

Medical Source Statement Concerning the Nature and Severity of an Individual's Physical Impairment

NAME OF PATIENT: _____ SSN: _____

DATE OF BIRTH: _____ PHYSICIAN: _____

Based on the following factors:

- (1) Medical history;
- (2) Clinical findings (such as the results of physical or mental status examinations);
- (3) Laboratory findings (such as blood pressure, x-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms);
- (5) Treatment prescribed with response, and prognosis; and
- (6) Review of the patient's Social Security disability file,

it is my professional opinion, as the above individual's treating physician, that my patient has or has not been capable (as indicated by my **initials and check mark** in the respective boxes) of performing sustained work in the following categories of work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**.

SPECIAL NOTE: In responding, I have excluded from consideration all limitations which I believe result from the patient's conscious malingering of symptoms, if any.

SPECIAL NOTE: In responding, I have excluded from consideration all limitations which I believe result from the patient's drug addiction and/or alcoholism, if any.

SEDENTARY WORK

SEDENTARY WORK. The regulations define sedentary work as involving lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although sitting is involved, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. By its very nature, work performed primarily in a seated position entails no significant stooping. Most unskilled sedentary jobs require good use of the hands and fingers for repetitive hand-finger actions.

"OCCASIONALLY" means occurring from very little up to one-third of the time. Since being on one's feet is required "occasionally" at the sedentary level of exertion, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday, and sitting should generally total approximately 6 hours of an 8-hour workday. Work processes in specific jobs will dictate how often and how long a person will need to be on his or her feet to obtain or return small articles.

To perform substantially all of the exertional requirements of most sedentary jobs, a person would not need to crouch and would need to stoop (bend the body downward and forward by bending the spine at the waist) only occasionally (from very little up to one-third of the time, depending on the particular job).

- NO**, my patient has not been capable of performing sustained **SEDENTARY** work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**.
- YES**, my patient has been capable of performing sustained **SEDENTARY** work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**.

LIGHT WORK

LIGHT WORK. The regulations define light work as lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted in a particular light job may be very little, a job is in this category when it requires a good deal of walking or standing—the primary difference between sedentary and most light jobs. A job is also in this category when it involves sitting most of the time but with some pushing and pulling of arm-hand or leg-foot controls, which require greater exertion than in sedentary work; e.g., mattress sewing machine operator, motor-grader operator, and road-roller operator (skilled and semiskilled jobs in these particular instances). Relatively few unskilled light jobs are performed in a seated position.

“**FREQUENT**” means occurring from one-third to two-thirds of the time. Since frequent lifting or carrying requires being on one’s feet up to two-thirds of a workday, the full range of light work requires standing or walking, off and on, for a total of approximately 6 hours of an 8-hour workday. Sitting may occur intermittently during the remaining time. The lifting requirement for the majority of light jobs can be accomplished with occasional, rather than frequent, stooping.

Many unskilled light jobs are performed primarily in one location, with the ability to stand being more critical than the ability to walk. They require use of arms and hands to grasp and to hold and turn objects, and they generally do not require use of the fingers for fine activities to the extent required in much sedentary work.

To perform substantially all of the exertional requirements of most light jobs, a person would not need to crouch and would need to stoop (bend the body downward and forward by bending the spine at the waist) only occasionally (from very little up to one-third of the time, depending on the particular job).

- NO**, my patient has not been capable of performing sustained **LIGHT** work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**.
- YES**, my patient has been capable of performing sustained **LIGHT** work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**.

PLEASE ANSWER THE FOLLOWING QUESTION ONLY IF YOU ANSWERED “NO” TO AT LEAST ONE OF THE FOREGOING QUESTIONS:

If your patient had the freedom to alternate sitting and standing during the work day, would your opinion change?

- NO**, even if my patient had the freedom to alternate sitting and standing during the work day, I believe my patient still would be limited as I have indicated above.
- YES**, if my patient could alternate sitting and standing during the work day, I believe my patient could perform the following type(s) of sustained work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**:

LIGHT WORK

SEDENTARY WORK

(Please specify the frequency with which the individual would need to alternate positions, for example, “at will” or “every ‘x’ minutes.”)

