

- Cardiomyopathy (not responsive to treatment) including chronic heart failure, or cor pulmonale, or other severe cardiac abnormality

Endocrine System Abnormalities

Nephropathy resulting in chronic renal failure

Infections

Resistant to treatment or requiring hospitalization or IV treatment 3 or more times in 1 year.

- Meningitis
- Pneumonia (non-PCP)
- Septic Arthritis
- Endocarditis
- Sinusitis (radiographically documented)

Additional Manifestations

Indicate any other manifestations of HIV infection (including the diseases mentioned above but without the specified findings described) or other manifestations that resulted in significant signs or symptoms, such as fatigue, fever, weight loss, pain, or night sweats.

Social Security considers the following to be “marked” limitations of a person with HIV:

- **Activities of Daily Living:** Because of symptoms such as pain imposed by the illness or its treatment, not able to maintain a household or take public transportation on a sustained basis or without assistance (even though he or she is able to perform some self-care activities)
- **Social Functioning:** Because of symptoms or a pattern of exacerbation and remission caused by the illness or its treatment, cannot engage in social interaction on a sustained basis (even though he or she is able to communicate with close friends or relatives)
- **Difficulties with Concentration, Persistence or Pace:** Because of HIV-related fatigue or other symptoms, is unable to sustain concentration or pace adequate to complete simple work-related tasks (even though he or she is able to do routine activities of daily living)

Manifestation: _____

Number of infestations in one-year period: _____

Approximate duration of each episode: _____

Mark all of the following that occurred with these episodes:

- Marked* restrictions of activities of daily living
- Marked* difficulties in maintaining social functioning
- Marked* difficulties completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

Manifestation: _____

Number of infestations in one-year period: _____

Approximate duration of each episode: _____

Mark all of the following that occurred with these episodes:

- Marked* restrictions of activities of daily living
- Marked* difficulties in maintaining social functioning
- Marked* difficulties completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

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Number of infestations in one-year period: _____

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- Marked* restrictions of activities of daily living
- Marked* difficulties in maintaining social functioning
- Marked* difficulties completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

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

Has this patient had a positive HIV lab test? Yes No

If yes, what is the date of the first positive test? _____

Provide the patient's most recent CD4 (T4) Lymphocyte count or percent _____

Test date: _____

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. _____

How far can this patient walk without rest or severe pain? _____

How long can this patient sit comfortably at one time before needing to get up?

Minutes: 0 5 10 15 20 30 45

Hours: 1 2 Longer than 2

What must the patient usually do after sitting this long?

- Stand Walk Lie Down Other: _____

How long can this patient stand comfortably at one time before needing to sit or walk around?

Minutes: 0 5 10 15 20 30 45

Hours: 1 2 Longer than 2

What must the patient usually do after sitting this long?

- Sit Walk Lie Down Other: _____

How long can this patient sit in an 8-hour working day?

- less than 2 hours
- about 2 hours
- about 4 hours
- at least 6 hours

How long can this patient stand and/or walk in an 8-hour working day?

- less than 2 hours
- about 2 hours
- about 4 hours
- at least 6 hours

Does this patient require a job that allows the opportunity to change between sitting, standing and walking at will? Yes No

Does this patient require unscheduled breaks?

- Yes No

If yes, how often? _____

During this time, this patient will need to lie down sit quietly for _____ minutes.

How many pounds can this patient lift and carry?

	Never	Rarely	Occasionally	Frequently
Less than 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often can your patient perform the following activities?

	Never	Rarely	Occasionally	Frequently
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop (bend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

	Unlimited	Limited but Able	Very Limited	Cannot be Competitive	Unable
Accepting instructions and responding appropriately to criticism	<input type="checkbox"/>				
Awareness of normal hazards and able to take appropriate precautions	<input type="checkbox"/>				
Completing a normal workday and week without interruption from psychologically based symptoms	<input type="checkbox"/>				
Dealing with stress from routine, repetitive low-stress jobs	<input type="checkbox"/>				
	Unlimited	Limited but Able	Very Limited	Cannot be Competitive	Unable
Dealing with stress from semi- or skilled-work	<input type="checkbox"/>				
Interacting appropriately with general public	<input type="checkbox"/>				
Maintaining attention for simple, repetitive tasks	<input type="checkbox"/>				
Performing routine repetitive work at a consistent pace without unreasonable breaks	<input type="checkbox"/>				
Responding appropriately to changes in a routine work environment	<input type="checkbox"/>				
Understanding and carrying out simple instructions	<input type="checkbox"/>				
Working with or around others without distracting or being distracted	<input type="checkbox"/>				

Are this patient's impairments likely to produce "good days" and "bad days"?

Yes No

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

- Never About three days per month
 About one day per month About four days per month
 About two days per month More than four days per month

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:

Physican's Printed Name

Physician's Signature

Address

Date
