

# Residual Functional Capacity Questionnaire

The Residual Functional Capacity Questionnaire (RFC) is used to assess your physical limitations. The greater your physical limitations, the more likely you will not be able to sustain full time employment. Below you will find examples of the types of limitations that may deem you disabled according to SSA' s rules.

2. Current Diagnosis (Service-Connected or Secondary Connected): \_\_\_\_\_

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3. Prognosis:  Poor  Guarded  Good  Other: \_\_\_\_\_
4. Patient's symptoms:  Pain  Dizziness  Fatigue  Weakness  Other (describe below): \_\_\_\_\_

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5. Clinical Findings (all laboratory & test results which show your patient's medical impairments): \_\_\_\_\_

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6. Have your patient's impairments lasted or can they be expected to last at least 12 months?  Yes  No
7. How often are your patient's symptoms associated with this illness severe enough to interfere with attention & concentration?  Never  Seldom  Often  Frequently  Constantly
8. Identify the side effects of any medications which may have implications for working, i.e. dizziness, drowsiness, stomach upset, etc.: \_\_\_\_\_

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9. As a result of your patient's impairments, estimate your patient's functional limitations if your patient were placed in a competitive work situation on an ongoing basis:

## Example 1

If you can sit and/or stand for 60 minutes and have to sit in a recliner for 2 hours, you may be found disabled.

- a. Please circle the minutes that your patient **can sit and stand at one time**:

→ **SIT:** 0 5 10 15 20 30 45 60 120  
**STAND:** 0 5 10 15 20 30 45 60 120

- b. Based on your experience with your patient, would it be your opinion that the objective medical, clinical and laboratory findings in his/her case would be consistent with the need of your patient to **sit in a recliner** or **lie down** each day?  Yes  No

If yes, how many hours each day? **HOURS:** 1 2 3 4 5 6 7 8

## Example 2

If you can sit between 2-3 hours, stand less than 2 hours, and walk less than 2 hours in an 8 hour day, you may be found disabled.

- c. Please indicate how long your patient can sit, stand and walk, **total in an 8 hour working day**:

	SIT	STAND	WALK
Less than 2 hours	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Between 2-3 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 3-4 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 4-5 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 6 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- d. While engaging in occasional standing/walking, must your patient use a **cane** or other **assistive device**?  Yes  No

- e. Does your patient need a job that permits shifting positions at will from sitting, standing or walking?  
 Yes     No

**Example 3**  
 Your doctor states you need to take 6 unscheduled breaks throughout the workday.

- f. Will your patient need to take unscheduled breaks or include periods of walking around during an 8-hour working day?  Yes     No  
 → If yes, 1) How often do you think this will happen? 6 times  
 2) How long will each break last before returning to work? 15 minutes

- g. How many pounds can your patient lift and carry in a competitive work situation? (“Occasionally” means less than 1/3 of the working day; “Frequently” means 1/3 – 2/3 of the working day)

	Never	Occasionally	Frequently
Less than 10 lbs.	_____	_____	_____
10 lbs.	_____	_____	_____
20 lbs.	_____	_____	_____
50 lbs.	_____	_____	_____

- h. Does your patient have significant limitation in doing repetitive reaching, handling or fingering?  
 Yes     No

If yes, please indicate the percentage of time during an 8 hour working day during which your patient can use hands/fingers/arms for the following activities:

	HANDS: grasp, turn, twist objects	FINGERS: Fine manipulation	ARMS: Reaching
Right:	_____ %	_____ %	_____ %
Left:	_____ %	_____ %	_____ %

10. Please state the percentage of time during an 8-hour working day that your patient can stoop and crouch?  
 Stoop \_\_\_\_\_%    Crouch \_\_\_\_\_%    Kneel \_\_\_\_\_%    Climb Stairs \_\_\_\_\_%

11. Based on the total impairments, if you were to compare your patient to that of a healthy individual, what percentage effectiveness would your patient function at:  100%     85%     75% or less

12. Are your patient’s impairments likely to produce “good days” and “bad days”?  Yes     No

If yes, please estimate, on average, how often they are likely to be absent from work as a result of the impairments or treatments:

**Example 3**

Your doctor states you will miss 3 days of work per month, you may be disabled.

- Three times a month  
 Four times a month  
 More than four days per month

13. Please describe any other limitations (such as psychological limitations, limited vision, difficulty hearing, etc.) that would affect your patient’s ability to work at a regular job on a sustained basis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Is your patient a malingerer?<sup>1</sup> Yes     No

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Doctor’s Signature

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

<sup>1</sup>Malingerer: someone pretending to be ill, especially in order to avoid work.