***Mental Impairment Questionnaire***

**To:**

**Re:**

1. Please provide a diagnosis of your patient's mental condition using DSM-V, including subtypes, specifiers, contextual factors, and severity:_____

_____

_____

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2. Identify any signs and symptoms of your patient's mental impairments:

| | | | |
|---|---|---|---|
| | Delusions or hallucinations | | Restlessness |
| | Disorganized thinking (speech) | | Easily fatigued |
| | Grossly disorganized behavior or catatonia | | Irritability |
| | Depressed mood | | Muscle tension |
| | Diminished interest in almost all activities | | Distrust & suspiciousness of others |
| | Appetite disturbance with change in weight | | Detachment from social relationships |
| | Sleep disturbance | | Instability of interpersonal relationships |
| | Observable psychomotor agitation or retardation | | Disregard for and violation of the rights of others |
| | Decreased energy | | Excessive emotionality and attention seeking |
| | Feelings of guilt or worthlessness | | Feelings of inadequacy |
| | Difficulty concentrating or thinking | | Excessive need to be taken care of |
| | Thoughts of death or suicide | | Preoccupation with perfectionism & orderliness |
| | Pressured speech | | Recurrent impulsive aggressive behavioral outbursts |
| | Flight of ideas | | Inflated self-esteem |
| | Decreased need for sleep | | Distractibility |
| | Involvement in activities that have a high probability of painful consequences that are not recognized | | Increase in goal-directed activity or psychomotor agitation |
| | Frequent distractibility, difficulty sustaining attention & difficulty organizing tasks | | Hyperactive and impulsive behavior (e.g., difficulty remaining seated or waiting, talking excessively, etc.) |
| | Panic attacks, followed by a persistent concern or worry about additional panic attacks or their consequences | | Disproportionate fear or anxiety about at least two different situations (e.g., using public transportation or being in a crowd, a line, outside, in open spaces, etc) |
| | Involuntary, time-consuming preoccupation with intrusive, unwanted thoughts | | Preoccupation with having or acquiring a serious illness without significant symptoms present |
| | Full-scale (or comparable) IQ score of 70 or below on an individually-administered standardized test of general intelligence | | Full-scale (or comparable) IQ score of 71-75 with a verbal or performance IQ score of 70 or below on an individually-administered standardized test of general intelligence |
| | Symptoms of altered voluntary motor or sensory function that are not better explained by another medical or mental disorder | | One or more somatic symptoms that are distressing, with excessive thoughts, feelings, or behaviors related to the symptoms |
| | Avoidance of external reminders of the event | | Disturbance in mood and behavior |
| | Exaggerated startle response | | Repetitive behaviors aimed at reducing anxiety |

| | | | |
|---|---|---|---|
| | Exposure to actual or threatened death, serious injury, or violence | | Subsequent involuntary re-experiencing of the traumatic event (e.g., intrusive memories, dreams, or flashbacks) |

3. Identify any *clinical findings* and test results or other symptoms which demonstrate the severity of your patient's mental impairment: _____

_____

_____

4. Prognosis: _____

5. To determine your patient's ability to do work-related activities on a daily basis in a competitive work setting, please give your opinion of how your patient's impairments affect his/her mental and emotional abilities. Consider your examinations, 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, gender or work experience.

***No Limitation/None:*** your patient can function in this area independently, appropriately, effectively, and on a sustained basis.
***Mild Limitation:*** your patient's functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited.
***Moderate Limitation****:* your patient's functioning in this area independently, appropriately, effectively, and on a sustained basis is fair.
***Marked Limitation****:* your patient's functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited.
***Extreme Limitation:*** your patient is not able to function in this area independently, appropriately, effectively, and on a sustained basis.

| **Ability** | **None** | **Mild** | **Moderate** | **Marked** | **Extreme** |
|---|---|---|---|---|---|
| Remember work procedures | | | | | |
| Understand, remember, and carry out short, simple instructions | | | | | |
| Understand, remember, and carry out detailed or complex instructions | | | | | |
| Maintain attention & concentration for 2-hour segments | | | | | |
| Maintain regular attendance and be punctual within customary tolerances | | | | | |
| Sustain an ordinary routine without special supervision | | | | | |
| Work in proximity to others without being unduly distracting | | | | | |
| Get along with co-workers without exhibiting behavioral extremes | | | | | |
| Make simple work-related decisions | | | | | |
| Complete a normal workday and workweek without interruptions from psychologically-based symptoms | | | | | |
| Perform at a consistent pace without an unreasonable number and length of rest periods | | | | | |
| Ask simple questions or request assistance | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Accept instructions and respond appropriately to criticism from supervisors | | | | | |
| Respond appropriately to changes in the work setting | | | | | |
| Be aware of normal hazards and take appropriate precautions | | | | | |
| Set realistic goals or make plans independently of others | | | | | |
| Deal with normal work-related stress | | | | | |
| Interact appropriately with the general public | | | | | |
| Adhere to basic standards of neatness and cleanliness | | | | | |
| Use public transportation | | | | | |
| Travel to unfamiliar places | | | | | |
| Meet strict deadlines | | | | | |
| Complete routine, repetitive tasks at a consistent pace | | | | | |
| Complete fast-paced tasks | | | | | |

6. Can your patient manage benefits in his/her own best interest? ☐ Yes ☐ No

   If no, please explain: _____

_____

7. Please estimate, on average, how many days a month your patient would be absent from work as a result of impairments and treatment.

_____

8. What is the earliest date on which the symptoms described here apply? _____

9. Is your patient a malingerer? ☐ Yes ☐ No

10. Have his/her impairments lasted, or can they be expected to last, at least 12 months? ☐ Yes ☐ No

11. Is alcohol or drug abuse an impairment significantly affecting your patient?

    ☐ Yes ☐ No If yes, which one? ☐ alcohol ☐ drugs ☐ both

    Describe whether and how the symptoms would be less severe if he/she stopped using drugs or alcohol.

_____

_____

12. Does your practice offer regularly-scheduled appointments in the evenings or on weekends? ☐ Yes ☐ No

13. Comments, including your opinion on any physical or mental impairment not previously discussed:

_____

_____

_____

_____

_____

_____

_____

**Regarding Qualifications as Treating Physician:**

Have you examined your patient often enough to obtain a view over time of his/her medical conditions, abilities, and limitations, to a reasonable degree of medical certainty? ☐ Yes ☐ No

Is your knowledge of the nature and severity of his/her conditions and limitations based on your examinations, his/her response to treatment, and results of testing you have ordered? ☐ Yes ☐ No

First Date Examined:_____

Last Date Examined: _____

Frequency of contact: _____

Board Certification:_____

Other Specialties: _____

_____ _____

*Today's Date* *Signature*

*Printed/typed Name:*

*Address:*