QUESTION A: (ONSET OF ASSESSED EXERTIONAL LIMITATIONS)

Based upon your evaluation, treatment, and/or review of records, please state the earliest date from which the foregoing assessed limitations have existed at the assessed severity.

DATE OF ONSET OF THE FOREGOING LIMITATIONS:

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDLESS OF YOUR RESPONSES TO PREVIOUS QUESTIONS:

DEFINITIONS OF RATING TERMS

Not Significant: No significant limitation in this area.

Mild: A limitation which impairs, but does not preclude, the individual's ability to perform the designated activity.

Moderate: A limitation which seriously interferes with the individual's ability to perform the designated activity on a regular and sustained basis, *i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule.

Moderately Severe: A limitation which seriously interferes with the individual's ability to perform the designated activity, and precludes the ability to perform the designated activity on a regular and sustained basis, *i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule.

Severe: A severe limitation which precludes the individual's ability usefully to perform the designated activity or to sustain performance of the designated activity.

Using the above-listed **DEFINITIONS OF RATING TERMS** please assess the degree of limitation the individual experiences in the categories of functioning set out below by placing a check mark or X in the corresponding boxes.

It is my opinion that, as a result of pain and/or other subjective symptoms, which reasonably are the result of medically determinable impairments, my patient has the following non-exertional limitations affecting the patient's ability to meet the demands of sustained work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule.**

	Not Significant	Mild	Moderate	Moderately Severe	Severe
1. The ability to maintain attention and concentration for extended periods (the approximately 2-hour segments between arrival and first break, lunch, second break, and departure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. The ability to complete a normal workday and workweek without interruptions from medically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION B: (ONSET OF ASSESSED SYMPTOM-RELATED LIMITATIONS)

Based upon your evaluation, treatment, and/or review of records, please state the earliest date from which the foregoing symptom-related limitations have existed at the assessed severity.

DATE OF ONSET OF THE FOREGOING SYMPTOM-RELATED LIMITATIONS:

QUESTION C: (DURATION OF ASSESSED LIMITATIONS)

In your opinion, have the limitations assessed on this form lasted 12 continuous months or can they be expected to last 12 continuous months at the assessed severity?

YES

NO

COMMENTS

In the space below, or if you prefer, in a separate letter, please **describe** the aspects of the (1) medical history; (2) clinical findings; (3) laboratory findings; (4) diagnoses (statement of disease or injury based on its signs and symptoms); and (5) treatment prescribed with response, and prognosis upon which you based your opinion of the referenced individual's functional limitations during the above-stated period of time. **PLEASE ALSO SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE FOUR IN THE RESPECTIVE AREAS.**

SIGNATURE OF HEALTH CARE PROFESSIONAL

DATE

Medical Source Statement Concerning the Nature and Severity of an Individual's Physical Impairment

NAME OF PATIENT: _____ SSN: _____

DATE OF BIRTH: _____ PHYSICIAN: _____

Based on the following factors:

- (1) Medical history;
- (2) Clinical findings (such as the results of physical or mental status examinations);
- (3) Laboratory findings (such as blood pressure, x-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms);
- (5) Treatment prescribed with response, and prognosis; and
- (6) Review of the patient's Social Security disability file,

it is my professional opinion, as the above individual's treating physician, that my patient has or has not been capable (as indicated by my **initials and check mark** in the respective boxes) of performing sustained work in the following categories of work on a regular and continuing basis, i.e., 8 hours a day, 5 days a week, or an equivalent work schedule.

SPECIAL NOTE: In responding, I have excluded from consideration all limitations which I believe result from the patient's conscious malingering of symptoms, if any.

SPECIAL NOTE: In responding, I have excluded from consideration all limitations which I believe result from the patient's drug addiction and/or alcoholism, if any.

SEDENTARY WORK

SEDENTARY WORK. The regulations define sedentary work as involving lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although sitting is involved, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. By its very nature, work performed primarily in a seated position entails no significant stooping. Most unskilled sedentary jobs require good use of the hands and fingers for repetitive hand-finger actions.

“OCCASIONALLY” means occurring from very little up to one-third of the time. Since being on one's feet is required “occasionally” at the sedentary level of exertion, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday, and sitting should generally total approximately 6 hours of an 8-hour workday. Work processes in specific jobs will dictate how often and how long a person will need to be on his or her feet to obtain or return small articles.

To perform substantially all of the exertional requirements of most sedentary jobs, a person would not need to crouch and would need to stoop (bend the body downward and forward by bending the spine at the waist) only occasionally (from very little up to one-third of the time, depending on the particular job).

- NO**, my patient has not been capable of performing sustained **SEDENTARY** work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**.
- YES**, my patient has been capable of performing sustained **SEDENTARY** work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**.

LIGHT WORK

LIGHT WORK. The regulations define light work as lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted in a particular light job may be very little, a job is in this category when it requires a good deal of walking or standing—the primary difference between sedentary and most light jobs. A job is also in this category when it involves sitting most of the time but with some pushing and pulling of arm-hand or leg-foot controls, which require greater exertion than in sedentary work; e.g., mattress sewing machine operator, motor-grader operator, and road-roller operator (skilled and semiskilled jobs in these particular instances). Relatively few unskilled light jobs are performed in a seated position.

“FREQUENT” means occurring from one-third to two-thirds of the time. Since frequent lifting or carrying requires being on one's feet up to two-thirds of a workday, the full range of light work requires standing or walking, off and on, for a total of approximately 6 hours of an 8-hour workday. Sitting may occur intermittently during the remaining time. The lifting requirement for the majority of light jobs can be accomplished with occasional, rather than frequent, stooping.

Many unskilled light jobs are performed primarily in one location, with the ability to stand being more critical than the ability to walk. They require use of arms and hands to grasp and to hold and turn objects, and they generally do not require use of the fingers for fine activities to the extent required in much sedentary work.

To perform substantially all of the exertional requirements of most light jobs, a person would not need to crouch and would need to stoop (bend the body downward and forward by bending the spine at the waist) only occasionally (from very little up to one-third of the time, depending on the particular job).

- NO**, my patient has not been capable of performing sustained **LIGHT** work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**.

- YES**, my patient has been capable of performing sustained **LIGHT** work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule.**

PLEASE ANSWER THE FOLLOWING QUESTION ONLY IF YOU ANSWERED “NO” TO AT LEAST ONE OF THE FOREGOING QUESTIONS:

If your patient had the freedom to alternate sitting and standing during the work day, would your opinion change?

- NO**, even if my patient had the freedom to alternate sitting and standing during the work day, I believe my patient still would be limited as I have indicated above.
- YES**, if my patient could alternate sitting and standing during the work day, I believe my patient could perform the following type(s) of sustained work on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule:**

- LIGHT WORK**
- SEDENTARY WORK**

(Please specify the frequency with which the individual would need to alternate positions, for example, “at will” or “every ‘x’ minutes.”)

I. During an 8-hour workday, on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**, this individual can:

Capacity To Perform The Designated Activity At One Time Before Requiring A Rest Or An Alternate Position:

Sit:	0	1	2	3	4	5	6	7	8 hours
Stand:	0	1	2	3	4	5	6	7	8 hours
Walk:	0	1	2	3	4	5	6	7	8 hours

II. During an 8-hour workday, on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**, this individual can:

Total Combined Capacity To Perform The Designated Activity During The Entire 8-hour Workday:

Must Lie Down:	0	1	2	3	4	5	6	7	8 hours
Sit:	0	1	2	3	4	5	6	7	8 hours
Stand:	0	1	2	3	4	5	6	7	8 hours
Walk:	0	1	2	3	4	5	6	7	8 hours

If applicable, please discuss the individual’s need to alternate positions:

III. During an 8-hour workday, on a regular and continuing basis, *i.e.*, **8 hours a day, 5 days a week, or an equivalent work schedule**, this individual can **LIFT**:

0-5 pounds:	0	1	2	3	4	5	6	7	8 hours
6-10 pounds:	0	1	2	3	4	5	6	7	8 hours
11-15 pounds:	0	1	2	3	4	5	6	7	8 hours
15-20 pounds:	0	1	2	3	4	5	6	7	8 hours

If applicable, please use the space below to describe the individual’s capacity to LIFT in excess of 20 pounds.

