
NAME OF INDIVIDUAL

SOCIAL SECURITY NUMBER

To determine this individual's ability to do work-related activities on a regular and continuous basis, please give us your opinion for each activity shown below:

The following terms are defined as:

- REGULAR AND CONTINUOUS BASIS means 8 hours a day, for 5 days a week, or an equivalent work schedule.
- OCCASIONALLY means very little to one-third of the time.
- FREQUENTLY means from one-third to two-thirds of the time.
- **CONTINUOUSLY** means more than two-thirds of the time.

Age and body habitus of the individual should not be considered in the assessment of limitations. It is important that you relate particular medical or clinical findings to any assessed limitations in capacity: The usefulness of your assessment depends on the extent to which you do this.

I. LIFTING/CARRYING

Check the boxes representing the amount the individual can lift and how often it can be lifted.

Lift	Never	Frequently (1/3 to 2/3)	Continuously (over 2/3)
A. Up to 10 lbs:			
B. 11 to 20 lbs:			
C. 21 to 50 lbs:			
D. 51 to 100 lbs:			

Check the boxes representing the amount the individual can carry and how often it can be carried.

Carry	Never	Occasionally	Frequently	Continuously
		(up to 1/3)	(1/3 to 2/3)	(over 2/3)
A. Up to 10 lbs:				
B. 11 to 20 lbs:				
C. 21 to 50 lbs:				
D. 51 to 100 lbs:				

Identify the particular medical or clinical findings (i.e., physical exam findings, x-ray findings, laboratory test results, history, and symptoms including pain, etc.) which support your assessment or any limitations and why the findings support the assessment.

II. SITTING/STANDING/WALKING Please check how many hours the individual can (if less than one hour, how many minutes): At One Time without Interruption Minutes **Hours** A. Sit \square 1 \square 2 \square 3 \square 4 □ 5 □ 6 □ 7 □ 8 B. Stand \square 2 \square 3 □ 4 □ 5 □ 6 □ 8 C. Walk \square 1 \square 2 \square 3 \square 4 \square 5 □ 6 □ 8 Total in an 8 hour work day Minutes **Hours** A. Sit \square 2 \square 3 \square 4 \square 5 □ 6 □ 8 B. Stand \square 1 \square 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 C. Walk \square 1 □ 2 \square 3 □ 4 □ 5 □ 6 □ 8 If the total time for sitting, standing and walking does not equal or exceed 8 hours, what activity is the individual performing for the rest of the 8 hours? If the answer is "yes" please answer the following:

Identify the particular medical or clinical findings (i.e., physical exam findings, x-ray findings, laboratory test results, history, and symptoms including pain, etc.) which support your assessment or any limitations and why the findings support the assessment.

Yes No

Yes No

How far can the individual ambulate without the use of a cane?

With a cane, can the individual use his/her free hand to carry small objects?

Is the use of a cane medically necessary?

III. USE OF HANDS

Indicate how often the individual can perform the following activities:

ACTIVITY	Right Hand			Left Hand				
	Never	Occasionally	Frequently	Continuously	Never	Occasionally	Frequently	Continuously
		(up to 1/3)	(1/3 to 2/3)	(over 2/3)		(up to 1/3)	(1/3 to 2/3)	(over 2/3)
REACHING								
(Overhead)								
REACHING								
(All Other)								
HANDLING								
FINGERING								
FEELING								
PUSH/PULL								

Left Hand

tify the	particular med	ical or clinica	l findings (i.e	e., physical	exam findings	, x-ray f	indings, l	aboratory	test re	sults

Ident history, and symptoms including pain, etc.) which support your assessment or any limitations and why the findings support the assessment.

Right Hand

IV. USE OF FEET

Indicate how often the individual can perform the following activities:

Which is the individual's dominant hand?

ACTIVITY	Right Foot				Left Foot			
	Never	Occasionally	Frequently	Continuously	Never	Occasionally	Frequently	Continuously
		(up to 1/3)	(1/3 to 2/3)	(over 2/3)		(up to 1/3)	(1/3 to 2/3)	(over 2/3)
Operation of Foot								
Controls								

Identify the particular medical or clinical findings (i.e., physical exam findings, x-ray findings, laboratory test results, history, and symptoms including pain, etc.) which support your assessment or any limitations and why the findings support the assessment.

V. POSTURAL ACTIVITIES

How often can the individual perform the following activities?

