MENTAL RESIDUAL FUNCTIONAL CAPACITY QUESTIONNAIRE

Patient Name:

DOB:

Please answer the following questions concerning the patient's impairments. *Attach relevant treatment notes and test results* as appropriate.

1. Frequency and length in the program:

2. Principal diagnosis:

   Secondary diagnoses:

3. Treatment and response:

4. a. List of prescribed medications:

   b. Describe any side effects of medications that may have implications for working. E.g., dizziness, drowsiness, fatigue, lethargy, stomach upset, etc.:

5. Describe the *clinical findings* including results of mental status examination that demonstrate the severity of the patient's mental impairment and symptoms:

6. Prognosis:

7. Identify the patient's signs and symptoms:

☐	Anhedonia or pervasive loss of interest in almost all activities	☐	Intense and unstable interpersonal relationships and impulsive and damaging behavior
☐	Appetite disturbance with weight change	☐	Disorientation to time and place
☐	Decreased energy	☐	Perceptual or thinking disturbances
☐	Thoughts of suicide	☐	Hallucinations or delusions
☐	Blunt, flat or inappropriate affect	☐	Hyperactivity
☐	Feelings of guilt or worthlessness	☐	Motor tension
☐	Impairment in impulse control	☐	Catatonic or other grossly disorganized behavior
☐	Poverty of content of speech	☐	Emotional lability
☐	Generalized persistent anxiety	☐	Flight of ideas
☐	Somatization unexplained by organic disturbance	☐	Manic syndrome
☐	Mood disturbance	☐	Deeply ingrained, maladaptive patterns of behavior
☐	Difficulty thinking or concentrating	☐	Inflated self-esteem
☐	Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress	☐	Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury
☐	Psychomotor agitation or retardation	☐	Loosening of associations
☐	Pathological dependence, passivity or aggressivity	☐	Illogical thinking
☐	Persistent disturbances of mood or affect	☐	Vigilance and scanning
☐	Persistent nonorganic disturbance of vision, speech, hearing, use of a limb, movement and its control, or sensation	☐	Pathologically inappropriate suspiciousness or hostility
☐	Change in personality	☐	Pressures of speech
☐	Apprehensive expectation	☐	Easy distractibility
☐	Paranoid thinking or inappropriate suspiciousness	☐	Autonomic hyperactivity
☐	Recurrent obsessions or compulsions which are a source of marked distress	☐	Memory impairment – short, intermediate or long term
☐	Seclusiveness or autistic thinking	☐	Sleep disturbance
☐	Substance dependence	☐	Oddities of thought, perception, speech or behavior
☐	Incoherence	☐	Decreased need for sleep
☐	Emotional withdrawal or isolation	☐	Loss of intellectual ability of 15 IQ points or more
☐	Psychological or behavioral abnormalities associated with a dysfunction of the brain with a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities	☐	Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on the average of at least once a week
☐	Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)	☐	A history of multiple physical symptoms (for which there are no organic findings) of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly
☐	Persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity or situation	☐	Involvement in activities that have a high probability of painful consequences which are not recognized

8. How much is your patient likely to be ***"off task"***?
That is, what percentage of a typical workday would your patient's symptoms likely be severe enough to interfere with ***attention and concentration*** needed to perform even simple work tasks?

☐ 0% ☐ 5% ☐ 10% ☐ 15% ☐ 20% ☐ 25% or more

9. To determine the patient's ability to do *work-related activities on a day-to-day basis in a regular work setting,* please give us your opinion **based on your examination** of how the patient's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but **not** the patient's age, sex or work experience.

Seriously limited, but not precluded means ability to function in this area is seriously limited and less than satisfactory, but not precluded in all circumstances.

Unable to meet competitive standards means the patient cannot satisfactorily perform this activity independently, appropriately, effectively and on a sustained basis in a regular work setting.

No useful ability to function, an extreme limitation, means the patient cannot perform this activity in a regular work setting.

