

**MEDICAL PROVIDER'S ASSESSMENT
OF ABILITY TO DO MENTAL WORK-RELATED ACTIVITIES**

Patient's Name: _____

Social Security No: XXXX-XX-_____

The Social Security Office of Disability Adjudications and Review has the responsibility to determine whether your patient is "disabled" (as that term is defined by the Social Security Act). As a treating medical provider you can help us by giving us information about how your patient's diagnosed medical condition(s) affect his/her ability to engage in specific work-related activities in a regular work setting on a day-to-day basis.

PLEASE NOTE THAT YOUR OPINIONS AND CONCLUSIONS MAY NOT BE GIVEN SIGNIFICANT WEIGHT IF THEY ARE NOT BACKED UP BY REFERENCE TO SPECIFIC SUPPORTIVE MEDICAL FINDINGS, CLINICAL OBSERVATIONS AND/OR TEST RESULTS). (SEE PAGES 4-5 FOR MORE IMPORTANT DEFINITIONS).

The following definitions apply to the answers about limitations below:

- **"MILD":** Limitations that do not significantly limit a person's ability to perform most jobs.
- **"MODERATE":** Limitations that result in satisfactory but limited function.
- **"MARKED":** Limitations that seriously, but not completely, interfere with the ability to function independently, appropriately and effectively on a sustained basis.
- **"EXTREME":** a degree of limitation that is incompatible with the ability to do any gainful activity.

MAKING OCCUPATIONAL ADJUSTMENTS

	No Limitations	Mild Limitations	Moderate limitations	Marked limitations	Extreme limitations
Follow work rules	[]	[]	[]	[]	[]
Relate to co-workers	[]	[]	[]	[]	[]
Deal with the public	[]	[]	[]	[]	[]
Interact with supervisors	[]	[]	[]	[]	[]
Use judgment	[]	[]	[]	[]	[]
Deal with work stresses	[]	[]	[]	[]	[]
Function independently	[]	[]	[]	[]	[]
Maintain attention/concentration	[]	[]	[]	[]	[]

Date first limited in these activities? _____

Please identify supportive medical findings and/or attach pertinent clinical notes or test results:

MAKING PERFORMANCE ADJUSTMENTS

[i.e. the ability to understand, remember and carry out –]

	No Limitations	Mild Limitations	Moderate limitations	Marked limitations	Extreme limitations
Complex job instructions	[]	[]	[]	[]	[]
Detailed but not complex job instructions	[]	[]	[]	[]	[]

Simple job instructions [] [] [] [] []

Date first limited in these activities? _____

Please identify supportive medical findings and/or attach pertinent clinical notes or test results:

MAKING PERSONAL/SOCIAL ADJUSTMENTS

	No Limitations	Mild Limitations	Moderate limitations	Marked limitations	Extreme limitations
Maintain personal appearance	[]	[]	[]	[]	[]
Behave in an emotionally stable manner	[]	[]	[]	[]	[]
Relate predictably in social situations	[]	[]	[]	[]	[]
Demonstrate reliability	[]	[]	[]	[]	[]

Date first limited in these activities? _____

Please identify supportive medical findings and/or attach pertinent clinical notes or test results:

FUNCTIONAL LIMITATIONS

	No Limitations	Mild Limitations	Moderate limitations	Marked limitations	Extreme limitations
Restriction of Activities of Daily Living	[]	[]	[]	[]	[]
Difficulties in Maintaining Social Functioning	[]	[]	[]	[]	[]
Difficulties in Maintaining Concentration, Persistence or Pace	[]	[]	[]	[]	[]
Episodes of Decompensation Each of Extended Duration	None []	One or Two []	Three []	Four or more []	

Date first limited in these activities? _____

Please identify supportive medical findings and/or attach pertinent clinical notes or test results:

Basic Definition for Disability. The law defines disability as the inability to work by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. To meet this definition, an individual must have a severe impairment, which makes them unable to do your previous work or any other work which exists in the national economy.

Symptoms, signs, and findings. Medical findings consist of symptoms, signs and laboratory findings: (a) *Symptoms* are patient's own description of physical or mental impairments. Patient statements alone are not enough to establish that there is a physical or mental impairment. (b) *Signs* are anatomical, physiological, or psychological abnormalities which can be observed, apart from statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena that indicate specific psychological abnormalities, e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception, as described by an appropriate medical source. They must also be shown by observable facts that can be medically described and evaluated. Symptoms and signs generally cluster together to constitute recognizable mental disorders. The symptoms and signs may be intermittent or continuous depending on the nature of the disorder.

