

# Residual Functional Capacity Evaluation

Your Patient \_\_\_\_\_; SS# \_\_\_\_\_

1. Frequency and length of contact: \_\_\_\_\_

2. Diagnosis: \_\_\_\_\_

3. In an 8 hour workday, how many pounds can your patient lift or carry?

0; 5; 10; 15; 20; Frequently (2/3 of 8 hour day)

0; 5; 10; 15; 20; Occasionally (1/3 of 8 hour day)

4. How long can your patient stand and/or walk?

at one time \_\_\_\_\_

total time in an 8 hour workday \_\_\_\_\_

5. How long can your patient sit?

at one time \_\_\_\_\_

total time in an 8 hour workday \_\_\_\_\_

6. If your patient has the option to alternate at will between sitting and standing, what is the maximum amount of time in an 8 hour workday that your patient can remain at a workstation? \_\_\_\_\_ hours per day

If the answer to question 6 is greater than or less than the sum of the answers to questions 4 and 5, please explain:

\_\_\_\_\_

7. How long total during an average 8 hour workday will your patient be required to do the following:

	Never	30 minutes to 1 hour	1 to 2 hours	More than 2 hours
Lie down	___	___	___	___
Elevate legs at hip level or higher	___	___	___	___

8. Aside from scheduled breaks (i.e., 15 minutes in the morning, 30-60 minutes for lunch, and 15 minutes in the afternoon), will your patient sometimes need to take unscheduled breaks during an 8-hour working day?

YES  NO

If yes, 1) in your opinion, how many unscheduled breaks per day will your patient need? \_\_\_\_\_

2) how many minutes (on average) will these unscheduled breaks last? \_\_\_\_\_

3) on an unscheduled break, will your patient have to

\_\_\_ lie down \_\_\_\_\_ elevate legs at hip level or higher

\_\_\_ rest head on a high back chair \_\_\_ walk around

\_\_\_ other—describe: \_\_\_\_\_

9. Does your patient experience side effects as a result of his/her prescribed medication(s)?  YES  NO

If YES, describe the effect on your patients ability to concentrate: MILD\* - MODERATE\* - SEVERE\*

10. Does your patient suffer from pain?  YES  NO

If YES, how would you describe the pain generally? MILD\* - MODERATE\* - SEVERE\*

\* See definitions on page 3

11. Does your patient's pain or other symptoms interfere with his/her ability to complete an 8 hour workday?

YES  NO

If YES, 1) how many days per month would you expect your patient to miss work as a result of pain or other symptoms? \_\_\_\_\_

2) how many days per month would you expect your patient to miss at least 1 hour of work (either be tardy or have to leave work early) as a result of pain or other symptoms? \_\_\_\_\_

12. How often can your patient perform the following activities in an 8-hour workday?

	<b>Never</b>	<b>Rarely</b> 1% to 5%	<b>Occasionally</b> 6% to 33%	<b>Frequently</b> 34% to 66%
Twisting	___	___	___	___
Stooping (bend downward and forward by bending the spine at the waist)	___	___	___	___
Crouching/ squatting	___	___	___	___
Climbing ladders	___	___	___	___
Climbing stairs	___	___	___	___
Reaching (including overhead)	___	___	___	___
Handling (gross manipulation)	___	___	___	___
Fingering (fine manipulation)	___	___	___	___
Feeling	___	___	___	___
Pushing/Pulling	___	___	___	___

If you marked "never" or rarely" for any of the areas above, please explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Do emotional factors contribute to the severity of your patient's symptoms and functional limitations?

YES  NO

14. Identify any psychological conditions affecting your patient's physical condition:

- \_\_\_ Depression
- \_\_\_ Anxiety
- \_\_\_ Somatoform Disorder
- \_\_\_ Personality disorder
- \_\_\_ Other: \_\_\_\_\_

15. Please describe any other limitations that would affect your patient's ability to work at a regular job on a sustained basis:

\_\_\_\_\_  
\_\_\_\_\_

16. Are your patient's physical and/or emotional impairments *reasonably consistent* with the symptoms and functional limitations described in this evaluation?  YES  NO

If NO, please explain: \_\_\_\_\_

**PLEASE REVIEW THE FOLLOWING BEFORE ANSWERING QUESTION 17:**

**SEDENTARY WORK.** The regulations define sedentary work as involving lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although sitting is involved, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. By its very nature, work performed primarily in a seated position entails no significant stooping. Most unskilled sedentary jobs require good use of the hands and fingers for repetitive hand-finger actions.

**“OCCASIONALLY”** means occurring from very little up to one-third of the time. Since being on one’s feet is required “occasionally” at the sedentary level of exertion, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday, and sitting should generally total approximately 6 hours of an 8-hour workday. Work processes in specific jobs will dictate how often and how long a person will need to be on his or her feet to obtain or return small articles.

**SSR 96-9p** indicates that to perform substantially all of the exertional requirements of most sedentary jobs, a person would not need to crouch, *but would need to be able to occasionally stoop* (bend the body downward and forward by bending the spine at the waist).

**17. Considering your patient’s medical history; clinical findings; diagnosis; response to treatment, and your responses to this questionnaire, in your opinion, is your patient capable of performing SEDENTARY work on a regular and continuing basis (i.e., 40 hours per week)       YES    NO**

If NO, 1) please explain why and when your patient became unable to perform SEDENTARY work 40 hours per week? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) can your patient do sedentary work as described above on a part-time basis?  YES    NO

If YES, how many hours per week could your patient perform on a consistent basis? \_\_\_\_\_

18. Identify any objective tests that support your conclusions: MRI   EMG   X-RAY   CT SCAN   EKG   EEG

Comments: \_\_\_\_\_

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician’s Printed Name \_\_\_\_\_

**Definitions**

**Mild:** A limitation which causes an individual to lose approximately 0 – 30 minutes of productivity in an 8 hour workday.

**Moderate:** A limitation which causes an individual to lose approximately 31 – 90 minutes of productivity in an 8 hour workday.

**Severe:** A limitation which causes an individual to lose more than 90 minutes of productivity in an 8 hour workday.