

MENTAL CAPACITY ASSESSMENT

This form is used to assess your mental limitations. If your psychiatrist or psychologist states your condition as "marked" or "extreme" (especially for the questions that hold the most weight such as, questions 8, 9, and 12), according to SSA you may be disabled because you cannot sustain employment.

In each area of functioning please indicate the DEGREE OF LIMITATION resulting from PSYCHOLOGICAL FACTORS only. Rate the limitations on a continuum using the terms defined below:

NONE: Absent or minimal limitations. If limitations are present they are transient and/or expectable reactions to psychological stresses.

SLIGHT: There is some mild limitation in this area, but the individual can generally function well.

MODERATE: The individual is unable to function in this area, one third of an eight hour work day.

MARKED: The individual is unable to function in this area, two thirds of an eight hour work day.

EXTREME: The individual is unable to function in this area. There is no useful ability to function in this area.

UNKNOWN: Unable to assess limitations based on examination or review of medical records.

Diagnosis: _____

<u>SUSTAINED CONCENTRATION & PERSISTENCE</u>	None	Slight	Moderate	Marked	Extreme	Unknown
1. The ability to carry out very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to carry out detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to maintain attention and concentration for <u>extended</u> periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to work in coordination with or in proximity to others without being distracted by them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The ability to make simple work-related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. The ability to complete a <u>normal workday</u> without interruptions from psychologically based symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. The ability to complete a <u>normal workweek</u> without interruptions from psychologically based symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. The ability to perform at a consistent pace with a one hour lunch break and two 15 minute rest periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How many absences would this patient likely have in an average month	None	1	2	3	4 +	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SOCIAL INTERACTION

	None	Slight	Moderate	Marked	Extreme	Unknown
9. The ability to interact appropriately with the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. The ability to ask simple questions or request assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The ability to accept instructions and respond appropriately to criticism from supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the medical/clinical findings that support this assessment.

ADAPTATION

	None	Slight	Moderate	Marked	Extreme	Unknown
14. The ability to respond appropriately to changes in the work setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The ability to be aware of normal hazards and take appropriate precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The ability to travel in unfamiliar places or use public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The ability to set realistic goals or make plans independently of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the medical/clinical findings that support this assessment.

SUBSTANCE ABUSE IMPACT

Does the patient have a substance abuse problem? Yes No

If yes, does it have a negative impact your assessment? Yes No

If you have a substance abuse problem, it is critical that your therapist or psychiatrist clarify whether:
- your substance abuse causes your condition; or
- your condition causes you to abuse substances.

CREDIBILITY

Is your patient a malingering?¹ Yes No

Doctor's name (printed)	Doctor's Signature	Date

¹Malingering: someone pretending to be ill, especially in order to avoid work.