

§258.1 Form: Physical Residual Functional Capacity Questionnaire

To: _____

Re: _____ (Name of Patient)

_____ (Social Security No.)

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

1. Nature, frequency and length of contact: _____
 2. Diagnoses: _____
 3. Prognosis: _____
 4. List your patient's *symptoms*, including pain, dizziness, fatigue, etc.:

 5. If your patient has pain, characterize the nature, location, frequency, precipitating factors, and severity of your patient's pain:

 6. Identify the clinical findings and objective signs:

 7. Describe the treatment and response including any side effects of medication which may have implications for working, e.g., drowsiness, dizziness, nausea, etc.:

 8. Have your patient's impairments lasted or can they be expected to last at least twelve months? Yes No
 9. Is your patient a malingerer? Yes No
 10. Do emotional factors contribute to the severity of your patient's symptoms and functional limitations? Yes No
 11. Identify any psychological conditions affecting your patient's physical condition:

<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Somatoform disorder	<input type="checkbox"/> Personality disorder
<input type="checkbox"/> Psychological factors affecting physical condition	
- Other: _____

- 12. Are your patient's impairments (physical impairments plus any emotional impairments) *reasonably consistent* with the symptoms and functional limitations described in this evaluation? Yes No

If no, please explain: _____

- 13. How often is your patient's experience of pain or other symptoms severe enough to interfere with attention and concentration?

Never Seldom Often Frequently Constantly

- 14. 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: _____

- 15. As a result of your patient's impairments, estimate your patient's functional limitations if your patient were placed in a *competitive work situation* on an ongoing basis:

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 *continuously* sit and stand *at one time*:

1.	Sit:	<u>0 5 10 15 20 30 45</u>		<u>1 2 More than 2</u>
		Minutes		Hours
2.	Stand:	<u>0 5 10 15 20 30 45</u>		<u>1 2 More than 2</u>
		Minutes		Hours

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

Sit	Stand/walk	
<input type="checkbox"/>	<input type="checkbox"/>	less than 2 hours
<input type="checkbox"/>	<input type="checkbox"/>	about 2 hours
<input type="checkbox"/>	<input type="checkbox"/>	about 4 hours
<input type="checkbox"/>	<input type="checkbox"/>	at least 6 hours

d. Does your patient need to include periods of walking around during an 8 hour working day? Yes No

1. If yes, approximately how *often* must your patient walk?

1 5 10 15 20 30 45 60 90
Minutes

2. How *long* must your patient walk each time?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Minutes

e. Does your patient need a job which permits shifting positions *at will* from sitting, standing or walking? Yes No

f. Will your patient sometimes need to take unscheduled breaks during an 8 hour working day? Yes No

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

2) how *long* (on average) will your patient have to rest before returning to work? _____

g. With prolonged sitting, should your patient's leg(s) be elevated? Yes No

If yes, 1) how *high* should the leg(s) be elevated? _____

2) if your patient had a sedentary job, *what percentage of time* during an 8 hour working day should the leg(s) be elevated? _____%

h. While engaging in occasional standing/walking, must your patient use a cane or other assistive device? Yes No

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

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

In an average 8 hour working day, "occasionally" means less than 1/3 of the working day; "frequently" means between 1/3 to 2/3 of the working day.

j. Does your patient have *significant limitations* in doing *repetitive* reaching, handling or fingering? Yes No

If yes, please indicate the percentage of time during an 8 hour working day on a competitive job that your patient can use hands/fingers/arms for the following repetitive activities:

	HANDS: Grasp, Turn, Twist Objects	FINGERS: Fine Manipulations	ARMS: Reaching (incl. Overhead)
Right:	%	%	%
Left:	%	%	%

k. Please state the percentage of time during an 8 hour working day that your patient can stoop (bend the body downward and forward by bending the spine at the waist) and crouch (bend the body downward and forward by bending both the legs and the spine).
Stoop ___% Crouch ___%

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

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

- Never
- About once a month
- About twice a month
- About three times a month
- About four times a month
- More than four times a month

16. Please describe any other limitations (such as 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:

Date

Signature

Printed/Typed Name:

Address:
