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:

- ☐ Appetite disturbance
- ☐ Catatonic or other grossly disorganized behavior
- ☐ Deeply ingrained, maladaptive patterns of behavior
- ☐ Disorientation to time and place
- ☐ Emotional lability
- ☐ Energy decrease
- ☐ Feelings of guilt or worthlessness
- ☐ Generalized persistent anxiety
- ☐ Hyperactivity
- ☐ Illogical thinking
- ☐ Inappropriate suspiciousness or hostility
- ☐ Inflated self-esteem
- ☐ Lack of emotional expression
- ☐ Loss of impulse control
- ☐ Loss of interest most activities
- ☐ Marked distress from recurring memories of a traumatic experience
- ☐ Mood disturbances (persistent)
- ☐ Oddities of thought, perception, speech or behavior
- ☐ Pathological dependence/passivity/aggressivity
- ☐ Nonorganic disturbance of vision, speech, hearing, limb use, control, or sensation
- ☐ Recurrent obsessions or compulsions that cause distress
- ☐ Autonomic hyperactivity
- ☐ Decreased need for sleep
- ☐ Difficulty thinking
- ☐ Difficulty concentrating
- ☐ Easily distracted
- ☐ Emotional withdrawal or isolation
- ☐ Excessive and exaggerated worry
- ☐ Flight of ideas
- ☐ Hallucinations or delusions
- ☐ Hypochondria
- ☐ Impulsive and damaging behavior
- ☐ Incoherence
- ☐ Intense/Unstable interpersonal relationships
- ☐ Loosening of associations
- ☐ Loss of intellectual ability (15+ IQ points)
- ☐ Manic syndrome
- ☐ Memory impairment (short, intermediate or long term)
- ☐ Motor tension
- ☐ Participation in activities with painful consequences
- ☐ Perceptual or thinking disturbances
- ☐ Personality change
- ☐ Pressured speech
- ☐ Psychomotor agitation or retardation
- ☐ 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	☐	☐	☐	☐	☐
Adhering to neatness and cleanliness standards	☐	☐	☐	☐	☐
Asking appropriate questions and for assistance when necessary	☐	☐	☐	☐	☐
Awareness of normal hazards and able to take appropriate precautions	☐	☐	☐	☐	☐
Carrying out short, simple directions	☐	☐	☐	☐	☐
Completing a normal workday and week without interruption from psychologically based symptoms	☐	☐	☐	☐	☐
Dealing with normal work stress	☐	☐	☐	☐	☐
Interacting appropriately with general public	☐	☐	☐	☐	☐
Maintaining attention for simple, repetitive tasks	☐	☐	☐	☐	☐
Maintaining regular attendance punctuality	☐	☐	☐	☐	☐
Maintaining socially appropriate behavior	☐	☐	☐	☐	☐
Making simple work-related decisions	☐	☐	☐	☐	☐
Performing routine repetitive work at a consistent pace without unreasonable breaks	☐	☐	☐	☐	☐
Responding appropriately to changes in a routine work environment	☐	☐	☐	☐	☐
Understanding and carrying out simple instructions	☐	☐	☐	☐	☐
Using public transportation	☐	☐	☐	☐	☐
Working with or around others without distracting or being distracted	☐	☐	☐	☐	☐
Working without special supervision	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
Carrying out detailed instructions	☐	☐	☐	☐	☐
Dealing with normal stress of semi-skilled and skilled work	☐	☐	☐	☐	☐
Interacting appropriately with general public	☐	☐	☐	☐	☐
Making plans independently of others	☐	☐	☐	☐	☐
Setting and completing realistic goals	☐	☐	☐	☐	☐
Maintaining socially appropriate behavior	☐	☐	☐	☐	☐
Traveling to an unfamiliar place	☐	☐	☐	☐	☐
Understanding and remembering detailed instructions	☐	☐	☐	☐	☐
Using public transportation	☐	☐	☐	☐	☐

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 my 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	☐	☐	☐	☐
Difficulty maintaining social functioning	☐	☐	☐	☐
Restriction of activities of daily living	☐	☐	☐	☐

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:

_____ _____
Physican's Printed Name Physician's Signature

_____ _____
Address Date

_____

_____