

MENTAL IMPAIRMENT QUESTIONNAIRE

Patient: _____ Treating Source(s): _____

Please answer the following questions concerning your patient's impairments

1. Frequency and length of contact: _____
2. Diagnoses: _____
3.
 - 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.: _____
4. Describe the *clinical findings* including results of mental status examination that demonstrate the severity of your patient's mental impairment and symptoms:

5. Prognosis: _____
6. Has your patient's impairment lasted or can it be expected to last at least twelve months? Yes No
7. 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.

- *Seriously limited, but not precluded* means ability to function in this area is less than satisfactory, but not precluded in all circumstances. Individual would be limited in their ability to perform activity 15% of time.
- *Unable to meet competitive standards* means your 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 your patient cannot perform this activity in a regular work setting.

	Sustained Concentration and Persistence Limitations:	Unlimited or Very Good	Limited but satisfactory	Seriously limited, but not precluded	Unable to meet competitive standards	No useful ability to function
A.	Carry out very short and simple instructions					
B.	Carry out detailed instructions					
C.	Maintain attention and concentration for extended periods					
D.	Perform activities within a schedule					
E.	Manage regular attendance and be punctual within customary tolerances					
F.	Sustain an ordinary routine without special supervision					
G.	Work in coordination with or in proximity to others without being distracted by them					
H.	Complete a normal workday and workweek without interruptions from psychologically based symptoms					
I.	Perform at a consistent pace without an unreasonable number and length of rest periods					

	Understanding and Memory Limitations:	Unlimited or Very Good	Limited but satisfactory	Seriously limited, but not precluded	Unable to meet competitive standards	No useful ability to function
A.	Remember locations and work-like procedures					
B.	Understand and remember very short and simple instructions					
C.	Understand and remember detailed instructions					

	Social Interaction Limitations:	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.	Ask simple questions or request assistance					
C.	Accept instructions and respond appropriately to criticism from supervisors					
D.	Get along with coworkers or peers without distracting them or exhibiting behavioral extremes					
E.	Maintain socially appropriate behavior and adhere to basic standards of neatness and cleanliness					

	Adaptation Limitations:	Unlimited or Very Good	Limited but satisfactory	Seriously limited, but not precluded	Unable to meet competitive standards	No useful ability to function
A.	Respond appropriately to changes in the work setting					
B.	Be aware of normal hazards and take appropriate precautions					
C.	Set realistic goals or make plans independently of others					

8. On average, how often do you anticipate that your patient's impairments or treatment would cause your patient to be absent from work? (E.g., days per week or days per month) _____
9. On average, how much of an 8-hour work day do you anticipate the symptoms of your patient's impairments would cause your patient to be off task from performing job tasks? (E.g., percentage of day, minutes per hour, or minutes per day) _____

Signature

Signature

Printed/Typed Name:

Printed/Typed Name:

Date

Date