VI. POSTURAL LIMITATIONS:

The above-referenced individual has **postural** limitations related to the performance of work on a regular and continuing basis, i.e., **8 hours a day, 5 days a week, or an equivalent work schedule**.

The individual's **total 8-hour per day capacity** to perform each activity is indicated by my mark or initials in the appropriate box.

STOOPING: **Stooping** is defined as follows:

Bending the body downward and forward by bending the spine at the waist, requiring full use of the lower extremities and back muscles.

Minutes:	30	45	60	90	2hrs	3hrs	4hrs	5hrs	6hrs	7hrs	8hrs
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KNEELING: **Kneeling** is defined as follows:

Bending the legs at the knees to come to rest on the knee or knees.

Minutes:	30	45	60	90	2hrs	3hrs	4hrs	5hrs	6hrs	7hrs	8hrs
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CROUCHING: **Crouching** is defined as follows:

Bending the body downward and forward by bending the legs and the spine.

Minutes:	30	45	60	90	2hrs	3hrs	4hrs	5hrs	6hrs	7hrs	8hrs
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. LIMITATIONS ON CERVICAL SPINE RANGE OF MOTION:

Please describe any limitations the above-named individual has in turning his/her head, extending his/her neck, and in remaining in a posture with his/her neck forward flexed, as the result of cervical spine impairments.

ONSET OF IMPAIRMENT SEVERITY

Based upon my evaluation(s), treatment and/or records reviewed, the earliest date from which the foregoing limitations have existed **AT THE ASSESSED SEVERITY** is as follows:

DATE OF ONSET OF THE FOREGOING LIMITATIONS: _____

COMMENTS

In the space below, or if you prefer, in a separate letter, please **describe** the aspects of the (1) medical history; (2) clinical findings; (3) laboratory findings; (4) diagnoses (statement of disease or injury based on its signs and symptoms); and (5) treatment prescribed with response, and prognosis upon which you based your opinion of the referenced individual's functional limitations during the above-stated period of

time. PLEASE ALSO SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE SEVEN IN THE RESPECTIVE AREAS.

DATE: _____

SIGNATURE OF MEDICAL SOURCE: _____

Medical Source Statement Concerning the Nature and Severity of an Individual's Mental Impairment

NAME OF PATIENT: _____ SSN: _____

DATE OF BIRTH: _____ PHYSICIAN: _____

In responding to the designated ratings of the following categories of mental functioning, it is essential that your responses and comments be based on your clinical assessment of the individual's current and past mental limitations and not on non-medical factors. For example, your assessment should *not* be based on such non-medical factors as the availability of job openings, the hiring practices of employers, cyclical economic conditions, technological changes in the work industry since the individual last worked, or upon the individual's preference not to do a particular type of work. (See, 20 CFR §§ 404.1566(c) & 416.966(c).)

Special Note Regarding Drug Addiction and/or Alcoholism: In responding to the ratings on this form, please do not include any limitations which you believe the individual has as a result of his or her alcoholism and/or drug addiction, if any. In other words, *do not include limitations which would go away if the individual stopped using drugs or alcohol.*

Among other things, the following assessment form reflects the four criteria in Social Security Administration regulations concerning the mental ability to do basic work activity. (See, 20 CFR §§ 404.1521 & 416.921.) *These four criteria, as well as those for other than "basic" work activities, are to be documented and evaluated in terms of the individual's maximum remaining ability to perform sustained work on a regular and continuing basis; i.e., 8 hours a day, for 5 days a week, or an equivalent work schedule.*

DEFINITIONS OF RATING TERMS

Not Significantly Limited: No significant limitation in this area.

Mildly Limited: An impairment which mildly limits the individual's ability to perform the designated activity on a regular and sustained basis, *i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule.

