

15. Does your patient experience frequent urinary tract infections? _____

16. To what degree can your patient tolerate work stress?

- Incapable of even "low stress" jobs Capable of low stress jobs
 Moderate stress is okay Capable of high stress work

Please explain the reasons for your conclusion: _____

17. As a result of your patient's impairments, estimate your patient's functional limitations if your patient were placed in a *competitive work situation*.

a. How many city blocks can your patient walk without rest or severe pain? _____

b. Please circle the hours and/or minutes that your patient can sit **at one time**, e.g., before needing to get up, etc.

Sit: 0 5 10 15 20 30 45 Minutes

1 2 More than 2 Hours

Please circle the hours and/or minutes that your patient can stand **at one time**, e.g., before needing to sit down, walk around, etc.

Stand: 0 5 10 15 20 30 45 Minutes

1 2 More than 2 Hours

d. Please indicate how long your patient can sit and stand/walk *total in an 8 hour working day* (with normal breaks):

| Sit | Stand/walk |
|------------|-----------------------|
| ___ | ___ less than 2 hours |
| ___ | ___ about 2 hours |
| ___ | ___ about 4 hours |
| ___ | ___ at least 6 hours |

e. Does your patient need a job which permits shifting positions *at will* from sitting, standing or walking? ___Yes ___No

f. Does your patient need a job which permits ready access to a restroom? ___Yes ___No

g. Will your patient sometimes need to take unscheduled restroom breaks during an 8 hour working day? ___Yes ___No

If yes, 1) how *often* do you think this will happen? _____

2) how *long* will your patient be away from the work station for an average unscheduled restroom break? _____

3) how much advance notice does your patient have of the need for a restroom break?

h. Will your patient sometimes need to attend to his suprapubic catheter during an 8 hour working day? ___Yes ___No

If yes, how *often* do you think this will happen? _____

Is there discomfort associated with the suprapubic catheter? _____

For the next two questions, "rarely" means 1% to 5% of an 8-hour working day; "occasionally" means 6% to 33% of an 8-hour working day; "frequently" means 34% to 66% of an 8-hour working day.

i. How many pounds can your patient lift and carry in a competitive work situation?

| | Never | Rarely | Occasionally | Frequently |
|-------------------|--------------|---------------|---------------------|-------------------|
| Less than 10 lbs. | ___ | ___ | ___ | ___ |
| 10 lbs. | ___ | ___ | ___ | ___ |
| 20 lbs. | ___ | ___ | ___ | ___ |
| 50 lbs. | ___ | ___ | ___ | ___ |

j. How often can your patient perform the following activities?

| | Never | Rarely | Occasionally | Frequently |
|---------------|--------------|---------------|---------------------|-------------------|
| Twist | ___ | ___ | ___ | ___ |
| Stoop (bend) | ___ | ___ | ___ | ___ |
| Crouch | ___ | ___ | ___ | ___ |
| Climb ladders | ___ | ___ | ___ | ___ |
| Climb stairs | ___ | ___ | ___ | ___ |

k. Are your patient's impairments likely to produce "good days" and "bad days"?
 ___ Yes ___ No

If yes, please estimate as best you can, on the 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 |

18. Please describe any other limitations (such as limitations using hands, arms, fingers, psychological limitations, limited vision, difficulty hearing, need to avoid temperature extremes, wetness, humidity, noise, dust, fumes, gases or hazards, etc.) that would affect your patient's ability to work at a regular job on a sustained basis:

19. What is the **earliest date** that the description of symptoms and limitations in this questionnaire applies?

Physician's Signature

Date form completed

Printed/Typed Name: _____

Address: _____