I.	MENTAL ABILITIES AND APTITUDES NEEDED TO DO UNSKILLED WORK	Unlimited or Very Good	Limited but satisfactory	**Seriously limited, but not precluded**	**Unable to meet competitive standards**	**No useful ability to function**
A.	Remember work-like procedures	☐	☐	☐	☐	☐
B.	Understand and remember very short and simple instructions	☐	☐	☐	☐	☐
C.	Carry out very short and simple instructions	☐	☐	☐	☐	☐
D.	Maintain attention for two hour segment	☐	☐	☐	☐	☐
E.	Maintain regular attendance and be punctual within customary, usually strict tolerances	☐	☐	☐	☐	☐
F.	Sustain an ordinary routine without special supervision	☐	☐	☐	☐	☐
G.	Work in coordination with or proximity to others without being unduly distracted	☐	☐	☐	☐	☐
H.	Make simple work-related decisions	☐	☐	☐	☐	☐
I.	Complete a normal workday and workweek without interruptions from psychologically based symptoms	☐	☐	☐	☐	☐
J.	Perform at a consistent pace without an unreasonable number and length of rest periods	☐	☐	☐	☐	☐
K.	Ask simple questions or request assistance	☐	☐	☐	☐	☐
L.	Accept instructions and respond appropriately to criticism from supervisors	☐	☐	☐	☐	☐
M.	Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes	☐	☐	☐	☐	☐
N.	Respond appropriately to changes in a routine work setting	☐	☐	☐	☐	☐
O.	Deal with normal work stress	☐	☐	☐	☐	☐
P.	Be aware of normal hazards and take appropriate precautions	☐	☐	☐	☐	☐

Explain limitations falling in the three most limited categories (identified by **bold type)** and include the medical/clinical findings that support this assessment:

II.	MENTAL ABILITIES AND APTITUDES NEEDED TO DO SEMISKILLED AND SKILLED WORK	Unlimited or Very Good	Limited but satisfactory	**Seriously limited, but not precluded**	**Unable to meet competitive standards**	**No useful ability to function**
A.	Understand and remember detailed instructions	☐	☐	☐	☐	☐
B.	Carry out detailed instructions	☐	☐	☐	☐	☐
C.	Set realistic goals or make plans independently of others	☐	☐	☐	☐	☐
D.	Deal with stress of semiskilled and skilled work	☐	☐	☐	☐	☐

Explain limitations falling in the three most limited categories (identified by **bold type)** and include the medical/clinical findings that support this assessment:

III.	MENTAL ABILITIES AND APTITUDE NEEDED TO DO PARTICULAR TYPES OF JOBS	Unlimited or Very Good	Limited but satisfactory	**Seriously limited, but not precluded**	**Unable to meet competitive standards**	**No useful ability to function**
A.	Interact appropriately with the general public	☐	☐	☐	☐	☐
B.	Maintain socially appropriate behavior	☐	☐	☐	☐	☐
C.	Adhere to basic standards of neatness and cleanliness	☐	☐	☐	☐	☐
D.	Travel in unfamiliar place	☐	☐	☐	☐	☐
E.	Use public transportation	☐	☐	☐	☐	☐

Explain limitations falling in the three most limited categories (identified by **bold type)** and include the medical/clinical findings that support this assessment:

10. Does the patient have a low IQ or reduced intellectual functioning? ☐ Yes ☐ No
Please explain (with reference to specific test results):

11. Does the psychiatric condition exacerbate the patient's experience of pain or any other physical symptom? ☐ Yes ☐ No
If yes, please explain:

12. On the average, how often do you anticipate that the patient's impairments or treatment would cause the patient to be absent from work?
☐ Never ☐ About two days per month ☐ About four days per month
☐ About one day per month ☐ About three days per month ☐ More than four days per month

13. Has the patient's impairment lasted or can it be expected to last at least twelve months? ☐ Yes ☐ No

14. Are the patient's impairments reasonably consistent with the symptoms and functional limitations described in this evaluation? If no, please explain: ☐ Yes ☐ No

15. Please describe any additional reasons not covered above why the patient would have difficulty working at a regular job on a sustained basis.

16. If the patient's impairments include alcohol or substance abuse, do alcohol or substance abuse contribute to any of the patient's limitations set forth above? ☐ Yes ☐ No

If Yes, a) please list the limitations affected:

b) Please explain what changes you would make to your description of the patient's limitations if the patient were totally abstinent from alcohol or substance abuse:

17. Can the patient manage benefits in his or her own best interest? ☐ Yes ☐ No

Signature:		**Date:**	
Printed Name & Title:			
Address:			