Assessment of severity. We measure severity according to the functional limitations imposed by a medically determinable mental impairment(s). We assess functional limitations using four criteria: Activities of daily living; social functioning; concentration, persistence, or pace; and episodes of decompensation.

1. Activities of daily living include adaptive activities such as cleaning, shopping, cooking, taking public transportation, paying bills, maintaining a residence, caring appropriately for your grooming and hygiene, using telephones and directories, and using a post office. In the context of the overall situation, the quality of these activities is assessed by their independence, appropriateness, effectiveness, and sustainability and the extent to which an individual is capable of initiating and participating in activities independent of supervision or direction.

"Marked" is not defined by a specific number of different activities of daily living in which functioning is impaired, but by the nature and overall degree of interference with function. For example, if an individual can do a wide range of activities of daily living, you may still be of the opinion that they have a marked limitation in daily activities if they have serious difficulty performing them without direct supervision, or in a suitable manner, or on a consistent, useful, routine basis, or without undue interruptions or distractions.

2. Social functioning refers to your capacity to interact independently, appropriately, effectively, and on a sustained basis with other individuals. Social functioning includes the ability to get along with others, such as family members, friends, neighbors, grocery clerks, landlords, or bus drivers. An individual may demonstrate impaired social functioning by, for example, a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, or social isolation. They may exhibit strength in social functioning by such things as their ability to initiate social contacts with others, communicate clearly with others, or interact and actively participate in group activities. Also, you should consider cooperative behaviors, consideration for others, awareness of others' feelings, and social maturity. Social functioning in work situations may involve interactions with the public, responding appropriately to persons in authority (e.g., supervisors), or cooperative behaviors involving coworkers.

Marked is not defined by a specific number of different behaviors in which social functioning is impaired, but by the nature and overall degree of interference with function. For example, if an individual is highly antagonistic, uncooperative, or hostile but are tolerated by local storekeepers, you may nevertheless opine that they have a marked limitation in social functioning because that behavior is not acceptable in other social contexts.

3. Concentration, persistence, or pace refers to the ability to sustain focused attention and concentration sufficiently long to permit the timely and appropriate completion of tasks commonly found in work settings. Limitations in concentration, persistence, or pace are best observed in work settings, but may also be reflected by limitations in other settings. In addition, major limitations in this area can often be assessed through clinical examination or psychological testing. Wherever possible, however, a mental status examination or psychological test data should be supplemented by other available evidence.

On mental status examinations, concentration is assessed by tasks such as subtracting serial sevens or serial threes from 100. In psychological tests of intelligence or memory, concentration is assessed through tasks requiring short-term memory or through tasks that must be completed within established time limits.

"Marked" is not defined by a specific number of tasks that the individual is unable to complete, but by the nature and overall degree of interference with function. They may be able to sustain attention and persist at simple tasks but may still have difficulty with complicated tasks. Deficiencies that are apparent only in performing complex procedures or tasks would not satisfy the intent of this criterion. However, if an individual can complete many simple tasks, you may nevertheless be of the opinion that they have a marked limitation in concentration, persistence, or pace if they cannot complete these tasks without extra supervision or assistance, or in accordance with quality and accuracy standards, or at a consistent pace without an unreasonable number and length of rest periods, or without undue interruptions or distractions.

4. Episodes of decompensation are exacerbations or temporary increases in symptoms or signs accompanied by a loss of adaptive functioning, as manifested by difficulties in performing activities of daily living, maintaining social relationships, or maintaining concentration, persistence, or pace. Episodes of decompensation may be demonstrated by an exacerbation in symptoms or signs that would ordinarily require increased treatment or a less stressful situation (or a combination of the two). Episodes of decompensation may be inferred from medical records showing significant alteration in medication; or documentation of the need for a more structured psychological support system (e.g., hospitalizations, placement in a halfway house, or a highly structured and directing household); or other relevant information in the record about the existence, severity, and duration of the episode.

The term repeated episodes of decompensation, each of extended duration means three episodes within 1 year, or an average of once every 4 months, each lasting for at least 2 weeks. If an individual has experienced more frequent episodes of shorter duration or less frequent episodes of longer duration, you must use judgment to determine if the duration and functional effects of the episodes are of equal severity.