FORM 4: Sample Questionnaire (Cardiac)

CARDIACRESIDUAL FUNCTIONAL CAPACITY QUESTIONNAIRE

To: _____

Re: _____ (Name of Patient)

_____ (Social Security No.)

Please answer the following questions concerning your patient's impairments. *Attach all relevant treatment notes, laboratory and test results that have not been provided previously.*

1. Date of First Visit: _____

   Frequency of Visits: _____

2. Diagnosis (with New York Heart Association functional classification):

   _____

3. Prognosis: _____

1. Identify the clinical findings, laboratory and test results that show your patient's medical impairments:

   _____

   _____

   _____

5. Identify all of your patient's *symptoms:*

__ chest pain	__ edema
__ anginal equivalent pain	__ nausea
__ shortness of breath	__ palpitations
__ Fatigue	__ dizziness
__ weakness	__ sweatiness

   Other: _____

6. If your patient has anginal pain, describe the frequency, nature, location, radiation, precipitating factors, and severity of this pain:

   _____

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_____

7. Is your patient a malingerer? __ Yes __ No

   Does your patient overstate his/her symptoms? __ Yes __ No

8. Does your patient have *marked limitation of physical activity*, as demonstrated by fatigue, palpitation, dyspnea, or anginal discomfort on ordinary physical activity, even though your patient is comfortable at rest? __ Yes __ No

9. a. What is the role of stress in bringing on your patient's symptoms?

   _____

   b. To what degree can your patient tolerate work stress?

   __ Incapable of even "low stress" jobs
   __ Capable of low stress jobs
   __ Moderate stress is okay
   __ Capable of high stress work

   c. Please explain the reasons for your conclusion: _____

   _____

   _____

10. Do your patient's physical symptoms and limitations cause emotional difficulties such as depression or chronic anxiety? __ Yes __ No

    Please explain: _____

11. Do emotional factors *contribute* to the severity of your patient's subjective symptoms and functional limitations? __ Yes __ No

12. How often during a typical workday is your patient's experience of cardiac symptoms (including psychological preoccupation with his/her cardiac condition, if any) severe enough to interfere with **attention and concentration** needed to perform even simple work tasks?

    __ Never __ Rarely __ Occasionally __ Frequently __ Constantly

For this and other questions on this form, "rarely" means 1% to 5% of an 8-hour working day; "occasionally" means 6% to 33% of an 8-hour working day; "frequently" means 34% to 66% of an 8-hour working day.

13. Are your patient's impairments (physical impairments plus any emotional impairments) *reasonably consistent* with the symptoms and functional limitations described in this evaluation? __ Yes __ No

If no, please explain: _____

14. a. List of prescribed medications:

_____
_____
_____

b. Describe any side effects of your patient's medication and identify any implications for working:

_____
_____
_____

15. Have your patient's impairments lasted or can they be expected to last at least twelve months? __Yes __No

16. As a result of your patient's impairments, estimate your patient's functional limitations if your patient were placed in *a competitive work situation*:

a. How many city blocks can your patient walk without rest or severe pain? _____

b. Please indicate how long your patient can sit and stand/walk *total in an 8 hour working day* (with normal breaks).

Sit	**Stand/Walk**	
__	__	less than 1/2 our
__	__	less than 1 hours
__	__	less than 2 hours
__	__	about 2 hours
__	__	about 4 hours
__	__	at least 6 hours

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

d. Will your patient sometimes need to take unscheduled breaks during an 8 hour working day?
__ Yes __ No

If yes,
1) how *often* do you think this will happen? _____

2) how *long* (on average) will your patient
have to rest before returning to work? _____

3) on such a break, will your patient need to __ lie down or __ sit quietly?

e. With prolonged sitting, should your patient's leg(s) be elevated? __ Yes __ No

If yes,

1) how *high* should the leg(s) be elevated?____

2) if your patient had a sedentary job*, what percentage of time* during an 8 hour working day should the leg(s) be elevated? _____

f. How many pounds can your patient lift and carry in a competitive work situation?

	Never	**Rarely**	**Occasionally**	**Frequently**
Less than 10lbs	__	__	__	__
10 lbs.	__	__	__	__
20 lbs.	__	__	__	__
50 lbs.	__	__	__	__

g. How often can your patient perform the following activities?

	Never	**Rarely**	**Occasionally**	**Frequently**
Twist	__	__	__	__
Stoop (bend)	__	__	__	__
Crouch/ squat	__	__	__	__
Climb ladders	__	__	__	__
Climb stairs	__	__	__	__

h. Are your patient's impairments likely to produce "bad days" and "better days"? __ Yes __ No

If yes, please estimate, on the average, how many days per month your patient is likely to be absent from work as a result of the impairments or treatment:

__ Never
__ About 1 day/month
__ About 2 days/month
__ About 3 days/month
__ About 4 days/month
__ More than 4 days/month

17. What is the earliest date that the description of symptoms and limitations in this questionnaire applies? ___
_____

18. Please describe any other limitations (such as limitations using arms, hands, fingers, psychological limitations, limited vision, difficulty hearing, etc.) that would affect your patient's ability to work at a regular job on a sustained basis:

_____

_____

19. Is your patient totally disabled from his/her own occupation. (See attached description)
___ Yes ___ No

If yes, please explain what makes your patient unable to work in his/her own occupation:

_____

_____

_____

_____

20. Is your patient totally disabled from *any* occupation? ___ Yes ___No

If yes, please explain what makes your patient unable to work in any occupation:

_____

_____

_____

_____

_____ _____

Date *Signature*

Printed/Typed Name: _____

Specialty: _____ _____

Address: _____

_____

*This form has been adapted from a form published by Thomas E. Bush, "Social Security Disability Practice, 2nd Edition, James Publishing, 2004.

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