

## Medical Assessment of Ability to do Work-Related Activities (Mental)

Name:

SSN:

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment - **BASED ON YOUR EXAMINATION** - of how the individual'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 the individual's age, sex, or work experience.

**INSTRUCTIONS:**

For each activity shown below:

- (1) Describe the individual's ability to perform the activity according to the following terms:  
**Unlimited or Very Good** - Ability to function in this area is more than satisfactory  
**Good** - Ability to function in this area is limited but satisfactory  
**Fair** - Ability to function in this area is seriously limited, but not absent  
**Poor or None** - No useful ability to function in this area
- (2) Identify the particular medical or clinical findings (i.e. mental status examination, behavior, intelligence test results, symptoms) which support your assessment of any limitations.

It is important that you relate particular medical findings to any assessed limitation in capacity. The usefulness of your assessment depends on the extent to which you do this.

**I. MAKING OCCUPATIONAL ADJUSTMENTS**

	Unlimited/ Very Good	Good	Fair	Poor
1. Follows work rules				
2. Relates to co-workers				
3. Deals with the public				
4. Uses judgment				
5. Interacts with supervisor(s)				
6. Deals with work stresses*				
7. Functions independently				
8. Maintains attention/concentration				

9. Describe any limitations and include the medical/clinical findings that support this assessment.

\* If item 6 above is rated "fair" or "poor" - please indicate the dominant stressors:

II. MAKING COGNITIVE ADJUSTMENTS

	Very Good	Good	Fair	Poor or None
1. Understands, remembers, and carries out complex job instructions				
2. Understands, remembers, and carries out detailed, but not complex, job instructions				
3. Understands, remembers, and carries out simple job instructions				

4. Describe any limitations and include the medical/clinical findings that support this assessment; e.g., intellectual ability, thought organization, memory, comprehension, etc.

III. MAKING PERSONAL AND SOCIAL ADJUSTMENTS

	Unlimited/ Very Good	Good	Fair	Poor or None
1. Maintains personal appearance				
2. Behaves in an emotionally stable manner				
3. Relates predictably in social situations				
4. Demonstrates reliability				

5. Describe any limitations and include the medical/clinical findings that support this assessment.

IV. OTHER WORK-RELATED ACTIVITIES

State any other work-related activities which are affected by the impairment, and indicate how the activities are affected. Describe the medical/clinical findings that support this assessment.

V. CAPABILITY TO MANAGE BENEFITS

Can the individual manage benefits in his or her own best interest?      YES ( )      NO ( )

Signature

Date

Print name and title