Moderately Limited: An impairment which seriously interferes with the individual's ability to perform the designated activity on a regular and sustained basis, *i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule.

Markedly Limited: An impairment which precludes the individual's ability to function independently, appropriately, and effectively in the designated area on a regular and sustained basis, *i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule.

Using the above-listed **DEFINITIONS OF RATING TERMS** to assess the degree of limitation the individual experiences in the categories of mental functioning set out below, please record your professional opinion by placing a check mark or X in the corresponding boxes.

UNDERSTANDING AND MEMORY:

	Not Significantly Limited	Mildly Limited	Moderately Limited	Markedly Limited
1. The ability to remember locations and work-like procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to understand and remember very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to understand and remember detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUSTAINED CONCENTRATION AND PERSISTENCE:

4. The ability to carry out short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to carry out detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to maintain attention and concentration for extended periods (the approximately 2-hour segments between arrival and first break, lunch, second break, and departure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The ability to work in coordination with or proximity to others without being unduly distracted by them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The ability to make simple work-related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL INTERACTION:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 12. The ability to interact appropriately with the general public. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The ability to ask simple questions or request assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The ability to accept instructions and to respond appropriately to criticism from supervisors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The ability to get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. 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"/> |

ADAPTATION:

- | | Not
Significantly
Limited | Mildly
Limited | Moderately
Limited | Markedly
Limited |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|
| 17. The ability to respond appropriately to changes in the work setting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The ability to be aware of normal hazards and take appropriate precautions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The ability to travel in unfamiliar places or to use public transportation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. The ability to set realistic goals or to make plans independently of others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

QUESTION A: (DURATION OF ASSESSED LIMITATIONS)

In your opinion, have the limitations assessed on this form lasted 12 continuous months or can they be expected to last 12 continuous months at the assessed severity?

YES

NO

QUESTION B: (ONSET OF ASSESSED LIMITATIONS)

Based upon your evaluation, treatment, and/or review of records, please state the earliest date from which the limitations assessed on this form have existed at the assessed severity.

DATE OF ONSET OF THE FOREGOING LIMITATIONS:

COMMENTS

In the space below, or in a separate writing if you prefer, please state any clarifying comments you wish to make, then please sign your name, and date the form where designated at the bottom of the page.

SIGNATURE OF HEALTH CARE PROFESSIONAL

DATE

Medical Source Statement Concerning the Nature and Severity of an Individual's Mental Impairment

NAME OF PATIENT: _____ SSN: _____

DATE OF BIRTH: _____ PHYSICIAN: _____

In responding to the designated ratings of the following categories of mental functioning, it is essential that your responses and comments be based on your clinical assessment of the individual's current and past mental limitations and not on non-medical factors. For example, your assessment should *not* be based on such non-medical factors as the availability of job openings, the hiring practices of employers, cyclical economic conditions, technological changes in the work industry since the individual last worked, or upon the individual's preference not to do a particular type of work. (See, 20 CFR §§ 404.1566(c) & 416.966(c).)

Special Note Regarding Drug Addiction and/or Alcoholism: In responding to the ratings on this form, please do not include any limitations which you believe the individual has as a result of his or her alcoholism and/or drug addiction, if any. In other words, *do not include limitations which would go away if the individual stopped using drugs or alcohol.*

Among other things, the following assessment form reflects the four criteria in Social Security Administration regulations concerning the mental ability to do basic work activity. (See, 20 CFR §§ 404.1521 & 416.921.) *These four criteria, as well as those for other than "basic" work activities, are to be documented and evaluated in terms of the individual's maximum remaining ability to perform sustained work on a regular and continuing basis; i.e., 8 hours a day, for 5 days a week, or an equivalent work schedule.*

DEFINITIONS OF RATING TERMS

Not Significantly Limited: No significant limitation in this area.

Mildly Limited: An impairment which mildly limits the individual's ability to perform the designated activity on a regular and sustained basis, *i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule.

Moderately Limited: An impairment which seriously interferes with, and in combination with one or more other restrictions assessed, may preclude the individual's ability to perform the designated activity on a regular and sustained basis, *i.e.*, 8 hours a day, for 5 days a week, or an equivalent work schedule.

