

MENTAL IMPAIRMENT QUESTIONNAIRE
(FOR SSA DISABILITY CASE)

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 II: _____

Axis III: _____

Axis IV: _____

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 and treatment** 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 seriously limited and less than satisfactory for most all competitive work environments, but not completely precluded. This is a very substantial loss of ability to perform the work-related activity over the course of an 8 hour day. Assume a minimum of 20-25% consistent off task behavior over the course of a work day.
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- *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.
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- *No useful ability to function*, an extreme limitation, means your patient cannot perform this activity at all in a regular work setting.

**PLEASE PROVIDE YOUR OPINION AS TO THIS
PATIENT'S FUNCTIONING IN THESE AREAS**

I.	MENTAL ABILITIES AND APTITUDES NEEDED TO DO UNSKILLED WORK	Unlimited or Very Good	Limited but satisfactory	Seriously limited, but not precluded	Unable to meet competitive standards	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 in the three most limited categories (identified by **bold type**) 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	Seriously limited, but not precluded	Unable to meet competitive standards	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 in the three most limited categories (identified by **bold type**) 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	Seriously limited, but not precluded	Unable to meet competitive standards	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 in the three most limited categories (identified by **bold type**) and include the medical/clinical findings that support this assessment:

Date

Signature

Printed/Typed Name: _____

Address: _____
