

MENTAL IMPAIRMENT QUESTIONNAIRE
(RFC & LISTINGS)

To: _____ Re: _____

SSN: _____

Please answer the following questions concerning your patient's impairments. *Attach all relevant treatment notes and test results* that have not been provided previously to the Social Security Administration.

1. Frequency and length of contact:

2. DSM-IV Multiaxial Evaluation:

Axis I: _____ Axis IV: _____

Axis II: _____ Axis V: Current GAF: _____

Axis III: _____ Axis V: Current SOFAS: _____

3. Goals of treatment and progress towards goals:

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 your patient's mental impairment and symptoms:

6. Prognosis: _____

7. Identify your patient's psychological signs associated with this diagnosis:

	Loss of measured intellectual ability of at least 15 IQ points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, eg, Luria-Nebraska, Halstead-Reitan, etc		Medically documented history of a chronic schizophrenic, paranoid, or other psychotic disorder of at least two years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support
	Mental retardation with significantly subaverage general intellectual functioning with deficits in adaptive functioning initially manifested during the developmental period i.e., the evidence demonstrates or supports onset of the impairment before age 22		A persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity, or situation
	A valid verbal, performance, or full scale IQ of 59 or less		Apprehensive expectation
	A valid verbal, performance, or full scale IQ of 60 through 70		Motor tension
	A valid verbal, performance, or full scale IQ of 60 through 70		Pressure of speech
	Anhedonia or pervasive loss of interest in almost all activities		Pathological dependence, passivity, or aggressivity
	Appetite disturbance with change in weight		Pathologically inappropriate suspiciousness or hostility
	Oddities of thought, perception, speech and behavior		Perceptual or thinking disturbances (eg, hallucinations, delusions)
	Autonomic hyperactivity		Generalized persistent anxiety
	Psychological or behavioral abnormalities associated with a dysfunction of the brain		Psychomotor agitation or retardation
	Blunt affect, flat affect, or inappropriate affect		A history of multiple physical symptoms 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 disturbances of mood or affect		Physical symptoms for which there are no demonstrable organic findings or known physiological mechanisms
	Catatonic or other grossly disorganized behavior		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)

	Change in personality		Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress
	Decreased energy		Recurrent obsessions or compulsions which are a source of marked distress
	Sleep disturbance		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
	Decreased need for sleep		History and physical examination or laboratory tests demonstrate the presence of a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities
	Delusions or hallucinations		Seclusiveness or autistic thinking
	Difficulty concentrating or thinking		Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury
	Disorientation to time and place		Persistent nonorganic disturbance of one of the following: vision, speech hearing, use of a limb movement and its control sensation (eg, diminished or heightened)
	Disturbance in mood		Manic syndrome
	Emotional lability (eg, explosive temper outbursts, sudden crying, etc) and impairment in impulse control		Vigilance and scanning
	Emotional withdrawal and/or isolation		Hyperactivity
	Thoughts of suicide		Flight of ideas
	Feelings of guilt or worthlessness		Incoherence, loosening of associations, illogical thinking, or poverty of content of speech
	Easy distractibility		Inflated self-esteem
	Hallucinations, delusions or paranoid thinking		Intense and unstable interpersonal relationships and impulsive and damaging behavior
	Memory impairment, either short-term (inability to learn new information), intermediate, or long-term (inability to remember information that was known sometime in the past)		Involvement in activities that have a high probability of painful consequences which are not recognized

8. To determine your 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 your 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 your patient's age, sex or work experience.

- *Unlimited or Very Good* means ability to function in this area is more than satisfactory.
- *Limited but satisfactory* means ability to function in this area is limited but satisfactory.
- *No useful ability to function* means your patient has no useful ability to function in this area.

I.	MENTAL ABILITIES AND APTITUDES NEEDED TO DO UNSKILLED WORK	Unlimited or Very Good	Limited but satisfactory	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			

(Q) Explain limitations falling below the *Very Good* category 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	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			

- (E) Explain limitations falling below the *Very Good* category 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	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			

- (F) Explain limitations falling below the *Very Good* category and include the medical/clinical findings that support this assessment:

9. Indicate to what degree the following functional limitations exist as a result of your patient's mental impairments.

FUNCTIONAL LIMITATION					
A.	Restriction of activities of daily living	None-Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme* <input type="checkbox"/>
B.	Difficulties in maintaining social functioning	None Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme* <input type="checkbox"/>
C.	Deficiencies of concentration, persistence or pace	None Mild <input type="checkbox"/>	Often <input type="checkbox"/>	Frequent* <input type="checkbox"/>	Constant* <input type="checkbox"/>
D.	Repeated episodes of decompensation, each of extended duration	None <input type="checkbox"/>	One or Two <input type="checkbox"/>	Three* <input type="checkbox"/>	Four or More* <input type="checkbox"/>

If two of items A, B, C, or D are not checked in the **bold type** boxes, please check all of the following that apply to your patient:

- Medically documented history of a chronic organic mental, schizophrenic, etc. or affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do any basic work activity, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:
1. Repeated episodes of decompensation, each of extended duration.
 2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate.
 3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement with an indication of continued need for such an arrangement.
- Complete** inability to function independently outside the area of one's home.

10. On the average, how often do you anticipate that your patient's impairments or treatment would cause your patient to be absent from work?

never about two days / month about four days / month
 about one day / month about three days / month more than four days / month

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

12. Is your patient a malingerer? Yes No

13. Are your patient's impairments reasonably consistent with the symptoms and functional limitations described in this evaluation? Yes No

If no, please explain: _____

14. Does the psychiatric condition exacerbate your patient's experience of pain or any other physical symptom? Yes No

If yes, please explain: _____

15. Does your patient have a low IQ or reduced intellectual functioning? Yes No

Please explain (with reference to specific test results):

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

16. Can your patient manage benefits in his or her own best interest? Yes No

Date

Signature

Printed/Typed Name: _____

Address: _____