Markedly Limited: An impairment which precludes the individual's ability to function independently, appropriately, and effectively in the designated area on a regular and sustained basis, *i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule.

Using the above-listed **DEFINITIONS OF RATING TERMS** to assess the degree of limitation the individual experiences in the categories of mental functioning set out below, please record your professional opinion by placing a check mark or X in the corresponding boxes.

UNDERSTANDING AND MEMORY:

	Not Significantly Limited	Mildly Limited	Moderately Limited	Markedly Limited
1. The ability to remember locations and work-like procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to understand and remember very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to understand and remember detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUSTAINED CONCENTRATION AND PERSISTENCE:

4. The ability to carry out short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to carry out detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to maintain attention and concentration for extended periods (the approximately 2-hour segments between arrival and first break, lunch, second break, and departure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The ability to work in coordination with or proximity to others without being unduly distracted by them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The ability to make simple work-related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL INTERACTION:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 12. The ability to interact appropriately with the general public. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The ability to ask simple questions or request assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The ability to accept instructions and to respond appropriately to criticism from supervisors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The ability to get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. 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"/> |

ADAPTATION:

- | | Not
Significantly
Limited | Mildly
Limited | Moderately
Limited | Markedly
Limited |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|
| 17. The ability to respond appropriately to changes in the work setting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The ability to be aware of normal hazards and take appropriate precautions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The ability to travel in unfamiliar places or to use public transportation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. The ability to set realistic goals or to make plans independently of others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

QUESTION A: (SUBSTANTIAL LOSS)

Pursuant to Social Security Ruling 85-15 and/or Social Security Ruling 96-9p and/or POMS DI 25020.010(A)(3)(b), a “**substantial loss**” of ability to meet any one of several basic work-related activities on a sustained basis (*i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule), will severely limit or substantially erode the unskilled occupational base and would warrant or justify a finding of disability. The following mental activities are generally required by competitive, remunerative, unskilled work:

- Understanding, remembering, and carrying out simple instructions,
- Making judgments that are commensurate with the functions of unskilled work—*i.e.*, simple work-related decisions,
- Responding appropriately to supervision, co-workers and usual work situations, and
- Dealing with changes in a routine work setting.

POMS DI 25020.010(A)(3)(b) defines the term, “**substantial loss**” as follows—

“**Substantial loss**” cannot be precisely defined. It does not necessarily relate to any particular adjective, number, or percentage. In practical terms, an individual has a substantial loss of ability to perform a basic mental activity when he or she cannot perform the particular activity in regular, competitive employment but, at best, could do so only in a sheltered work setting where special considerations and attention are provided.

IN YOUR OPINION, DOES THE ABOVE-REFERENCED INDIVIDUAL HAVE—

...a **substantial loss** of ability to understand, remember, and carry out simple instructions?

YES

NO

...a **substantial loss** of ability to make judgments that are commensurate with the functions of unskilled work, *i.e.*, simple work-related decisions?

YES

NO

...a **substantial loss** of ability to respond appropriately to supervision, co-workers and usual work situations?

YES

NO

...a **substantial loss** of ability to deal with changes in a routine work setting?

YES

NO

QUESTION A: (DURATION OF ASSESSED LIMITATIONS)

In your opinion, have the limitations assessed on this form lasted 12 continuous months **or** can they be expected to last 12 continuous months at the assessed severity?

YES

NO

QUESTION B: (ONSET OF ASSESSED LIMITATIONS)

Based upon your evaluation, treatment, and/or review of records, please state the earliest date from which the limitations assessed on this form have existed at the assessed severity.

DATE OF ONSET OF THE FOREGOING LIMITATIONS:

COMMENTS

In the space below, or in a separate writing if you prefer, please state any clarifying comments you wish to make, then please sign your name, and date the form where designated at the bottom of the page.