ACTIVITY	Never	Occasionally (up to 1/3)	Frequently (1/3 to 2/3)	Continuously (over 2/3)
Climb stairs and ramps				
Climb ladders or scaffolds				
Balance				
Stoop				
Kneel				
Crouch				
Crawl				

Identify the particular medical or clinical findings (i.e., physical exam findings, x-ray findings, laboratory test results, history, and symptoms including pain, etc.) which support your assessment or any limitations and why the findings support the assessment.

VI.	DO	ANY	Y OF THE IMPAIRMENTS AFFECT THE CLAIMANT'S HEARING OR VISION?
			No Yes Not Evaluated
	If"	yes" j	please complete the following questions (where appropriate)
	1.	If a	hearing impairment is present,
		a. b.	Does the individual retain the ability to hear and understand simple oral instructions and to communicate simple information?
	2.	If a	visual impairment is present,
		a.	Is the individual able to avoid ordinary hazards in the workplace, such as boxes on the floor, doors ajar, or approaching people or vehicles?
		b.	Is the individual able to read very small print?
		c.	Is the individual able to read ordinary newspaper or book print? Yes No
		d.	Is the individual able to view a computer screen?
		e.	Is the individual able to determine differences in shape and color of small objects such as screws, nuts or bolts? Yes No
			Identify the particular medical or clinical findings (i.e., physical exam findings, x-ray findings, laboratory test results, history, and symptoms including pain, etc.) which support your assessment or any limitations and why the findings support the assessment.

VII. ENVIRONMENTAL LIMITATIONS

How often can the individual tolerate exposure to the following conditions?

Condition	Never	Occasionally (up to 1/3)	Frequently (1/3 to 2/3)	Continuously (over 2/3)
Unprotected		(1 -7	(/	- /
Heights				
Moving				
Mechanical				
Parts				
Operating a				
motor vehicle				
Humidity				
and wetness				
Dust, odors,				
fumes and				
pulmonary				
irritants				
Extreme cold				
Extreme heat				
Vibrations	_			
Others:				
(Identify)				

Condition	Quiet	Moderate	Loud	Very Loud
	(Library)	(Office)	(Heavy	(Jackhammer)
	,	, ,	Traffic)	
Noise				

Identify the particular medical or clinical findings (i.e., physical exam findings, x-ray findings, laboratory test results, history, and symptoms including pain, etc.) which support your assessment or any limitations and why the findings support the assessment.

VIII. PLEASE PLACE A CHECK IN APPROPRIATE BOXES BASED SOLELY ON THE CLAIMANT'S PHYSICAL IMPAIRMENTS

	ACTIVITY	YES	No	
	Can the individual perform activities like shopping?			
	Can the individual travel without a companion for			
	assistance?			
	Can the individual ambulate without using a wheelchair,			
	walker, or 2 canes or 2 crutches?			
	Can the individual walk a block at a reasonable pace on			
	rough or uneven surfaces?			
	Can the individual use standard public transportation?			
	Can the individual climb a few steps at a reasonable pace with the use of a single hand rail?			
	Can the individual prepare a simple meal & feed himself/herself?			
	Can the individual care for their personal hygiene?			
	Can the individual sort, handle, or use paper/files?]
IX.	STATE ANY OTHER WORK-RELATED ACTIVITIES, AND INDICATE HOW THE ACTIVITIES ARE AFFECT SUPPORT THIS ASSESSMENT?			
Х.	THE LIMITATIONS ABOVE ARE ASSUMED TO BE Y LIMITATIONS ONLY.	OUR OPINION	REGARDING CU	RRENT
	HOWEVER, IF YOU HAVE SUFFICIENT INFORMATI REASONABLE DEGREE OF MEDICAL PROBABILITY WERE THE LIMITATIONS YOU FOUND ABOVE FIRST	Y AS TO PAST I		
XI.	HAVE THE LIMITATIONS YOU FOUND ABOVE LAST 12 CONSECUTIVE MONTHS? Yes No	ΓED OR WILL	THEY LAST FOR	
SIGN	JATURE DAT	TE .		
Print	Name, Title and Medical Specialty (Legibly Please)			

Privacy Act Statement

Collection and Use of Personal Information

Sections 205(a), 223(d), 1614(a) and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on the named claimant's eligibility for benefits

We will use the information to make a determination of eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- 1. To Federal, State, or local agencies for administering cash or non-cash income maintenance or health maintenance programs; and;
- 2. To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for the Social Security Administration (SSA) as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders Systems. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.

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