SIGNATURE OF HEALTH CARE PROFESSIONAL

DATE

Medical Source Statement Concerning the Nature and Severity of an Individual's Mental Impairment

NAME OF INDIVIDUAL: _____ SSN: _____

NAME OF HEALTH CARE PROFESSIONAL: _____

In responding to the designated ratings of the following categories of mental functioning, it is essential that your responses and comments be based on your clinical assessment of the individual's current and past mental limitations and not on non-medical factors. For example, your assessment should *not* be based on such non-medical factors as the availability of job openings, the hiring practices of employers, cyclical economic conditions, technological changes in the work industry since the individual last worked, or upon the individual's preference not to do a particular type of work. (See, 20 CFR §§ 404.1566(c) & 416.966(c).)

Special Note Regarding Drug Addiction and/or Alcoholism: In responding to the ratings on this form, please do not include any limitations which you believe the individual has as a result of his or her alcoholism and/or drug addiction, if any. In other words, *do not include limitations which would go away if the individual stopped using drugs or alcohol.*

Among other things, the following assessment form reflects the four criteria in Social Security Administration regulations concerning the mental ability to do basic work activity. (See, 20 CFR §§ 404.1521 & 416.921.) *These four criteria, as well as those for other than "basic" work activities, are to be documented and evaluated in terms of the individual's maximum remaining ability to perform sustained work on a regular and continuing basis; i.e., 8 hours a day, for 5 days a week, or an equivalent work schedule.*

DEFINITIONS OF RATING TERMS

Not Significantly Limited: No significant limitation exists in this area.

Mildly Limited: Some problems exist in this area, but generally, the individual would be able to perform this work-related mental function satisfactorily in a work setting on a regular and sustained basis, i.e., 8 hours a day, for 5 days a week, or an equivalent work schedule.

Moderately Limited: The individual may be able to perform this work-related mental function on a limited basis in a satisfactory manner, but the individual should not be placed in a job setting where this mental function is *critical* to job performance or to job purpose.

Markedly Limited: In a vocational setting, the individual cannot be expected to function independently, appropriately, and effectively in the designated area on a regular and sustained basis, i.e., 8 hours a day, for 5 days a week, or an equivalent work schedule.

Using the above-listed **DEFINITIONS OF RATING TERMS** to assess the degree of limitation the individual experiences in the categories of mental functioning set out below, please record your professional opinion by placing a check mark or X in the corresponding boxes.

UNDERSTANDING AND MEMORY:

	Not Significantly Limited	Mildly Limited	Moderately Limited	Markedly Limited
1. The ability to remember locations and work-like procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to understand and remember very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to understand and remember detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUSTAINED CONCENTRATION AND PERSISTENCE:

4. The ability to carry out short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to carry out detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to maintain attention and concentration for extended periods (the approximately 2-hour segments between arrival and first break, lunch, second break, and departure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The ability to work in coordination with or proximity to others without being unduly distracted by them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The ability to make simple work-related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL INTERACTION:

12. The ability to interact appropriately with the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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| 13. The ability to ask simple questions or request assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The ability to accept instructions and to respond appropriately to criticism from supervisors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The ability to get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. 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"/> |

<u>ADAPTATION:</u>	Not Significantly Limited	Mildly Limited	Moderately Limited	Markedly Limited
17. The ability to respond appropriately to changes in the work setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The ability to be aware of normal hazards and take appropriate precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The ability to travel in unfamiliar places or to use public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The ability to set realistic goals or to make plans independently of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION A: (DURATION OF ASSESSED LIMITATIONS)

In your opinion, have the limitations assessed on this form lasted 12 continuous months or can they be expected to last 12 continuous months at the assessed severity?

YES

NO

QUESTION B: (ONSET OF ASSESSED LIMITATIONS)

Based upon your evaluation, treatment, and/or review of records, please state the earliest date from which the limitations assessed on this form have existed at the assessed severity.

DATE OF ONSET OF THE FOREGOING LIMITATIONS:

COMMENTS

In the space below, or in a separate writing if you prefer, please state any clarifying comments you wish to make, then please sign your name, and date the form where designated at the bottom of the page.

SIGNATURE OF HEALTH CARE PROFESSIONAL

DATE

Medical Source Statement Concerning the Nature and Severity of an Individual's Mental Impairment

NAME OF INDIVIDUAL: _____ SSN: _____

NAME OF HEALTH CARE PROFESSIONAL: _____

In responding to the designated ratings of the following categories of mental functioning, it is essential that your responses and comments be based on your clinical assessment of the individual's current and past mental limitations and not on non-medical factors. For example, your assessment should not be based on such non-medical factors as the availability of job openings, the hiring practices of employers, cyclical economic conditions, technological changes in the work industry since the individual last worked, or upon the individual's preference not to do a particular type of work. (See, 20 CFR §§ 404.1566(c) & 416.966(c).)

Special Note Regarding Drug Addiction and/or Alcoholism: In responding to the ratings on this form, please do not include any limitations which you believe the individual has as a result of his or her alcoholism and/or drug addiction, if any. In other words, *do not include limitations which would go away if the individual stopped using drugs or alcohol.*

Among other things, the following assessment form reflects the four criteria in Social Security Administration regulations concerning the mental ability to do basic work activity. (See, 20 CFR §§ 404.1521 & 416.921.) *These four criteria, as well as those for other than "basic" work activities, are to be documented and evaluated in terms of the individual's maximum remaining ability to perform sustained work on a regular and continuing basis; i.e., 8 hours a day, for 5 days a week, or an equivalent work schedule.*

DEFINITIONS OF RATING TERMS

Not Significantly Limited: Performance of the designated work-related mental function is only minimally impaired, if at all. For example, the individual can perform this work-related function at a level equal to or greater than 90% of normal, and constantly or continuously during an 8-hour workday.

Mildly Limited: Performance of the designated work-related mental function is somewhat impaired. For example, the individual can perform this work-related function at a level equal to or greater than 80 to 85% of normal in terms of speed and accuracy, but the individual can perform the function only occasionally to frequently, (from 1/3 to 2/3 of an 8-hour workday) but not constantly or continuously.

Moderately Limited: Performance of the designated work-related mental function is not totally precluded, but it is substantially impaired in terms of speed and accuracy and can be performed only seldom to occasionally during an 8-hour workday, for example, for short durations lasting from 5 to 15 minutes not totalling more than 2 to 3 hours in an 8-hour workday.

Markedly Limited: Performance of the designated work-related mental function is totally precluded on a sustained basis and would result in failure after even short durations, for example from 5 to 15 minutes.

Using the above-listed **DEFINITIONS OF RATING TERMS** to assess the degree of limitation the individual experiences in the categories of mental functioning set out below, please record your professional opinion by placing a check mark or X in the corresponding boxes.

UNDERSTANDING AND MEMORY:

	Not Significantly Limited	Mildly Limited	Moderately Limited	Markedly Limited
1. The ability to remember locations and work-like procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to understand and remember very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to understand and remember detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUSTAINED CONCENTRATION AND PERSISTENCE:

4. The ability to carry out short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to carry out detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to maintain attention and concentration for extended periods (the approximately 2-hour segments between arrival and first break, lunch, second break, and departure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The ability to work in coordination with or proximity to others without being unduly distracted by them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The ability to make simple work-related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL INTERACTION:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 12. The ability to interact appropriately with the general public. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The ability to ask simple questions or request assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The ability to accept instructions and to respond appropriately to criticism from supervisors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The ability to get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. 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"/> |

ADAPTATION:

- | | Not
Significantly
Limited | Mildly
Limited | Moderately
Limited | Markedly
Limited |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|
| 17. The ability to respond appropriately to changes in the work setting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The ability to be aware of normal hazards and take appropriate precautions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The ability to travel in unfamiliar places or to use public transportation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. The ability to set realistic goals or to make plans independently of others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Effect Of Work-Related Stressors

The following work-related stressors would increase the level of impairment beyond those indicated above:

- Unruly, demanding or disagreeable customers even on an infrequent basis.
- Production demands or quotas.
- A demand for precision (intolerance of error rates in excess of 5% to 10%).
- A need to make quick and accurate, independent decisions in problem solving on a consistent basis.
- A need to make accurate, independent decisions in problem solving on a consistent basis.